

MEDICINE

NEWS FROM THE DEPARTMENT OF MEDICINE

MATTERS

NOVEMBER 2021

MESSAGE FROM THE CHAIR



Welcome to **Medicine Matters** and our November issue. This month, we have a lot to celebrate. I want to highlight members of the Division of General Medicine, Geriatrics, Palliative Care, and Hospital Medicine, specifically the section of Hospital Medicine. These faculty members have been on the “front lines” of the COVID-19 pandemic from the very start. As Dr. Paul Helgersen writes in this newsletter, their response has been typified by compassion, adaptability, teamwork, and interdisciplinary care, along

with scholarship and advocacy. In addition, they have consistently led the way with outstanding quality and patient safety. At every turn, the Section of Hospital Medicine was there to adapt to our every changing census and worked with grace and excellence. Outside of the pandemic, the section has expanded its academic activities with research programs led by Dr. Shri Gadrey and innovative educational programs led by Dr. Andrew Parsons (with Drs. Bahnsen Miller, Charles Magee, and Joe Hall, and others). The section has also launched a monthly UVA Hospital Medicine Grand Rounds series which has been outstanding. Lastly, my thanks to the leadership group within Hospital Medicine which has included: Drs. Amber Inofuentes, Paul Helgersen and George Hoke.

As a reminder, the annual Commonwealth of Virginia Campaign (CVC). CVC support has helped nonprofits in Charlottesville provide a much-needed safety net to the community. For instance, giving to the Jefferson Area Board for the Aging provides meals and care for older adults; donations to Piedmont Court Appointed Special Advocates (CASA) support advocacy for abused and neglected children; gifts to the Thomas Jefferson Area Coalition for the Homeless provide services and support to those struggling with housing insecurity. And those are just some of the participating nonprofits in the greater Charlottesville area. The funds have never been more needed. During the pandemic and coinciding economic downturn, nonprofits have faced a broad range of challenges, many witnessed declines in donations and grant funding. Others dealt with operational obstacles as demand for their services increased significantly. Please consider supporting the organizations that support our community. See: https://cvc.tfaforms.net/113?utm_source=InlineAd&utm_medium=referral&utm_campaign=CVC2021tm_content=V1

With best wishes,

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



UVA Health

 UVA Health | DEPARTMENT OF MEDICINE

MISSION

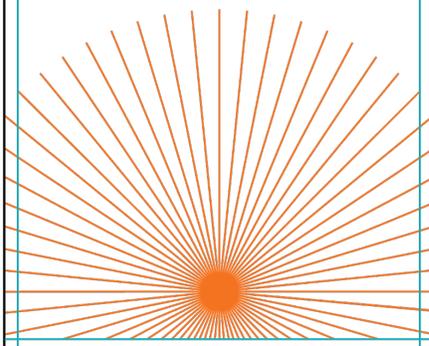
We are dedicated to preventing disease and treating illness, educating and inspiring future leaders in the field of internal medicine, and supporting innovative biomedical research.

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.



DoM WEBSITE ▶

GRAND ROUNDS ▶

HIGHLIGHTED DIVISION . . . ▶

MINDFULNESS MATTERS . . . ▶

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DOM UPDATES & NOTES

DOM Financial Update

Department of Medicine Summary of Consolidated Financials FY21 as of September 30, 2021

| | Budget YTD | Actual YTD | \$ Variance YTD |
|--------------------------|------------------|------------------|--------------------|
| Work RVUs | 258,351 | 260,274 | 1,923 |
| Clinical Receipts (NPSR) | 16,684,559 | 17,625,187 | 940,628 |
| Total Revenues | 52,450,628 | 55,634,602 | 3,183,974 |
| Total Expenditures | 48,227,165 | 50,677,349 | (2,450,184) |
| Net Income | 4,223,463 | 4,957,253 | 733,790 |

Summary Explanation of Variance:

For the fiscal year through September 30, 2021 DOM posted a consolidated net gain of \$4.9M and a favorable variance to YTD net income budget of \$734K. Clinical revenues outperformed budget by \$405K due to strong clinical productivity. The combined total of Personnel and Non-Personnel expenditures underperformed budget driven by timing and unbudgeted grant expenditures. Total revenues include \$3.5M Endowment revenue recorded for October through June.



Glenn Moulder, MD



George Hoke, MD



Andrew Parsons, MD



Claire DeBolt, MD



Chelsea Marie, MD



William Petri, MD



Ziv Haskal, MD



Ebony Hilton, MD

Awards and Achievements

Congratulations to **Drs. Glenn Moulder, George Hoke, and Andrew Parsons**, on being selected for the *Architecture of High Value Health Care National Conference Award, Best Educational Curriculum*, October 2021 by the High Value Practice Academic Alliance.

