

MEDICINE MATTERS

NEWS FROM THE DEPARTMENT OF MEDICINE

Editor, Kim Kelley-Wagner

MESSAGE FROM THE CHAIR

NOVEMBER 2024

 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.



This month, we highlight the newest Division in the Department of Medicine, [Hospital Medicine](#). Over the past decade, this group has grown exponentially- not just in number but in importance and influence. What was once a small group of faculty focused on in-patient care is now a leading Division of over 40 faculty and advanced practice providers. [Dr. Amber Inofuentes](#) lead the Division, and it is fair to say that this

group is at the center of much of the clinical activity in the Department. Faculty within this Division are focused on delivering the very best in-patient care and leading in quality improvement, systems-based innovation, education, and scholarly excellence. As you will learn in this edition of Medicine Matters, they are a close-knit group with inspiring stories, and they have created a unique environment that fosters collaboration, collegiality, and excellence. The group is on the leading edge of quality and process improvement changes. I thank Dr. Inofuentes and the entire team for their amazing efforts and leadership in our missions.

With best wishes,

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

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GRAND ROUNDS ▶

HIGHLIGHTED DIVISION . . . ▶

MINDFULNESS MATTERS . . . ▶

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UVA Health

DOM UPDATES & NOTES

DOM Financial Update

Department of Medicine Summary of Consolidated Financials September 2024

FY25 as of

	Budget YTD	Actual YTD	\$ Variance YTD
Work RVUs	309,659	333,086	23,427
Clinical Receipts (NPSR)	21,828,759	20,700,815	(1,127,945)
Total Revenues	67,275,351	68,863,878	1,588,527
Total Expenditures	63,314,730	64,219,772	(905,042)
Net Income	3,960,621	4,644,106	683,485

Summary Explanation of Variance:

For Q1, DOM reported a consolidated net gain of \$4.6M and a favorable variance to YTD net income budget of \$683K.

Clinical receipts underperformed budget by \$1.1M primarily due to the impact of unfavorable contractual adjustments, CrowdStrike outage, and unrealized revenue cycle efficiency budget.

Total revenues include \$2.0M clinical deficit coverage revenue accrual, \$1.6M unbudgeted gifts and \$4.0 endowment revenue for the remainder of the fiscal year.

Total expenditures are impacted by unbudgeted grant expenditures, unbudgeted hires, extra clinic shifts and unrealized budgeted staff and incentive reduction contingencies.

Fellows Corner

Fellow Alejandro Valdesuso carved out time to mentor undergraduate UVA - KDSAP students in preparation for an upcoming kidney screening clinic. Thank you to everyone who volunteers their time and skill.



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**FOLLOW UVA
NEPHROLOGY**

FOLLOW GASTRO

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DEPARTMENT OF MEDICINE
MEDICINE GRAND ROUNDS
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DOM UPDATES & NOTES



Emily McGowan MD



Samantha Minnicozzi MD



Thomas Platts-Mills MD



Jeffrey Wilson MD PhD



Judith Woodfolk MD PhD

Awards and Achievements

Congratulations to **Dr. Emily McGowan** (Division of Asthma, Allergy, and Immunology), who received the Dean's Excellence in Faculty Research Award.

Congratulations to **Dr. Samantha Minnicozzi** (Division of Asthma, Allergy, and Immunology), who received the Excellence in Patient Satisfaction Award.

Congratulations to **Drs. Thomas Platts-Mills, Jeffrey Wilson, and Judith Woodfolk** (Division of Asthma, Allergy, and Immunology), who received not one but two administrative supplements for his latest alpha-gal R37 merit award. In addition to a large NIAID supplement to support the ongoing work of the Platts-Mills and Wilson labs, a second NIA supplement has been awarded for the novel proposal evaluating the possible association of alpha-gal with neuroinflammation & Alzheimer's that was coordinated by and will be conducted principally by the Woodfolk lab.

Congratulations to the nominees and award winners at this year's *APP Awards and Recognition Ceremony*.

Aimee Strong DNP, winner of the *Exceptional Advanced Practice Provider Award* for her work with the thoracic surgery and lung cancer screening program

Matha Thomas GC, winner of the *Excellence in Leadership Award*

Jenna Ally, NP, nominated for the *Outstanding Educator Award*

The following were nominated for the *Exceptional Advanced Practice Provider Award*: **Amelia Hodson NP, Hania Bushnaq-Aloul NP, Jenna Campo NP, Jessica Kassay-McAllister DNP, Kimberly Conrad NP, and Marie Thomas NP.**

Bill Steers 5k

Sat November 9, 2024

[LEARN MORE](#)

Research in Motion

Heather Ferris, MD, PhD, associate professor, Department of Medicine

Heather Ferris, MD, PhD, cholesterol buildup in the brain is a risk factor for developing dementia.

[WATCH VIDEO](#)

Get a New Provider ("White Coat") Headshot

McKim Hall | Ground Floor, Room G045

Physicians and advanced practice providers: get a new or updated headshot taken in 10 minutes or less on dates listed below. No appointment needed. Bring a white coat if you have one; if not, one will be provided.

- Thursday, November 7th | 1:30 pm – 4:30 pm
- Tuesday, November 12th | 12 pm – 3 pm
- Monday, October 21st | 9 am – 12 pm
- Wednesday, November 20th | 10 am – 1 pm

DOM UPDATES & NOTES

Clinical Trials

New Hematology/Oncology Clinical Trials (opened since 9/01/2024)

CALM: Chronic & Acute Leukemia/MDS & MPN

A Phase IIa Study of Phase I/II in Combination with Venetoclax in Relapsed or Refractory Acute Myeloid Leukemia

IRB # 301493

CT. Gov. ID: NCT06382168

Sponsor Protocol: D19-11186

Sponsor: Delta-Fly Pharma, Inc

Principal Investigator: Keng, Michael

Study Contact: Cory Caldwell cjc2p@uvahealth 434-297-4182

Master Screening and Reassessment Protocol (MSRP) for Tier Advancement in the NCI myeloMATCH Clinical Trials

IRB # 301630

CT. Gov. ID: NCT05564390

Sponsor Protocol: MYELOMATCH

Sponsor: SWOG

Principal Investigator: Reed, Daniel

Study Contact: Cory Caldwell cjc2p@uvahealth 434-297-4182

A Phase Ib Study of Menin Inhibitor SNDX-5613 in Combination with Daunorubicin and Cytarabine in Newly Diagnosed Patients with Acute Myeloid Leukemia and NPM1 Mutated/FLT3 Wildtype with Higher-Risk Features or MLL/KMT2A Rearranged Disease.

IRB # 301738

CT. Gov. ID: NCT05886049

Sponsor Protocol: 10596

Sponsor: ETCTN

Principal Investigator: Reed, Daniel

Study Contact: Farzana Hakim fc28yv@uvahealth. 434-760-6337

CELLULAR THERAPIES

A Phase 3 Randomized Study Comparing Daratumumab, Bortezomib, Lenalidomide and Dexamethasone (DVRd) followed by Ciltacabtagene Autoleucel versus Daratumumab, Bortezomib, Lenalidomide and Dexamethasone (DVRd) followed by Autologous Stem Cell Transplant (ASCT) in Participants with Newly Diagnosed Multiple Myeloma who are Transplant Eligible

IRB # 300010

CT. Gov. ID: NCT05257083

Sponsor Protocol: JNJ-68284528

Sponsor: European Myeloma Network

Principal Investigator: Foster, Laahn

Contact: Sara Casana qna7wg@uvahealth. 434-924-5254

GENITO URINARY (GU)

Phase III Study of Local or Systemic Therapy Intensification Directed by CAncer Patients with Post-ProstaTEctomy

IRB # 301542

CT. Gov. ID: NCT04423211

Sponsor Protocol: EA8191

Sponsor: ECOG-ACRIN

Principal Investigator: Devitt, Michael

Study Contact: Abby Allen gbt6mb@uvahealth. 731-336-8353

MELANOMA

A phase II study of Biomarker Driven Early Discontinuation of Anti-PD-1 Therapy in Patients with Advanced Melanoma (PET-Stop)

IRB # 301673

CT. Gov. ID: NCT04462406

Sponsor Protocol: EA6192

Sponsor: ECOG-ACRIN

Principal Investigator: Gaughan, Elizabeth

Study Contact: Sarah Sommer ss2vz@uvahealth.