Congratulations to Pulmonary Fellow **Dr. Claire DeBolt** on having her paper "*Lung Disease in Central Appalachia: It's More than Coal Dust that Drives Disparities.*" being featured in the September 2021 issue of the *Yale Journal of Biology and Medicine*.

Congratulations to **Drs. Chelsea Marie & William Petri** on their article "*Parasite protein pirates host cytoskeletal modulator during invasion*" being highlighted in *Trends in Parasitology*.

Congratulations to **Dr. Ziv Haskal**, Division of Cardiovascular Medicine, for being named a 2021 *Distinguished Fellow* by *The Cardiovascular & Interventional Radiology Society of Europe (CIRSE)*, the organization's highest honor. Haskal was chosen based on his leadership in the field, international reputation as a lecturer, and service as editor-in-chief of the journal CVIR Endovascular.

Congratulations to **Dr. Ebony Hilton** who was presented the *Paul Cornely Award* at a *virtual Health Activist Dinner* ceremony on October 17, 2021.

DOM UPDATES & NOTES

**UVAHS VOLUNTEERS NEEDED
FOR UVA COVID-19
COMMUNITY TESTING PROGRAM**

SIGN UP HERE

Strict infection control precautions are followed and PPE is offered to every one according to the risk of exposure per our infection control colleagues.

**WE NEED
YOU!**

**SIGN UP TO BE
A VACCINATOR
OR
VOLUNTEER
SCREENER**

**FRIDAYS AT
NOON
via Zoom
Click for details
and schedule.**

YOUR GIFT.



OUR IMPACT.

**SUPPORTING LOCAL NONPROFITS THROUGH
THE COMMONWEALTH OF VIRGINIA CAMPAIGN**

UNIVERSITY OF VIRGINIA
**MEDICINE
GRAND
ROUNDS**
DEPARTMENT OF MEDICINE



**12 Mental Health and Wellness
Resources For You To Know About**

THANK YOU!

TO ALL THOSE WHO HAVE BEEN VOLUNTEERING AT UVA COMMUNITY COVID-19 TESTING SITES



Follow DOM on Twitter.

DIVISION OF GENERAL MEDICINE

Message from Amber Inofuentes, MD, Section Head, General, Geriatric, Palliative & Hospital Medicine



Amber Inofuentes, MD

And just like that, a full year in my role as section chief has passed! The last twelve months have continued to curiously feel like both an eternity and a blink of an eye. In the parenting of small children, I've heard said, "the days are long, but the years are short," and that rings true for the past year of Hospital Medicine.

I took on this role humbled by the opportunity to lead a fantastic group of faculty who exemplify the best of UVA. And I am grateful for the close mentorship of having two of my predecessors in this role a short walk down the hall. Our group demonstrates excellence in what I view as the 'triple aim' of hospital medicine: clinical care, medical education, and quality and patient safety, in addition to having leaders in research, the humanities, and service to our community featured throughout this newsletter. This year has also been another of unprecedented change and disruption as the pandemic persists. I have been amazed by our team's constant adaptation through innovation across all areas of our mission. This year has been an incredible privilege, and I could not ask for a better team to serve and lead.

In January, I expanded the leadership team of the section to better support our substantial growth trajectory across our academic and clinical missions: Charlie Magee for Clinical Care and Operations and Andrew Parsons for Education. Joined by our Director of Faculty Development, George Hoke, our leadership team has expanded our breadth and increased our depth in various strategic areas.

We have established new models for professional development during the past year, including focused faculty development on improving clinical teaching skills, a recent integrated case conference with our orthopedics nurse practitioner colleagues, and the launch of Hospital Medicine Grand Rounds. In the clinical arena, we have adapted often to changes in COVID care and met the operational needs of volatile patient volumes. More recently, through Dr. Magee's leadership, we launched an admitter role to evaluate the benefits of an admitter-rounder model for our direct care hospitalist teams. Looking into 2022, we are exploring the addition of APPs to our team and building expertise in point of care ultrasound, all while strengthening our focus on quality patient care through a data-driven hospitalist dashboard for outcomes like readmissions and high-value care.

As you can see from the faculty profiles, the growth in clinical volumes over the past 18 months has resulted in the need for new additional hires within our section. I hope you enjoy reading the profiles of our new colleagues. Many of these outstanding physicians are recruits from our residency program, and we were lucky to entice others from excellent institutions around the country to call Charlottesville home.

We have also grown in other ways. The portfolio of research and quality improvement accomplishments, educational leadership roles, and Department/Health System roles continues to expand. And in case anyone failed to notice, we had our very own pandemic baby boom this spring with six new additions to the extended hospital medicine family!