MELANOMA

A Phase 2/3, adaptive, randomized, open-label, clinical study to evaluate neoadjuvant and adjuvant V940 (mRNA-4157) in combination with pembrolizumab (MK-3475) versus standard of care, and pembrolizumab monotherapy in participants with resectable locally advanced cutaneous squamous cell carcinoma (LA cSCC) (INTerpath-007)

IRB # 301283

CT. Gov. ID: NCT06295809

Sponsor Protocol: V940-007

Sponsor: Merck Sharp & Dohme Corp.

Principal Investigator: Kaur, Varinder

Study Contact: Samantha Schaeffer sms6wn@uvahealth.org

A phase III study of neoadjuvant chemotherapy followed by surgery alone for patients with High Risk randomized l Sarcoma (STR S 2) versus surgery RetroPeritonea

IRB # 301333

CT. Gov. ID: NCT04031677

Sponsor Protocol: EA7211

Sponsor: ECOG-ACRIN

Principal Investigator: Cavalcante, Ludimila

Study Contact: Samantha Schaeffer sms6wn@uvahealth.org

Achievements



Merry Ellen Barnett (Cardiovascular Medicine, pictured right) finished her first 100-mile race recently. "I learned some important lessons regarding hypothermia, the halfway point chicken sandwich, and the power of the five-minute trail nap." She said it took a year of hard work, people who believed in her before she believed in herself, and the best pacers/crew that anyone could ask for. She is looking forward to next year!

In Media

Faulty 'Fight or Flight' Drives Deadly C. Difficile Infections

The portion of our nervous systems responsible for the "fight or flight" response can shape the severity of potentially deadly C. difficile



infections, new research from the School of Medicine reveals. The findings suggest that doctors may be able to save patients from the infections – a plague for hospitals and nursing homes – by using drugs to quiet the hyperactive nervous system response, the researchers say.

"Compared to how much we know about immune system influences in C. difficile infections, the field is just scratching the surface in understanding neuronal contributions to disease," said researcher Dr. William Petri.

[READ MORE](#)

Umbilical Cord Blood Transplants Shown To Improve Survival Rates For Blood Cancer Patients, Regardless Of Race

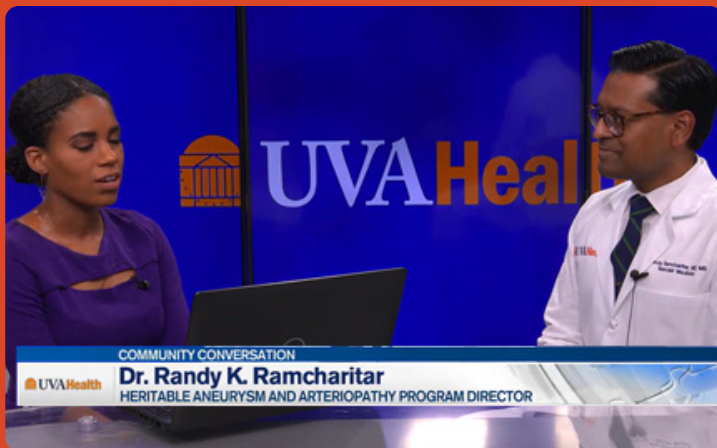
For years, blood cancer patients have struggled to find a match for blood transplants. That's where umbilical cord blood, which does not require an exact match to work effectively, comes in. "We're really excited that we see that the outcomes for patients after this type of transplant, the umbilical cord blood transplant, is now equivalent among all different races and ethnicities," said Dr. Karen Ballen, the Medical Director of the Stem Cell Transplant Program at the UVA Cancer Center.



[READ MORE HERE](#) and [HERE](#)

[WATCH ON NBC29](#)

Community Conversation: Dr. Randy K. Ramcharitar with UVA Health



Dr. Randy Ramcharitar, Director of the Heritable Aneurysm and Arteriopathy Program, spoke with NBC29 Community Conversation about some of the most common vascular diseases, their causes, and risk factors.

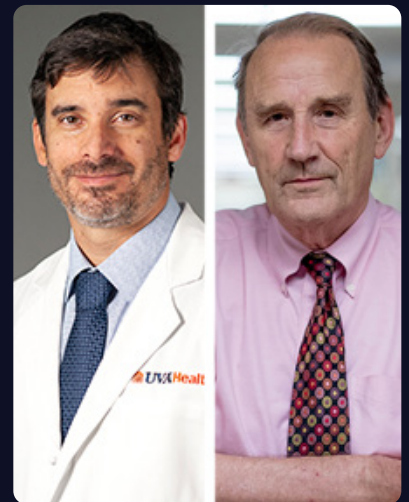
[READ MORE](#)

Allergies are Common Today, but Did They Also Impact Our Ancient Ancestors? (Discover Magazine)

Have Allergies Increased in Recent Decades?

We know that the incidence of clinical food allergy has been on the rise in the last 20 to 30 years," says Jeff Wilson, an immunologist at the University of Virginia who studies allergies.

Thomas Platts-Mills, a physician at the University of Virginia has compiled a [history of allergies since 1870](#).



[READ MORE](#)

New Lung Cancer Treatment Available At UVA Health

A new lung cancer treatment that UVA doctors helped develop has been approved by the Food and Drug Administration. The treatment targets a type of tumor mutation that affects about 15 percent of non-small cell lung cancer patients.

“This new treatment is an antibody that is added on to chemotherapy, increasing the likelihood of tumor shrinkage and extending the duration in which the cancer can be controlled compared to chemotherapy alone,” said Dr. Ryan Gentzler.



[WATCH ON NBC29](#)

Dr. Patricia Rodriguez-Lozano's Commitment to Women's Heart Health Highlighted in American Heart Association Article

In recognition of Hispanic Heritage Month, Peruvian-born Dr. Rodriguez-Lozano was highlighted as an inspiring leader dedicated to improving women's heart health.

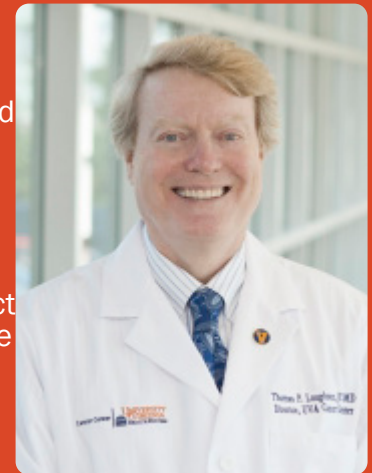
Dr. Rodriguez-Lozano serves as the Director of the Women's Heart Care Program, Co-Director of the SCAD Clinic, and Associate Program Director of the Cardiovascular Fellowship at the University of Virginia. Her work emphasizes personalized, culturally competent care, and she leads pioneering research on sex differences in cardiovascular disease.



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Providing Hope Virginia Cancer Centers Offer Array of Advanced Care (Virginia Business)

In 2022, the University of Virginia Cancer Center became the first institution in the state to be designated a comprehensive cancer center by the NCI. This means that U.Va.'s center receives funding from the NCI to provide advanced care to patients and conduct research. The Charlottesville facility employs 225 faculty researchers and 140 physicians.



In fiscal 2024, which ended in June, U.Va. Cancer Center saw 33,154 patients, up 10% from fiscal 2023. The center primarily serves residents from 87 counties, with about a third of patients living in rural areas.

“The bottom line is there's really no reason for anyone that is diagnosed with cancer in the commonwealth of Virginia to go out of state,” says the center's director, Dr. Thomas Loughran. “What distinguishes us from our community or colleagues is ... the depth and breadth of faculty that are super-specialized in all these major particular types of cancers.”

[READ MORE](#)

Let food be thy medicine...

UVA Dialysis Program, led by Lesley McPhatter and the Blue Ridge Area Food Bank, tackles food insecurity in patients with kidney failure. In March 2020, the University of Virginia dialysis program launched an on-site food pharmacy program in partnership with the Blue Ridge Area Food Bank.



Drs. Tushar Chopra and Varsha Pothula explain the importance of the program.