As a group, we'd like to extend our thanks to the many DOM colleagues who have worked so hard to deliver the best possible care to our patients during busy times, especially to those who jumped into the front lines of direct COVID care during our peak census. We appreciate you!

~ Amber Inofuentes, MD

CLINICAL HIGHLIGHTS



Paul Helgerson, MD

By Paul Helgerson, MD, Vice-Chair for Inpatient Services and ACMO for Acute Care

Reflections on the Fifth (“Delta”) Wave

After a too-brief respite from high volumes of inpatient COVID care over the summer, the health system again finds itself rapidly adapting this fall to another surge. There was a bit of a déjà-vu sensation for many of us as we recalled the emotions and lessons learned from March of 2020 and the early months of 2021 when the hospital saw its previous highs in admissions (and deaths) due to COVID-19. Equally striking, though, were the myriad ways in which our system and workforce had evolved. In the fall of 2021, we find ourselves with plenty of PPE but closely watching global supply chains for many other things we use daily (like suction canisters or fentanyl drips). We celebrate new therapeutic options but lament the uneven uptake of essential vaccines within our broader region.

Most of all, we celebrate the talent of those who surround us but struggle day by day

to maintain a stable interdisciplinary team that can expand to keep up with the demand based on local and national workforce turnover.

Division members have played a key role in partnering with others in the health system and community to meet the evolving challenges that the pandemic brings. Reflecting on these many contributions presents a microcosm of what the division, department, and our academic health system are about and gives me great hope for what we will accomplish together. Here are a few of the many remarkable ways in which you contribute to our collective job of “pandemic fighting.”

Compassion – My thanks to the many faculty, APPS, residents, and fellows who have taken on additional patient care duty to meet the needs of our COVID patients. Many have volunteered nights, weeks of coverage, or clinical assignments covering additional teams. It is more evident now than ever that we work among peers committed to patient care. You bring tremendous expertise to the bedside.

Adaptability – Where to start? New teams have started, stopped, moved, and rearranged. I am particularly grateful to our colleagues on non-general medicine teams and floors who recently admitted COVID-positive patients presenting with non-COVID primary diagnoses. These patients often have specialized needs and benefit from nurses and physician teams outside of the south tower. In addition, acute cardiology, trauma, orthopedics, OB/GYN, and many others have become accustomed to the workflows of COVID care to the benefit of both our patients and the busy 4S/5S teams.

Teamwork and Interdisciplinary Care – Our recent emphasis on structuring interdisciplinary rounds have been given a vital stress test in the last few months. As nursing ratios are stretched, turnover increases, and team members such as social work, case management, and respiratory therapy adjust to meet rising demand and short staff. I am profoundly thankful to the many colleagues working harder than ever. I am equally grateful to have a colleague like Peggy Plews-Ogan, who is a tireless advocate for the well-being of both our faculty and these essential partners.

Scholarship – In the past months, our general medicine teams have benefitted from the guidance of Patrick Jackson and Bill Petri as they introduce new treatment paradigms for our COVID patients. Most recently, many patients are opting to participate in the dupilumab trial, investigator-initiated at UVA. Thus, our patients are fortunate to receive care in an institution at the forefront of emerging COVID therapeutics and treatment protocols. It has also been a pleasure to see a partnership in clinical investigation grow within general medicine and to involve many of our new nursing staff in 5S in the effort.

Advocacy – On the first of October, we listened as our own Cameron Webb detailed the efforts the present administration is making to ensure efforts to vaccinate are equitable and robust. Locally, I’ve shared touching moments with expert clinicians like Mo Nadkarni and Amber Inofuentes as they have supported some of our highest utilizers through the trials and tribulations of vaccine hesitancy, a new COVID diagnosis, and ICU care.

Quality and Safety – Despite the shifting sands, we continue to find that our mortality in the population admitted with COVID is top-quartile within a group of peer academic medical centers. Despite headwinds related to staffing, fatigue, and volume, teams work daily to prevent hospital-acquired infections, implement new standards to ensure the best care, and evaluate new innovations.

I was once told that stress tends to exaggerate one’s most fundamental traits. In that light, I am not surprised to see these wonderful examples emerging as we meet the challenges that COVID has brought to our doorstep. Thanks for all you are doing.

DIVISION OF GENERAL MEDICINE

CLINICAL HIGHLIGHTS

By Amber Inofuentes, MD, Medical Director

Medicine HOME Program

The pandemic has presented many challenges to the care of vulnerable patients, including the frequently hospitalized patients enrolled in the Medicine HOME Program, which I direct in partnership with Clinical Program Coordinator Teresa Radford, RN. Though our program gained a full-time social worker in early 2020, this role was quickly redeployed to inpatient units to fill staffing shortages and meet the needs of surging inpatient volumes. This past September, the program moved under Population Health to consolidate resources to better meet patients' social needs.