[READ MORE](#)

Citrus fruits are considered a superfood. But can they also help you sleep or avoid motion sickness? (Yahoo Life)

While there's no question that fruits like, lemon, lime, orange and grapefruit have many health benefits, not all of the claims associated with citrus actually hold up. Dr. Michael Ayers, assistant professor in cardiology at UVA Health discusses whether the flavonoids in citrus may help reduce inflammation, which increases a person's risk of heart disease.



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A Healthier Future — One Clinical Trial at a Time: An Interview with Antonio Abbate, MD, PhD

Antonio Abbate, MD, PhD specializes in cardio-immunology and cardio-oncology, evaluating and treating people with heart inflammation (pericarditis and myocarditis), and those at risk for heart complications due to cancer treatment. Dr. Abbate also leads a team of researchers in the UVA Robert M. Berne Cardiovascular Research Center who are exploring the role of innate immunity on the pathogenesis and pathophysiology of various cardiovascular diseases and injury.



[READ MORE](#)

NIH Director's Award Bestowed on International Team of Researchers for Maternal Health Study

The Azithromycin Prophylaxis in Labor Use Study (A-PLUS) trial group, an international coalition of researchers including UVA's William Petri, MD, PHD, a professor in the Division of Infectious Diseases and International Health, demonstrated in their global research study that a single dose of azithromycin reduced maternal sepsis during labor and delivery. Dr. Petri led UVA's participation in the study, in collaboration with experts in Bangladesh at the icddr, b reseach center and LAMB hospital.



In honor of this important scientific achievement, the A-PLUS trial group has been recognized with a 2024 NIH Director's Award. Nominated by the National Institute of Child Health and Human Development, the study was commended for "excellence in leading the high-impact, multi-country, multi-site A-PLUS study to decrease maternal sepsis and death."

[READ MORE](#)

Kenneth Walsh, PhD, Presents Lecture at Nobel Symposium in South Africa

Kenneth Walsh, PhD, presented his work, "Genome Instability in the Immune System: Linking Aging with Cardiovascular Disease," at the invitation-only event, which gathers leading scientists and observers for five days of discussion. This year's theme was Pro-gress and Challenges in Cardiovascular Medicine. "It was exciting to present the amaz-ing work performed by my students, postdoctoral fellows and lab staff," says Dr. Walsh.



[READ MORE](#)

DOM UPDATES & NOTES



LEARN ABOUT EVENTS

Native American Heritage Month

November

UVAHealth

“UVA School Medicine celebrated National Latino Physician Day on October 1st. 6% of physicians in the United States are Latinos, which is not enough to bring cultural competency to the caring of 20% of our communities that are Latinos. Let’s foster and support all youth in joining this noble profession!” ~Dr. Max Luna (pictured front, center)

SUBMIT NEWS

Is Your Division’s Website Content Up-to-Date? Need a Team or Research Lab Photo Shoot?

Researchers and lab managers, if you don’t already have a research page dedicated to your team, please get in touch with Kim Kelley-Wagner to get started at kak2cj@uvahealth.org or 434.328.0680

Are You a UVA Researcher? An Innovator?

Licensing & Ventures Group

Where research gets *real*

We partner with faculty, researchers, and investors to bring innovations discovered at UVA to the marketplace.

FOLLOW UVA IM RESIDENCY

Women In Internal Medicine Network would love to hear from you!
Please share you ideas with us here.

FOLLOW UVA SCHOOL OF MEDICINE DIVERSITY AND INCLUSION



Eosinophilic Esophagitis Network of Virginia Inaugural Meeting

November 16, 2024
UVA Darden School of Business

DOM UPDATES & NOTES

Events



Two members of the Department of Medicine HIV clinic team, **Veronica Ross** (pictured top left) and **Everlyne Sawyer** (pictured second from right in front), were invited by Dr. Laura Cheever (Associate Administrator for HIV/AIDS Bureau) to present at the Centers for Disease Control and Prevention/Health Resources and Services Administration (CDC/HRSA) Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) meeting's panel on "Overcoming Barriers to Re-Engage People with HIV Out of Care." Only nine institutions/groups were invited to participate in the conference and share best practices. It is an honor that our clinic was highlighted at this national meeting. It is a testament to the remarkable work that everyone is doing at the clinic.



Everlyne Sawyer

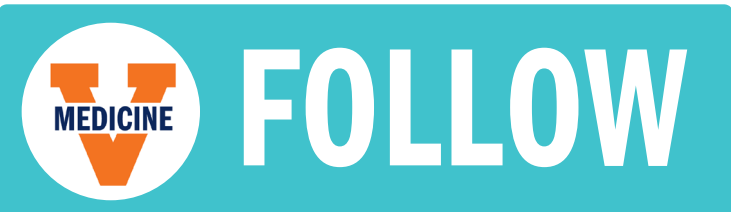


Veronica Ross

Strides in Solidarity 5k - UVA PIH Engage

Sun November 17, 2024

[LEARN MORE](#)



DIVISION OF HOSPITAL MEDICINE

Message from Amber Inofuentes MD, Hospital Medicine Division Chief



2024 marked a momentous milestone for Hospital Medicine, which became the 11th division in the Department of Medicine on July 1st. The past year has been a time of tremendous growth and transition as we onboarded a record twelve new faculty and APP team members and built our new division administrative team. In addition to hiring several new graduates, including those from our residency program, we were fortunate to recruit several experienced hospitalist clinicians who decided to transition from community practice to an academic medical center. I hope you will take the time to read the included profiles of our many new colleagues and administrative staff.

We were fortunate to recruit Brigitte Binard as our division administrator, who had spent the prior year serving as associate division administrator for the Division of General Medicine, Geriatrics, Palliative and Hospital Medicine. Brigitte brings a wealth of experience in accounting, business operations, and management and has hit the ground running to develop and support our evolving strategic aims.

As we matured from section to division, our leadership team evolved to meet the unique needs of an academic hospitalist program. Andrew Parsons has become our director for research and academic advancement to support our expanding research and scholarship portfolio and oversee faculty promotion. Alex

Millard has taken on the director of education and faculty development role to support ongoing medical education and professional development. George Hoke, who has served for several years as the director for faculty development, will continue to support hospital medicine in a newly created role directing recruitment and retention, focusing the latter on overseeing efforts to reduce or eliminate low-value tasks (often within the electronic health record) that occupy clinicians' time, resulting in burnout and fatigue.

As the general medicine/hospitalist census continues to climb (averaging 140 patients last year, up over 40% from pre-COVID volumes), it was imperative to expand Ryan Wiggins' role as director of clinical operations. I am incredibly proud that the hospitalist program has supported unprecedented patient volumes under his leadership despite last year's staffing challenges through a model focused on adaptability and flexibility. This model allowed us to rarely utilize on-call backup physicians and avoid pulling hospitalists off teaching wards to manage volatile patient surges.

While expanding clinical volumes, we have continued to advance our strategic aims in clinical innovation and excellence, medical education, and faculty development. The newsletter will discuss highlights across these mission areas in more detail. Charlie Magee continues to lead an impressive interprofessional team that is dramatically reducing low-value cardiac monitoring; Omar Alsamman successfully partnered with clinical informaticists to implement an embedded AI tool to improve diagnosis capture and reduce coding query burden; Shri Gadrey is on the cusp of an R01 grant to support his groundbreaking respiratory kinematics research; and Andrew Parsons became an associate dean for the School of Medicine overseeing clinical education, to name of a few of our most significant achievements. Three more of our faculty (Usmaan Bashir, Jess Dreicer, and Greg Young) were also successfully promoted to associate professor.

In the clinical arena, our APP program onboarded two additional team members. It pivoted its model of care mid-year to become our Hospitalist East service in a collaborative practice model with our three North hospitalist physicians. In recognition of his diligent leadership of this program, his success as 3N acute medical director, and his multidisciplinary efforts to develop a limb preservation pathway, Rob Becker received one of this year's Department of Medicine Awards for Clinical Excellence.