In early October, Guy Lushin, LCSW, rejoined our team full time. We manage an active census of 30-35 enrolled patients with a wide range of medical diagnoses and behavioral health challenges and have also begun to offer consultative services at the request of team members across the health system. This past summer, Dr. Ian Crane also joined the program as the physician lead for the Diabetes subgroup. This year, we will be piloting a 'bridge' clinic for a small number of enrolled patients to provide home-based primary care and plan to publish the results of a qualitative study highlighting barriers to care from the perspective of enrolled patients.

COMMUNITY HIGHLIGHT

Hospitalists Sponsor Afghan Refugee Family through IRC

Working through the International Rescue Committee (IRC), members of the Section of Hospital Medicine sponsored a refugee family from Afghanistan who immigrated to Charlottesville in May of this year. Jess Dreicer, Miriam Gomez-Sanchez, Meghan Geraghty, Andrew Parsons, and George Hoke, joined by their spouses/families, formed a HOME (Housing, Outreach, Mentorship, Education) team to assist the family of three in a challenging transition to a new life in a new country. Before their arrival, our team was trained by IRC staff in how to assist refugees. We then set up an apartment for the family, supplying furniture, kitchen supplies, household goods, and stocking the refrigerator and pantry. We also contributed \$3000 in rental assistance. On May 6th, we met mom, 18-year-old daughter, and 14-year-old son at the Charlottesville airport and welcomed them to Charlottesville. Since then, we have assisted them in shopping outings, dropped off pizza for dinner (the kids' favorite), dropped off excess vegetables from our gardens (mom's favorite). More recently, we have started to teach the 18-year-old daughter to drive. She is the first person in her entire family ever to drive a car. Mom is working at the Omni hotel and taking English classes at the Jefferson School. The son is thriving at Buford Middle School and is hoping to play soccer. Overall they are doing quite well. We hope to get to know them better as they acclimate to a new life and COVID concerns wane.

In



**Check Out
Mindfulness Matters**
**A Newsletter from the
UVA Mindfulness Center**

RESEARCH HIGHLIGHTS

By *Shrirang M. Gadrey, MBBS MPH*

Analysis of Respiratory Kinematics (ARK): novel respiratory monitoring technology developed at UVA

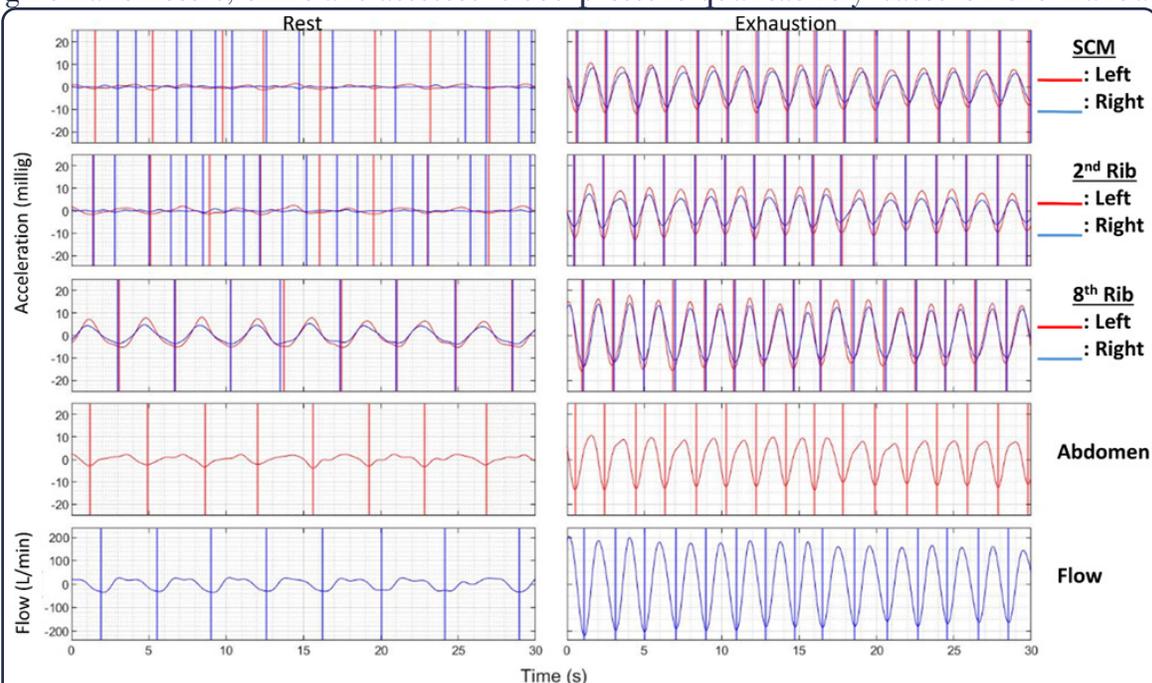
An essential duty of a hospitalist is to detect the earliest signs of clinical deterioration. My experiences as a hospitalist taught me that inspection of breathing motion patterns helps with the early detection of imminent respiratory decline. Normal breathing appears regular, effortless, well-coordinated, and comfortable. However, many kinds of abnormal breathing patterns can be seen in patients at high risk of respiratory deterioration. Labored breathing, for example, is a significant red flag sign – it signifies respiratory muscle overload that can progress to fatigue. Similarly, the emergence of irregular (“ataxic”) breathing in response to narcotic pain medicines is an early warning sign of an imminent overdose.