DIVISION OF HOSPITAL MEDICINE

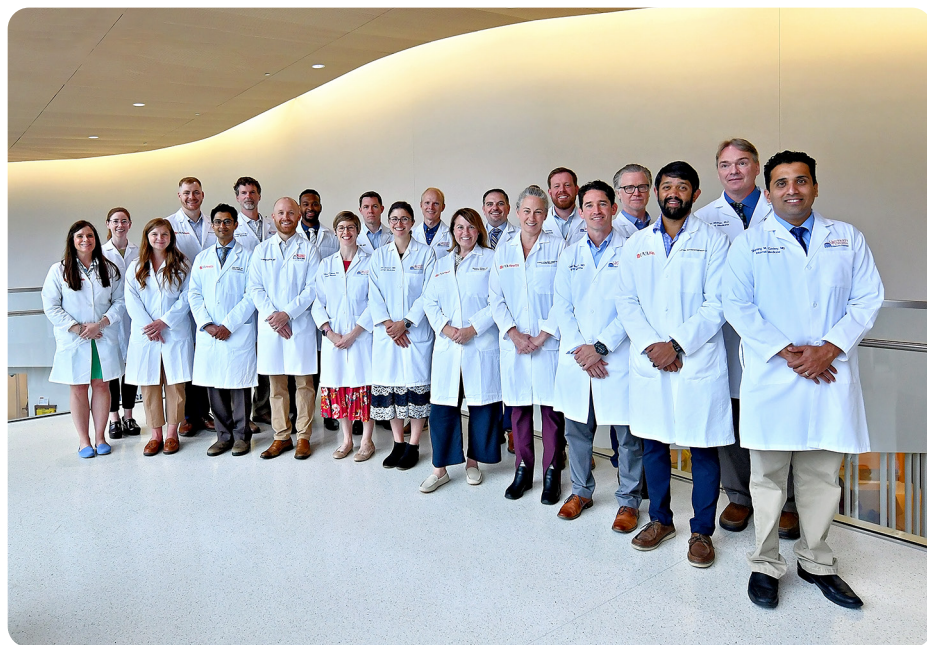
Looking into 2025, the division is excited to lead the way in developing clinical care pathways through an EMR-based tool, AgileMD; this tool allows us to improve the quality and consistency of disease-specific care while reducing frontline clinician frustration through embedded decision support. We also plan to build on last year's quality improvement successes by partnering with medicine units to minimize delays between discharge orders and patient departure and by reducing low-value care while enhancing advanced care planning through structured use of the evidence-based surprise question.

Given ongoing pressures to expand clinical capacity, we are establishing clinical operations partnerships with our emergency medicine colleagues to improve patient care quality. We are also excited to support two new faculty participants in our Early Career Scholars program: Ben White will be working with Kyle Enfield, DOM vice chair for quality, to implement an evidence-based deprescribing program for anti-psychotic medications initiated during MICU hospitalizations, while Tareq Arar will be evaluating differences in clinical outcomes of patients admitted with heart failure to general medicine/hospitalist versus cardiology services.

As a group, we'd like to extend our gratitude to Cyndi Smith and Dr. Mohan Nadkarni, division administrator and chief for the division of General Medicine, Geriatrics, and Palliative, for their support during our transition, and to the rest of the Department of Medicine for its commitment to our success as a division.

We hope you will all stop by for a visit one day soon in our new space on the second floor of the West Complex, D wing.

~Amber Inofuentes MD



At left: Hospital Medicine Faculty

Back row left to right: Emily Richardson, Brian Peterson, Paul Helgerson, Cameron Webb, Charles Magee, Joseph Hall, Omar Alsamman, Andrew Parsons, Benjamin Sneed, Donald Molnar

Front row left to right: Jessica Stevens, Kristin Long, Rahul Mehta, Ryan Wiggins, Amber Inofuentes, Jess Dreicer, Rebecca Kenner, Mary Hardy, Glenn Moulder, Anirudh Sundararaghavan, Shrirang Gadrey



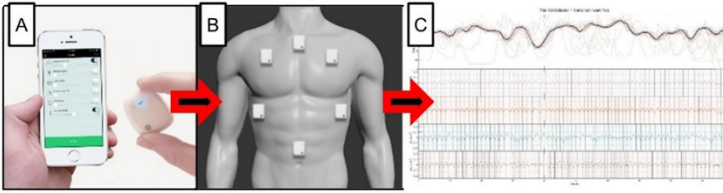
Above: Administrative Staff

From left, Briggs Moyers, Susan Brooking, Brigitte Binard, Feba Varghese

Research Updates

Novel Respiratory Monitoring System Gains Traction After Successful Proof-of-Concept

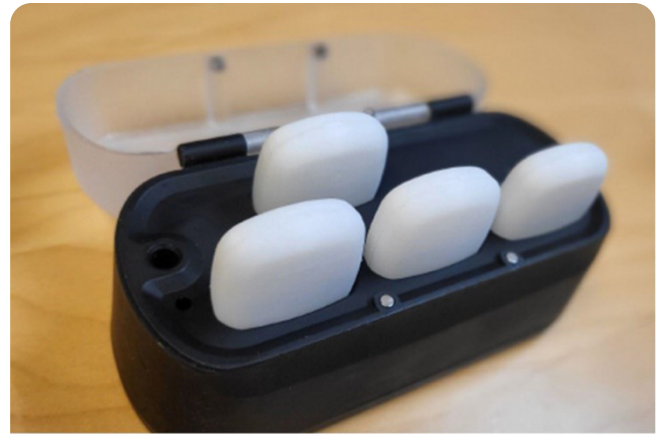
Dr. Shri Gadrey identified a critical flaw in contemporary patient monitoring systems – their inability to quantify high-risk labored breathing patterns. To address this gap, he led a multidisciplinary effort to develop a novel labored breathing monitor called ARK (Analysis of Respiratory Kinematics). This device uses inertial sensors to quantify breathing patterns (i.e., respiratory kinematics). In a proof-of-concept study of 108 hospital patients, ARK improved the prediction of critical illness beyond conventional predictors. This success was featured in a recent UVA Today article. Powered by their groundbreaking innovation, the ARK team is now poised to pioneer the large-scale measurement of human respiratory kinematics.



ARK: a scalable method to quantify labored breathing: Wearable motion sensors (A) are used to record the motion of the upper rib, lower rib, and abdomen (B). Inertial signal processing algorithms are used to quantify and display labored breathing patterns with high fidelity (C).

emergency room. Based on the feasibility and utility of ARK, Gadrey and team sought RO1 funding from NHLBI. This proposal has received an enthusiastic response in the scientific review stage (8th percentile impact score) and now awaits the advisory council stage. If funded, this \$4 million award will allow the ARK team to study respiratory kinematics in a prospective cohort of 1800 emergency room patients.

NHLBI funding to study respiratory kinematics in the



ARK device: We are working to optimize our prototypes so that they can be easily applied in any setting, including home.

VIPC funding for home monitoring of respiratory kinematics in asthmatic children. The ARK system is simple enough to be applied in any setting, including homes. As such, home monitoring in asthmatic children is one of ARK's highest-priority applications. The Virginia Innovation Partnership Corporation (VIPC) has awarded the ARK team \$100,000 to optimize prototypes and create secure data pipelines for home monitoring in asthmatic children. The ARK team has partnered with UVA's world-renowned pediatric asthma expert, **Dr. Gerry Teague**, to validate ARK in pediatric asthma.

Ivy Foundation funding to study respiratory kinematics in premature neonates. Neonatal ICU infants are at high risk for respiratory failure, and breathing patterns (apnea, extreme periodic breathing) are known to herald respiratory deterioration. UVA neonatologist **Dr. Brynne Sullivan** has been awarded a \$90,000 research grant by the Ivy Foundation to validate ARK in the NICU.



ARK in the neonatal ICU: While it was originally developed for use in hospitalized adults, ARK is gaining traction in a wide range of fields.

References:

- 1) Ashe WB, Innis SE, Shanno JN, Hochheimer CJ, Williams RD, Ratcliffe SJ, Moorman J R, & Gadrey SM (2022). Analysis of Respiratory Kinematics: A method to characterize breaths from motion signals. *Physiological Measurement* 43 015007.
- 2) Ashe WB, McNamara BD, Patel SM, Shanno JN, Innis SE, Hochheimer CJ, Barros AJ, Williams RD, Ratcliffe SJ, Moorman JR, Gadrey SM, Kinematic signature of high-risk labored breathing revealed by novel signal analysis, medRxiv 2023.06.08.23291170.
- 3) [“Every Breath You Take: Invention Detects Breathing Problems Before It’s Too Late”](#)

Quality Highlights

Improving Urine Testing Diagnostic Stewardship

by Amber Inofuentes MD

In 2023, UVA Hospital Medicine identified diagnostic stewardship as an important opportunity for improved quality of care on review of all instances of catheter-associated-urinary-tract infections (CAUTI) when hospitalist faculty were discharging attendings, an opportunity further supported by the CAUTI Coalition's investigation of all hospital-wide CAUTI events that same year. As part of Hospital Medicine's annual group quality projects, **Dr. Rebecca Corey** joined the CAUTI Coalition. She partnered with infectious disease physicians **Drs. Patrick Jackson** and **Greg Madden** to address urine testing diagnostic stewardship gaps. In addition to contributing to the inappropriate diagnosis of CAUTI, inappropriate urine testing (including in patients without an indwelling urinary catheter) contributes to inappropriate antibiotic prescribing, including treatment of asymptomatic bacteriuria or prescribing antibiotics for urinary tract infections (UTI) that are too broad in spectrum and/or too long in duration. Inappropriate antibiotic use can increase antibiotic resistance, length of hospital stay, and Clostridium difficile infections. UVA recently published institutional guidelines for evidence-based diagnosis and treatment of UTI that are inconsistently followed. Dr. Corey's project aimed to reduce the inappropriate treatment of asymptomatic bacteriuria by reducing overall urinalysis orders (and, in turn, inappropriate urinalysis orders) through the application of the Plan-Do-Study-Act quality improvement method.

Dr. Corey's team, which also included medical student **Will Lain** and QPI Coach **Priya Ramayanam**, performed data analysis of the current state by reviewing urinalysis and antibiotic ordering practices for UTI on three inpatient medicine acute care units (3 West, 3 Central, 3 East) to understand gaps between current practice and evidence-based guidelines. This analysis revealed that unnecessary urinalysis orders were the most significant opportunity. Across the preceding twelve months, appropriate indications for urinalysis orders were documented only 47% of the time. In 25% of those cases, patients lacking an appropriate indication for testing still received antibiotics, demonstrating that 13% of patients with urinalysis testing on these units received inappropriate antibiotics for asymptomatic bacteriuria. To identify the root causes of inappropriate testing, the team created a pareto chart of the most common reasons for inappropriate urinalysis orders. Three of the most frequent reasons identified were 1) isolated fever without urinary symptoms, 2) acute encephalopathy with other more likely etiology, and 3) diagnostic evaluation for noninfectious conditions such as acute kidney injury.

Based on these results, Dr. Corey's team worked with the CAUTI Coalition to revise urinalysis orders in Epic by creating enhanced clinical decision support pathways. These orders provide prompts that nudge clinicians toward utilizing appropriate indications for urinalysis ordering for infectious and noninfectious indications and was published in Epic in late July. Her team's work was presented as a poster in May at the 2nd Annual UVA Health QI/PS Showcase. This academic year, Hospital Medicine plans to evaluate the impact of these changes on urinalysis ordering habits to determine whether this important intervention has successfully reduced inappropriate testing and inappropriate antibiotic prescribing for asymptomatic bacteriuria.

Thanks to **Dr. Andrew Barros** for providing data analytics support to the team.

Telemetry Stewardship

by Charles Magee MD, 3 West medical director

Telemetry Stewardship took a giant step forward this past year in Hospital Medicine. As previously shared, our first telemetry stewardship Plan-Do-Study-Act (PDSA) cycle offered education and interdisciplinary communication on telemetry stewardship with a 44% reduction in telemetry time on 3West. Yet, the unit continued to experience instances where telemetry utilization exceeded the unit's capacity. Therefore, a second PDSA cycle was commenced to improve stewardship by alerting our teams whenever telemetry orders exceeded recommended monitoring durations.

Based on the published alert model from NYC+ Health1, clinical informaticist **Dr. David Ling** helped design a Best Practice Advisory (BPA) according to order-specific indications. To improve engagement with the BPA, parameters were set to limit the BPA to fire only when providers enter the "Manage Orders" tab between 7 a.m. - 5 p.m. Alerts were blocked from firing for patients with a knowable telemetry indication, such as critical electrolyte derangements. We also wanted to provide teams time and space to make informed decisions, so we included a deferral option that snoozes the alert for 6 hours.

The BPA went live on 3West in November 2023 with an immediate reduction in telemetry usage that led nursing leadership to request its rapid deployment across all acute care general medicine starting in February 2024. This timely expansion freed up telemetry monitoring equipment for other clinical areas, deferring an institutional expense of nearly \$245,000 for additional telemetry equipment.

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Over the past ten months, the BPA has fired over 1,000 times, leading to an overall telemetry discontinuation rate of over 63%. The BPA does occasionally reach providers who indicate they are not the treating providers, although not often, just 92 times in total, and is usually alerting subspecialty fellows and consultants closely involved in the care of these patients. When removing these from the total, the BPA discontinuation rate for those making decisions about telemetry is above 69%! Teams also appreciate the option to defer a decision for six hours, frequently leading to termination with the next BPA or before the BPA can fire again. We also see interdisciplinary teams discussing telemetry in rounds, demonstrating a shared understanding of telemetry indications and stewardship focus. Most importantly, our preliminary analysis has shown no increases in escalation of care, evincing a lack of patient harm through active telemetry stewardship. Our units are notably quieter with less alarm fatigue, and a decreased nursing burden of patients requiring monitored transportation off unit.

A testament to the positive reception of the BPA, students, and residents have shared this work with leaders in other clinical areas, with exciting developments on the horizon. The acute stroke team from Neurology has embarked on a pathway to launch a similar BPA, and 4East has also voiced a clear interest in telemetry stewardship for their patient population.

This work has transformed how our teams perform telemetry stewardship toward a generation of high-value care. We offer our most sincere and heartfelt thanks to all our provider and nurse teams embracing telemetry stewardship into your everyday practice!

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Clinical Program Updates

Bridging the Gap Between Inpatient and Outpatient Opioid Use Disorder Treatment

by Drs. Alexandra Schwab and Rachel Kon

Despite clinicians' best efforts to reduce narcotic prescriptions in the treatment of complex chronic pain, opioid-related deaths continue to rise. In response, in 2023, the federal government removed the X-waiver requirement for prescribing buprenorphine for opioid use disorder (OUD), coinciding with an all-time high in demand for substance use disorder (SUD) treatment in the Charlottesville area. UVA's medicine residency program has recognized the needs of our local community and responded to changes in prescriber licensing by increasing both classroom education and bedside clinical experiences with a goal for all residents to develop the skills necessary to initiate and maintain patients on buprenorphine for OUD treatment upon graduation. To provide clinical training and meet patient demand for low-barrier OUD treatment in the primary care setting, we have started an OUD treatment program within our University Medical Associates (UMA) resident continuity clinic called UMA OBOT. This program welcomes our current patients to a specialized session on Monday afternoons with trained faculty, pharmacists, social workers, and an RN coordinator to provide comprehensive multidisciplinary care. Designed to bridge the gap between inpatient and outpatient medicine, patients with OUD who are ready to start treatment but do not have a PCP can be referred to UMA OBOT for both an outpatient prescriber and a new PCP.

Dr. Alexandra Schwab, a recent graduate of UVA's residency program, and **Dr. Rachel Kon**, associate program director and director of PC track, have worked together for nearly twelve months to develop a clinic that will provide patients access to SUD treatment in a primary care office within a week of initial contact to the clinic. The clinic's RN coordinator, **Melissa Warren**, facilitates seamless transitions and initial intake for the outpatient visit. Dr. Schwab has a unique role in the Department of Medicine, splitting time 50% as an outpatient provider, including her role providing addiction expertise and 50% performing clinical care in hospital medicine. This has allowed her to create therapeutic alliances with patients whom she admits for complicated withdrawals, drug detoxifications, or frequent readmissions for chronic pain. Treatment does not stop when the patient is discharged; she assists with coordinating follow-up and ongoing care in the outpatient setting. Her position includes resident education during clinic sessions and will soon include hospitalist education sessions during inpatient wards. As treatment for SUD evolves, general internists need to help meet the increased needs of patients with the necessary knowledge and skills for initiating and prescribing buprenorphine. We hope that offering OUD treatment will improve meaning and satisfaction of residents and faculty providing primary care for patients with chronic pain. We also hope that it will help reduce readmission rates for patients presenting with overdose-related complications or those seeking treatment options for chronic pain.