Shrirang M. Gadrey, MBBS MPH

It became increasingly clear that breathing motion patterns are essentially a distinct family of “vital signs,” conveying crucial diagnostic and prognostic information not conveyed by other vital signs. For example, when evaluating a patient with pneumonia and labored breathing, my clinical acumen suggested a high risk of deterioration, even if vitals like the respiratory rate were documented as normal (often erroneously!). So I asked myself the simple questions: Why isn’t breathing motion characterized quantitatively and researched rigorously like every other vital sign? Why must I describe my findings in adjectives and phrases rather than numbers that can be used in predictive modeling? These questions inspired me to develop the “Analysis of Respiratory Kinematics (ARK)” method for quantitative characterization of breaths. The results of my work to date are highly encouraging. They are shown in the figure below, and a pre-print is available at: <https://www.medrxiv.org/content/10.1101/2021.09.06.21263179v1.full-text>.

An analogy with blood pressure measurement methods helps convey the potential impact of the ARK method. Before the invention of sphygmomanometers, clinicians assessed blood pressure qualitatively based on the manual compressibility of the pulse. After blood pressure became readily measurable at the bedside, its enormous diagnostic and prognostic power was fully harnessed, and entirely new pathophysiologic insights were uncovered. With the ARK system, I aim to make respiratory kinematics readily measurable at the bedside. This can unlock a new area of research and enhance patient safety. My vision is that the ARK system will lead to easier, earlier, and better diagnosis of abnormal breathing motion, helping busy clinicians quickly identify patients at highest risk of imminent respiratory collapse.



ARK visualizations. Here are two 30-second strips of ARK signals obtained from the same individual, first at rest (left) and then after exercise-induced exhaustion (right). The top 4 panels are organized by sensor location: sternal head (SCM), 2nd and 8th ribs & abdomen. The bottom panel shows air flow signals from exercise laboratory equipment. Lower thoracic (8th rib) motion is predominant at rest (left). It changes to a thoraco-abdominal pattern at exhaustion (right). Upper thoracic motion (SCM and 2nd rib), reflecting labored breathing, is negligible at rest (left), but is prominent at exhaustion. The ARK system makes such patterns (a) easy to visualize, and (b) easily measurable, allowing providers to track clinical trajectory.

DIVISION OF GENERAL MEDICINE

EDUCATION HIGHLIGHTS



Andrew Parsons, MD
Associate Section Head for
Education

Innovative Education in Quality Improvement

Bahnsen Miller, MD, Charlie Magee, MD, and Joe Hall, MD conduct weekly ‘QI Rounds’ to engage residents and students in unit-based quality improvement and patient safety initiatives. Recent examples include team-based case management, overnight plan of care notes, and improved utilization of Vocera communication devices. George Hoke, MD and Paul Helgerson, MD have led efforts to simplify and standardize daily interdisciplinary rounds. A short video was created to educate care teams on making rounds more efficient and effective for patient care. Finally, Andrew Parsons, MD, and Amber Inofuentes, MD, designed and implemented a curriculum for IM and SAGO clerkship students utilizing novel QI & Patient Safety and High-Value Care “workouts” paired with faculty-led discussions.

Remediation of Struggling Learners

Several hospitalists continue to make contributions to the GME and UME remediation programs. Greg Young, MD, Andrew Parsons, MD, and Jess Dreicer, MD, conduct one-on-one sessions focused on clinical reasoning as part of COACH, the GME-wide remediation program. Many others have hosted residents on clinical rotations for focused teaching and assessment. George Hoke, MD leads the Mastery Elective, an inpatient clinical rotation composed of intense one-on-one clinical performance development for students in need of remediation based on EPA data. Finally, Ian Crane, MD and Greg Young, MD serve as specialty coaches for the UME clinical remediation program, designing evidence-based resources and conducting individualized sessions for select students as part of a multidisciplinary team.