Please send questions or patient referrals to Alexandra Schwab, Melissa Warren, and Rachel Kon.

We have come a long way and look forward to more innovations in the months ahead.

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Hospital Medicine Implements Admission and Throughput Coordinator RN

by Ryan Wiggins, director of clinical operations

Emilia Braun, BSN RN, joined the Hospital Medicine family as our inaugural admission and throughput (ATC) RN coordinator in December 2023. She brings a wealth of nursing experience, having worked in acute care medicine, cardiac cath lab, and infection prevention and control during her career at UVA Health. In her new role, she works closely with the patient placement center, emergency room, transfer center, and general medicine/hospitalist admitting teams to improve patient flow and progression. The timing of this role could not have been better, helping medicine accommodate our growing census and transfer volumes to better serve and care for patients in our local community and from all over the commonwealth.

Implementation of this role also facilitated incremental process redesign of admitting workflow for general medicine/hospitalist teams, eliminating previously redundant or low-value steps. As a result of these changes and additional hospital medicine efforts, last year, hospital medicine successfully reduced the median time from ATC consultation to admission orders by fifteen minutes (17%), providing timely evaluation and management of patients with an ever-increasing medical and social complexity.

Education Updates

Depth and Breadth of Hospitalist Teaching

by Alex Millard and Andrew Parsons

The Division of Hospital Medicine continues to make significant strides in medical education. In addition to providing exceptional clinical teaching in the General Medicine and Hospitalist Sub-I rotations, hospitalists are taking on pivotal roles within the School of Medicine. Our faculty members are deeply involved in the pre-clinical and clinical phases of undergraduate medical education (UME), positioning the Division as a key contributor to the foundational training of future physicians. Notably, hospitalists comprise the largest cohort of Foundations of Clinical Medicine coaches, playing an integral role in shaping medical students' clinical skills and professionalism.

The Division's impact extends beyond UME to graduate medical education (GME), where hospitalists are involved in multiple teaching capacities, contributing to the development of residents and fellows. Furthermore, with the successful growth of the Advanced Practice Provider (APP) service within Hospital Medicine, our group has expanded its reach to include teaching in the School of Nursing. This multifaceted involvement in education highlights the Division's ongoing commitment to training the next generation of healthcare professionals, ensuring they have the skills and knowledge to excel in a rapidly evolving healthcare environment.

Clinical Education

Hospitalists attend 118 2-week blocks on General Medicine and had 29 month-long ACE rotators for the 2023-2024 year. The Hospitalist ACE remains one of the most in-demand ACE rotations at UVA due to the clinical rigor and direct clinical teaching and feedback students receive.

Undergraduate Medical Education

Launched in 2018, the Foundations of Clinical Medicine (FCM) program is a four-year curriculum focused on clinical skill development and professional identity formation. Within the UVA School of Medicine curriculum, morning lectures primarily concern basic science knowledge. The practice of medicine—both the science and the art in all its subtleties—is the focus of FCM. Physician coaches lead FCM. Hospitalists comprise 30% of all FCM coaches: **Ian Crane, Charlie Magee, Rahul Mehta, Glenn Moulder, Chris Moore, Andrew Parsons, Ben Sneed, and Greg Young** are regular coaches. Greg Young is the FCM Phase 2/3 course director. **Alex Lawson** and **Brian Peterson** are part of the Coach Associates Faculty Development Program.

Cameron Webb is the Bedside to community course director and Public health and health policy thread leader for medical students.

Amber Inofuentes is the patient safety and quality thread leader for medical students. The Intersessions Course began in March 2021 and is co-directed by **Dr. Greg Young**. This multidisciplinary course consists of 3 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.

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Alex Millard and **Glenn Moulder** are co-associate clerkship directors for the IM phase 2 clerkship. During this rotation, nine hospitalists contributed to the Clinical Skills Education Program (CSEP), where clerkship students are taken weekly to practice the evidence-based physical exam focused on cardiac, pulmonary, and abdominal exams.

Brian Peterson is co-director for the Acute Care and Internal Medicine track for the Internship Readiness Course, a two-week required course around Match Day. Students choose between specialty tracks, including surgery, pediatrics, acute care, internal medicine, obstetrics and gynecology, and pathology. This course increases students' readiness for residency by reviewing necessary clinical knowledge and skills. The course incorporates case-based and small-group sessions, hands-on procedural training, and simulation. In 2024, eighteen hospitalists contributed to the course for 187 teaching hours.

Ian Crane, Andrew Parsons, and **Greg Young** are UME specialty remediation coaches. In addition to **George Hoke**, those three are Clinical Mastery Elective Directors, aiding students needing additional clinical instruction every year.

Rahul Mehta is the MSTP clinical skills workshop leader and directs the popular Consultative and Perioperative Medicine elective.

Charlie Magee and **Glenn Moulder** act as faculty mentors for the Choosing Wisely STARS program for medical students, supporting student-led initiatives to improve high-value care.

Graduate Medical Education

Rebecca Clemo, Jess Dreicer, and **Alex Millard** are associate program directors for the IM Residency Program. Rebecca Clemo focuses on clinical reasoning and cognitive bias, helping with resident M&M. Jess Dreicer leads the residency program's quality improvement and patient safety curriculum and oversees mentorship for resident QI projects. Alex Millard focuses on evaluation and assessment with the residency program.

Ian Crane, Alex Millard, Glenn Moulder, Rudi Sundararaghavan, Andrew Parsons, and **Cameron Webb** are core mentors for residents, helping them develop individual learning plans and aiding in career direction over their three years in residency.

Glenn Moulder and **Emily Richardson** teach in the residency +1 curriculum, focusing on high-value care.

Additionally, hospitalists contribute to both IM residents and orthopedic surgery and rotating residents on the Consultative and Perioperative Medicine rotation, for which **Rahul Mehta** is the elective director.

Other Teaching Activities

Numerous hospitalist faculty are members of the SOM-wide Academy for Excellence in Education, including **Ian Crane, Jess Dreicer, Ben Martin, Rahul Mehta, Alex Millard, Glenn Moulder, Andrew Parsons, Brian Peterson,** and **Greg Young.**

Rob Becker, Mary Hardy, ACNP, Deb Okyere, AG-ACNP, and **Conner Lawrence, AG-ACNP,** have all worked as preceptors for the School of Nursing ACNP capstone and clinical.

Practicum students. Despite being launched only one year ago, the Hospital Medicine APP service is a frequently requested practicum experience for nurse practitioner students due to the acuity, complexity, and range of diagnoses hospital medicine cares for.

George Hoke is the co-instructor of the post-bac pre-medicine program at the School of Continuing Education.

Cameron Webb teaches in the Batten School with courses on Introduction to Health Policy and Crisis Policymaking.

Ben Martin is the assistant director of programs in Health Humanities at UVA's Center for Health Humanities and Ethics and teaches a two-week phase 3 elective in "Literature and Medicine" and "Calls of Medicine." He is also the director of the Edward Hook Scholarship Program in Biomedical Ethics and Humanities.

FOLLOW UVA WOMEN IN INTERNAL MEDICINE NETWORK

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Andrew S. Parsons, MD, MPH, Announced Associate Dean for Clinical Competency

Andrew Parsons, MD, MPH, associate professor of medicine, took on the role of associate dean for clinical competency in the School of Medicine (SOM) starting July 2024. Dr. Parsons oversees the SOM's longitudinal clinical skills and competency-based educational programs in his new role. These include the Foundations of Clinical Medicine curriculum and course directors, the FCM Coaching Program and Coaching Associates Program, the Entrustable Professional Activities (EPA) Program, Designated Assessors, the Entrustment Committee, and the EPA Leadership Group. He leads the Observed Structured Clinical Examination (OSCE) assessment program and the Clinical Remediation Program. He oversees the Clinical Performance Education Center (CPEC), including the Simulation Center, the Clinical Skills Center, and the Surgical Skills Training Center, working with the directors of each center to ensure appropriate utilization, standardization, integration, and innovation of these critical resources within the curriculum. Dr. Parsons is an accomplished educator and scholar who is a national leader in clinical skills education. He is pursuing his PhD in Health Professions Education at Maastricht University in the Netherlands, where his research focuses on clinical reasoning in education and clinical practice. Dr. Parsons also leads UVA's Clinical Reasoning Research Collaborative (CRRC), a physician research group aiming to improve reasoning education and positively impact patient care.