Foundations of Clinical Medicine

Launched in 2018, the Foundations of Clinical Medicine (FCM) program is a novel (<https://pubmed.ncbi.nlm.nih.gov/32804347>) 4-year long curriculum focused on clinical skill development and professional identity formation. The program has had continued success and consistently strong hospitalist involvement. Within the UVA School of Medicine curriculum, morning lectures concern themselves primarily with basic science knowledge. The practice of medicine—both the science and the art in all of its subtleties - is the focus of FCM. Despite continued constraints imposed by the COVID-19 pandemic, the FCM program has had another successful year! This success is due, in large part, to the hospitalists who serve as physician coaches: Becky Kenner, MD; Ben Sneed, MD; Chris Moore, MD; Rahul Mehta, MD; Glenn Moulder, MD; Greg Young, MD; Usmaan Bashir, MD; and Andrew Parsons, MD who directs the FCM Program. Charlie Magee, MD; Alex Lawson, MD; Ian Crane, MD; David Fink, MD; and Ryan Wiggins, MD serve as substitute coaches.

Intersessions Course

The Intersessions Course began in March 2021 and is co-directed by Dr. Greg Young. This multidisciplinary course is comprised of three one-week sessions paired with each trimester of a student’s clerkship year. The threefold main goals objectives of the course are for students to (1) integrate learning experiences to enhance clinical learning through activities designed to revisit basic science, incorporate curricular threads, and practice clinical skills such as physical exam techniques, diagnostic reasoning, quality improvement, communication, and other clerkship-specific procedures and skills; (2) explore and expand personal career interests with exposure to areas of clinical medicine not currently included in the clerkship year; and (3) meet with their Foundations of Clinical Medicine (FCM) coaches to review clinical performance data and create individualized learning plans.

UVA Hospital Medicine Grand Rounds

Hospital Medicine as a national specialty, specifically at UVA, fills an important niche within the internal medicine community. To address hospitalists’ specific faculty development needs, we recently kicked off “UVA Hospital Medicine Grand Rounds.” This monthly series hosts expert speakers on various topics specific to inpatient medicine and provides Category 1 CME. All are welcome!! Speakers to date have included internal experts in Behavioral Medicine (Dr. Joey Yost) and Diabetes (Dr. Jen Kirby) as well as external experts in Point of Care Ultrasound (Dr. Carrie Herzke, Johns Hopkins University). Stay tuned for upcoming speakers this year!

DIVISION OF GENERAL MEDICINE

PUBLICATIONS

Dreicer J, Parsons A, Warburton K, Troy A, Trivedi S, Fried M, Kassapidis V, Sargsyan Z. “*Hoofbeats: Struggles with Clinical Reasoning.*” Core IM podcast. December 9, 2020. Impact: 19,064 downloads as of 2/2021.

Moulder G. “*No pre hydration prior to contrast-enhanced CT in patients with stage 3 CKD*” *The Hospitalist*. Published June 2020.

Moulder G, Millard A, and Parsons A. “*A Hospitalist Led Uncertainty Curriculum for Medical Students.*” Society of Hospital Medicine Converge Annual Conference in Hospital Medicine.

R Clemo, A Parsons, JC Boggan, L Shieh, BP Miller. “*Learning by Doing: Practical Strategies to Integrate Resident education and Quality Improvement Initiatives.*” *J Grad Med Educ*. Accepted for publication, June 2021.

BJ Martin, M Plews-Ogan, A Parsons. “*Ethical Pause as a Framework for High-Value Care of Hospitalized COVID-19 Patients.*” *Clinical Ethics*. April 2021. doi:10.1177/14777509211011434.

J Wiencek, C Head, C Sifri, A Parsons. “*Clinical Ordering Practices of the SARS-CoV-2 Antibody Test at a Large Academic Medical Center.*” *Open Forum Infectious Diseases*. Sept 2020;7.10.

A Parsons, CB Clancy, JJ Rencic, KM Warburton. “*Targeted Strategies to Remediate Diagnostic Reasoning Deficits.*” *Acad Med*. July 13, 2021 - Volume - Issue - doi: 10.1097/ACM.0000000000004244.

A Parsons, RH Kon, M Plews-Ogan, ME Gusic. “*You can have both: Coaching to promote clinical competency and professional identity formation.*” *Perspect Med Educ*. 2021 Jan;10(1):57-63. doi: 10.1007/s40037-020-00612-1.

V Ford, H Frischtak, J Wiencek, A Parsons. “*A High-Value Care Curriculum Utilizing Individual and Group Structured Reflection.*” *Southern Medical Journal*. Accepted for publication, April 2021.

A Parsons, KM Warburton, J Martindale, IL Rosenberg. “*Characterization of Clinical Skills Remediation: A National Survey of Medical Schools.*” *Southern Medical Journal*. Accepted for publication, April 2021.

Magee CD, Parsons AS, Millard AS, Torre D. “*Lessons in clinical reasoning = pitfalls, myths, and pearls: a case of confusion, disequilibrium, and “picking at the air”.*” *Diagnosis (Berl)*. 2021 Aug 30. doi: 10.1515/dx-2020-0096. Epub ahead of print.

Jain V, Kowalski R, Moulder G, and Parsons A. “*Choosing Wisely: Integrating High-Value Care into Undergraduate Medical Education.*” UVA SOM Excellence in Education Poster presentation.

Moulder G, Niranjana-Azadi A, Gusic ME, Hoke G, Pahwa A, and Parsons A. “*Developing a Multi-Institution High-Value Care Course during the Early COVID-19 Pandemic.*” UVA SOM Excellence in Education Poster presentation.

BP Miller, A Parsons, N Arana, J Wiencek, “*Order Sets in the Age of High-value Care: A hospitalist led effort to reduce unnecessary laboratory orders.*” Society of Hospital Medicine (SHM) Annual Conference. Research Abstract.

Gadrey SM, Lau CE, Clay R, et al.: “*Imputation of partial pressures of arterial oxygen using oximetry and its impact on sepsis diagnosis.*” *Physiol Meas* 2019; 40:115008

Gadrey SM, Clay R, Zimmet AN, et al.: “*The Relationship Between Acuity of Organ Failure and Predictive Validity of Sepsis-3 Criteria.*” *Critical Care Explorations* 2020; 2:e0199.

Zimmet AN, Clark MT, Gadrey SM, et al.: “*Pathophysiologic Signatures of Bloodstream Infection in Critically Ill Adults.*” *Critical Care Explorations* 2020; 2:e0191

“*Analysis of Respiratory Kinematics: a method to characterize breaths from motion signals*” | medRxiv [Internet]. [cited 2021 Oct 4]

DIVISION OF GENERAL MEDICINE

FAMILY MATTERS - WELCOME TO THE WORLD!



Congratulations to Bahnsen Miller and Jen Broussard Miller who welcomed Eleanor Atal Miller on February 20, 2021



Congratulations to Rachel Weiss and Shyam Raghavan who welcomed Kiran Noah Raghavan on February 28, 2021



Congratulations to Ben Martin and Michaela Liberman Martin who welcomed Miller Juliette Martin on March 4, 2021



Congratulations to Ryan Wiggins and Jaclyn Wiggins who welcomed Bennett Sullivan Wiggins on March 26, 2021



Congratulations to Jessica Dreicer and Ryan McCrystal who welcomed Aylin Leah McCrystal on May 13, 2021



Congratulations to Emily Richardson and Andrew Hulbert who welcomed Sophie Hulbert on June 27, 2021

DIVISION OF GENERAL MEDICINE

WELCOME NEW FACULTY



Rebecca Corey, MD

Dr. Rebecca Corey grew up in Fairfax Station, VA, in the Washington, DC, suburbs. She came to Charlottesville, VA, for her undergraduate degree in biology and has remained there ever since, completing medical school and internal medicine residency at UVA. She joined the hospital medicine faculty at UVA in July 2021. She is interested in quality improvement/patient safety and teaching medical students and residents once she is settled into her new attending

role. She enjoys spending time with her husband Jesse, a cognitive psychology PhD student, and their cat Scout. She enjoys reading, attending concerts, running, and exploring the many restaurants, wineries, and breweries around the Charlottesville area when not at work.



Anirudh Sundararaghavan, MD

Dr. Anirudh Sundararaghavan is a hospitalist at the University of Virginia Medical Center. His interests are in clinical skills teaching of medical students and residents, point-of-care ultrasound, and resident procedural training.

Outside of work, he enjoys spending time outside hiking in the beautiful Shenandoah National Park as well as watching and playing sports.



Kranthikiran Earasi, MD

Dr. Kranthikiran Earasi completed his residency at the University of Virginia and liked it so much, he decided to stick around. Before coming to Charlottesville, he lived in Pennsylvania while he attended Drexel University for his MD degree.

Outside of work, he's a Tri-Athlete for Cross Country, Indoor track, and Outdoor track. He enjoys fly-fishing, golf, and traveling in his free time.