Ian Crane, MD, Continues a Successful Research Program in Pre-Rounding Practices

Ian Crane, MD, is exploring the pre-rounding practices of experienced hospitalists to guide interventions and support programs for learners, including those who struggle with organization and efficiency in the clinical environment. His efforts involve the creation of highly realistic patient charts in a simulated electronic health record paired with a key-features-based clinical reasoning assessment and a pre-rounding methodology assessment. Dr. Crane's research employs Cognitive Task Analysis (CTA) and direct observation to outline expert pre-rounding techniques. His early work was funded by the Division of Hospital Medicine's Early Career Scholars (ECS) Program, and more recently, he was awarded a research grant by the Center for Excellence in Education (CEE). He has presented this work at the national AAIM conference and UVA Med-Ed Lecture Series. He was recently selected to the CEE Scholars Program to continue this work with formalized training and mentorship.

Honors and Awards

Amber Inofuentes MD - *UVA School of Medicine Dean's Award for Clinical Excellence*

Andrew Parsons MD - *Alpha Omega Alpha (AOA) Honor Society Faculty Inductee*

Brain Peterson MD - *Most Outstanding Presentation Award from UVA School of Medicine Innovations in Education Week*

Robert Becker MD - *Department of Medicine Award for Clinical Excellence*

Christopher Moore MD - *Department of Medicine Award for Excellence in Education*

Ian Crane MD - *Department of Medicine Award for Excellence in Education*

Ian Crane MD and **Ben Martin MD** received the *School of Medicine Excellence in Performance Assessment Award* for providing quality and quantity of feedback in Entrustable Professional Activities for medical students.

Ben White MD and **Tareq Arar MBBS** were selected for the *Division's Early Career Scholars Program*.

Ian Crane MD and **Brian Peterson** were selected into the *School of Medicine's Center for Excellence in Education Scholars Program*.

MINDFULNESS MATTERS
A Newsletter from the UVA
Mindfulness Center

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J Ngwuta, D Many, B Taylor, **JJ Dreicer**, YM Shim. Identifying Areas for Improvement in COPD Care at an Academic Medical Center. Presented at American College of Physicians National Conference April 2024 in Boston, Massachusetts.

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DIVISION OF HOSPITAL MEDICINE

Welcome To The World



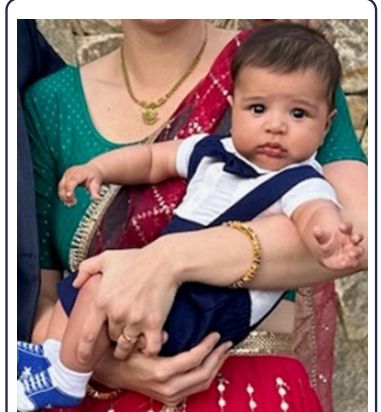
Congratulations to Calvin Geng and wife Anna Jane who welcomed baby Simon in 2024.



Congratulations to Jessica Dreicer and Ryan McCrystal who welcomed baby Livvy Rey McCrystal, born on March 4, 2024.



Congratulations to Jackie and Ryan Wiggins who welcomed twin girls, Charlotte and Mackenzie, on October 28th, 2023.



Congratulations to Sanjay Kishore and Margaret Hayden who welcomed their first child, Maruthi "Maru" Carter Hayden-Kishore, on April 18, 2024.

New Faculty Spotlight



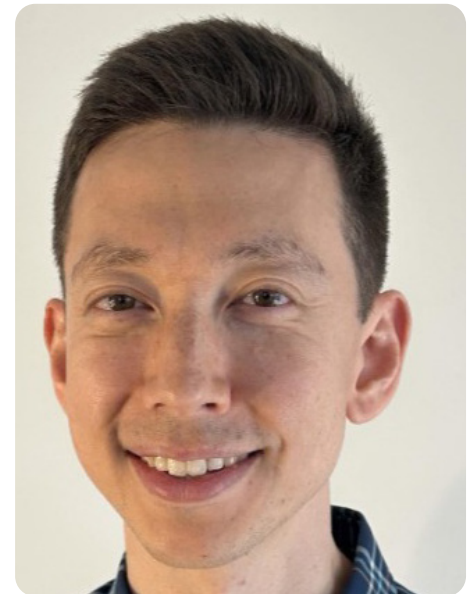
Katirina Guinto, MD

Kati Guinto attended medical school at Ohio State University prior to coming to the University of Virginia for Internal Medicine Residency training which she completed in June 2024. Katie joined the Division of Hospital Medicine after graduation and has a special interest in Cardiovascular diseases.



Tim Saidi, MD

Tim Saidi completed IM residency at the University of Kentucky in 2021 before serving as an academic hospitalist, splitting time between the Beth Israel Deaconess Medical Center and their Plymouth affiliate. In his three years in Boston, Tim was awarded Clinician of the Year at Plymouth twice and Teacher of the year once. Tim joins the Division of Hospital Medicine as a clinician-educator.



Jason Strampe, MD

Jason Strampe has long standing ties to the University of Virginia having received a BS degree in Biochemistry and Chemistry in 2005 and after medical school at EVMS completed his Internal Medicine residency at UVA in 2013. Jason spent the next eleven years working as a hospitalist at Sentara Martha Jefferson Hospital before returning to UVA as highly experienced member of the Division of Hospital Medicine.

Jason and wife, Amy Brown, a faculty member in the Department of Pediatrics, are enjoying raising their active toddler, Nathaniel.

NEW APP PROFILE - Kristin Long



Tell us a little bit about yourself.

I received my BSN from Liberty University in Lynchburg, VA, before joining the University of Virginia's MICU as a new graduate nurse. I remained in the MICU for seven years, even through COVID, before transitioning into an NP role on this team. I received both my MSN and DNP from UVA.

Why healthcare?

I have always thoroughly enjoyed science, particularly human science. I had to complete community health/volunteer hours in high school, many of which I spent in various health clinics/hospital settings. Throughout that time, I got to know and interact with different healthcare professionals, which solidified my desire to enter healthcare.

What brought me to Charlottesville?

As I prepared for graduate nursing school, I knew I wanted to work at an academic medical center. It would be the best environment to continue to learn and grow as a new graduate nurse. My immediate family lives in Lynchburg, and UVA/Charlottesville felt like a safe distance from home to be independent but close enough if I ever needed anything. I stayed in the immediate area for two years before moving to Waynesboro in the fall of 2019.

What excites me at work?

While many things excite me, patient progression toward their baseline health excites me the most. We tend to meet people at their worst, not themselves, so progression towards their baseline is reassuring that we are doing our job well and making a

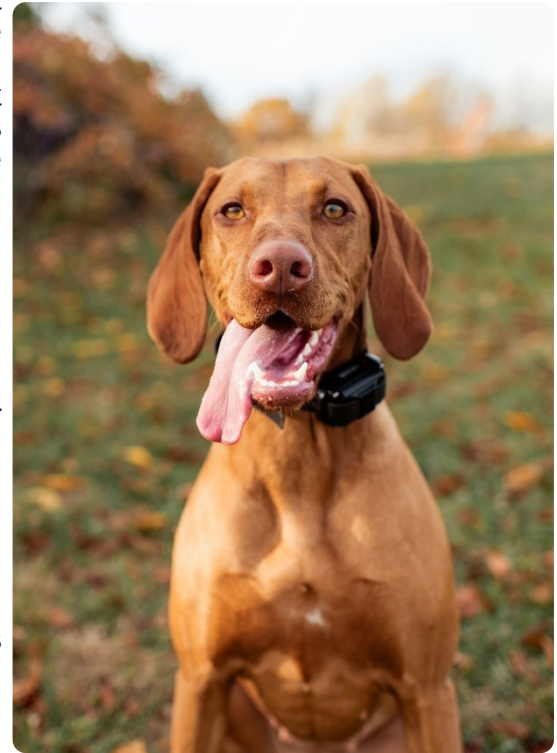
difference.