Andrew Kohler, MD

Dr. Andrew Kohler is a per diem Hospitalist with the Department of Medicine while maintaining his clinical practice at Culpeper where he serves as the Vice-Chair for Inpatient Operations. He attended the University of Mary Washington for his undergraduate degree and then the University of Queensland School of Medicine for his MD degree, and then to

Virginia Tech for his residency.



Allison Ajluni, MD

Dr. Allison Ajluni joined the University of Virginia as a Hospitalist after completing her undergraduate in Michigan, her MD Degree in Saint Kitts and Nevis, and then her residency in Baltimore.

In her free time, she loves to listen to audiobooks and is always open to new recommendations.



Omar Alsamman, MD

Dr. Omar Alsamman joined the Hospital Medicine team after six years in practice at Catholic Medical Center in New Hampshire where he led quality improvement efforts in transfusion medicine and clinical documentation. At UVA, he hopes to translate his experience and passion for quality improvement into teaching residents and students these skills.

In his free time, he likes Ballroom and Latin dancing, and traveling. He wants to learn to play an instrument one day.

DIVISION OF GENERAL MEDICINE

NEW FACULTY PROFILE - Diana Aiken



What brought you to Charlottesville?

I've been at UVA for two months.

What excites you about your work?

As a first-generation Asian-American, I remember how difficult it was at times for my family to navigate the healthcare system due to language differences, educational needs, and cultural barriers. As providers, we know how challenging it can be to spend the time that one may want to spend with a patient; it can become an even more arduous task when our patients are experiencing significant life stressors and unfamiliarity with our healthcare system. It is so rewarding for me when I am able to connect with a patient and help them understand what their health problem is, what that means for them, and how that fits into their narrative. It is why I want to teach; I want to bridge the gap between student/resident learners and patients from different backgrounds. It's also enjoyable -- what an honor it is to be a part of a future physician's foundation of knowledge!

I'm originally from Memphis, TN, but come here by way of Portland, OR, where I spent the past three

years completing residency. Although I certainly miss the awe-inspiring mountains of the Pacific Northwest, I am so happy to be here in Charlottesville, where I have the opportunity to be at a large academic center learning from and alongside different people with a new patient population. It's also wonderful to be back home in the South and closer to my family.



What are you usually doing on the weekend?

When I'm home, I like to read a lot of sci-fi/fantasy, learn to make new foods, and explore different wines.



DIVISION OF GENERAL MEDICINE

NEW FACULTY PROFILE - Harriet King



Tell us a little bit about yourself.

I've been at UVA for three years, after a brief (or not-so-brief) career as a medical student, and just completed residency here. I grew up in California and Texas, then attended Davidson College in North Carolina. It was a bit of a long journey to medical school as someone who mainly studied Art History and Spanish in college. After working in a Hepatology clinic as a scribe and research assistant in Dallas, I moved to San Antonio for medical school. I guess it was only to be expected that I would move again for residency!

Why Healthcare?

Healthcare provides the unique opportunity to help people in a very tangible, personal way and a broader, system-based way. I like having a practical skillset that ties me into my community.

What brought you to Charlottesville?

I was impressed by the sense of camaraderie at UVA and the natural beauty of Charlottesville when I interviewed for residency. I wanted to be close to family, and luckily my sister and nephews are just a couple of hours away. Getting to watch my nephews grow up has been one of the most gratifying parts of my time off in recent years! I continue to enjoy the sense of community at UVA and Charlottesville, so I am very thankful to stay here.

What excites you about your work?

I find learning my patients' stories and working with them to find a treatment plan that "fits" to be meaningful. I also enjoy that medicine is a collaborative field and appreciate that I am constantly learning from and with the many

people I work with daily. There are always a lot of ideas bouncing around in the hospitalist and resident workrooms!

Next life?

My dream retirement gig is to be a tour guide in an art museum.



What are you usually doing on the weekend?

I love to cook, read, get outside, and spend time with friends and family in my free time.

What is the one thing you always have in your fridge?

Fridge options are variable, but there is always ice cream in my freezer.

Favorite vacation/activity spot?

The list of places I still want to visit is way too long; COVID has made my wanderlust even worse.

Most admired person, and why?

I admire both of my grandmothers for prioritizing education even though they grew up in a very different time. One grandmother went to college after sending her kids off to college, and the other got her PhD! She is the original Dr. King in my family.

What about you would surprise us?

When I am stateside, I am something of a homebody, but I have visited 16 countries!

Favorite fictional characters?

As a millennial, I am very into the Harry Potter series, but as someone with a unique first name, I am partial to some of the famous fictional Harriets (Harriet the Spy, Harriet Vane, indeed there are more?).

Do you collect anything?

I save pretty much every postcard and letter that has ever been sent to me. I have been moving around the country with these crazy shoeboxes full of cards. Marie Kondo needs to intervene!