What do you enjoy on the weekend?

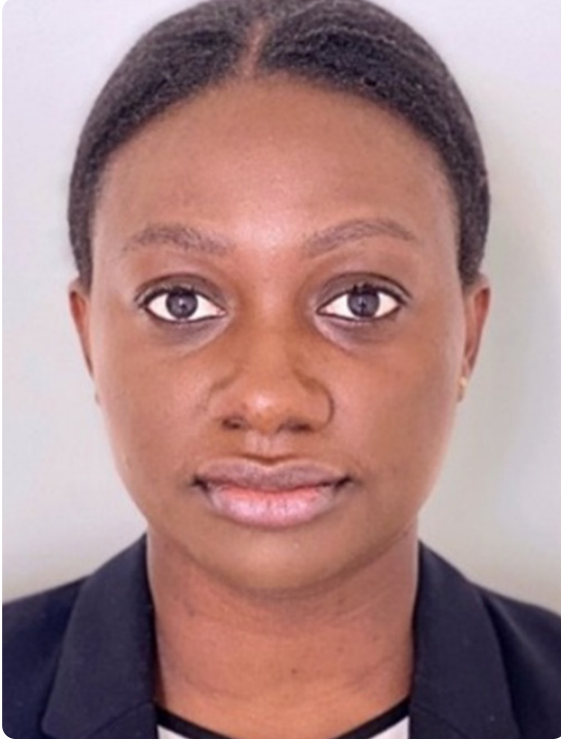
Cliche answer, but I enjoy spending time with my family - husband, Jake, and dog, Remi. If the weather is nice, we try our best to get outdoors - boating, kayaking, hiking, etc. If our schedules permit, we enjoy traveling. Jake is a huge sports fan, so we are trying to do something sports-related in bigger cities. Most recently, we went to a Charlotte FC game in Charlotte and toured the TD Garden in Boston.

Do you have any pets?

My husband and I have a two-year-old Vizsla named Remi. She is the typical high-energy Velcro Vizsla who loves anything and everything outdoors. Despite being a family dog, the breed's hunting prey is strong... She is available for hire should anyone have any groundhog issues.



NEW FACULTY PROFILE - Akua Boadu



Tell us a little bit about yourself.

I've been at UVA for three years; I had the opportunity to complete my residency at UVA. I enjoyed my time here as a resident, had amazing faculty and mentors, and decided to start my career here.

Why Healthcare?

I chose a career in healthcare because it allows me to have a direct, meaningful impact on people's lives, especially at their most vulnerable times.

What brought you to Charlottesville?

I applied for residency during the pandemic, and that was when interviews started to be virtual; it felt safer to return to a place I already knew. I enjoyed my time here as a resident and decided to stay. Beyond work, I love the small-town feel and all the outdoor activities available here.

What excites you about your work?

The variety and scope of my responsibilities. As a hospitalist, I'm not limited to a specific pathology; I encounter a wide range of medical conditions and can collaborate with multidisciplinary teams to provide comprehensive patient care.

Describe yourself in one word.

Adaptive.

What do you enjoy doing on the weekend?

Hang out with friends and family.

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

Maple syrup.

Are you a hunter or a gatherer?

Gatherer.

What is your favorite vacation/activity spot?

Ghana.

What is the best advice anyone ever gave you?

If it must be done, it must be done well.

What is a talent or skill you don't have that you wish you did?

Designing.

Favorite fictional characters?

DeeDee from Dexter's laboratory.

Would you rather do one thing extraordinarily well or ten things admirably well?

Ten things admirably well.

What is the last book you read for pleasure?

The power of one.

What's the most unusual thing you have ever eaten?

Frog legs.

NEW FACULTY PROFILE - Calvin Geng

Tell us a little bit about yourself.

I grew up in Austin, Texas. I relocated with my wife in 2021 to Charlottesville, where she is completing her training in Psychiatry. I completed my internal medicine training and began my career as a hospitalist. I have professional interests in General Internal and Hospital Medicine, Medical Education, and Gastroenterology (GI).

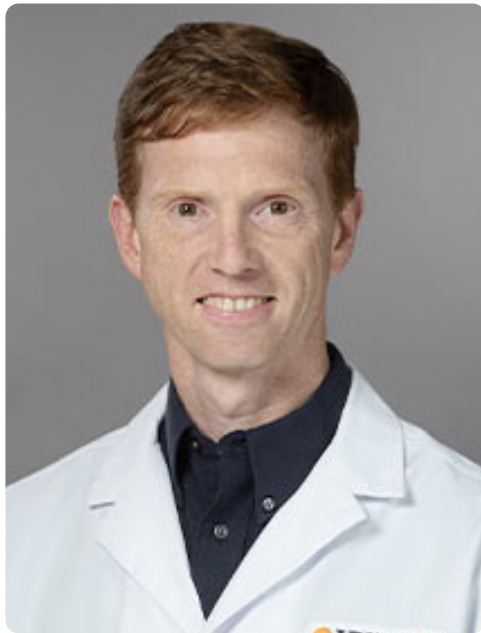
What excites me most about my job is two-fold:

Getting to work daily with brilliant and thoughtful faculty and staff within the UVA Health System and the seemingly endless opportunities for mentorship and teaching of residents and medical students!

Some things that I am proud of accomplishing with the institution's support include identifying health disparities within esophageal and pancreatic cancers through clinical research and developing a simulation-based endoscopy curriculum for the Internal Medicine Residency Program.



NEW FACULTY PROFILE - Duncan Hill



Tell us a little bit about yourself.

I completed my Internal Medicine residency at the University of Virginia in 2005. I immediately worked as a Hospitalist at Martha Jefferson Hospital and stayed there until early 2024, when I finally decided to return to my roots at UVA.

What brought you to Charlottesville?

My residency at UVA brought me to Charlottesville. I had moved from Ohio to California, to Colorado to North Carolina, and I knew I would be moving again for residency. My now wife and I spent an extraordinary amount of time finding a residency program in a location where we could see ourselves finally setting down roots, and that was Charlottesville. We chose right and haven't left, now 22 years later.

What excites you about your work?

Learning. I came to UVA to see how things are done differently than in other places, including medicine, hospital processes, teaching, business practices, communication, culture, etc. I don't get bored as long as I constantly see new things.

What do you consider to be your greatest achievement outside the professional realm?

Learning to speak and understand Spanish over the last few years.

What do you enjoy doing on the weekend?

Anything outdoors: playing soccer, biking, working in the garden, tidying up the Rivanna Trail, kayaking, corn hole, anything.

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

Pickled carrots and radishes to top Vietnamese Banh Mi sandwiches.

Do you have any pets?

Yes- a little brown lop-eared rabbit named Toby.

What about you would surprise us?

I briefly played professional soccer before medical school.

Would you rather do one thing extraordinarily well or ten things admirably well?

Ten things admirably well. This is why I work as a Hospitalist – I prefer variety in my day and to get moderately deep into many topics rather than extremely deep into any one area.

Do you collect anything?

Flags. I have over 200 flags of countries of the world, as well as a few other state or regional flags. They are both beautiful physically and represent the aspirations of very different people in very different places throughout the globe.

NEW FACULTY PROFILE - Sanjay Kishore



Tell us a little bit about yourself.

I'm a new addition to the University of Virginia family! I'm originally from Radford, VA, completed my medical training at Brigham and Women's Hospital in Boston, and recently moved from Alabama, where my wife (also an Internal Medicine doctor) and I worked with a legal organization (The Equal Justice Initiative) to provide care to individuals recently released from prison or jail. We are both thrilled to be a part of this community and to meet everyone.

Why Healthcare?

It's the ultimate privilege to be the type of person that a patient can trust in a moment of need, to accompany them through a journey of illness and healing, and to work with a group of brilliant colleagues to solve problems and think through mysteries.

What brought you to Charlottesville?

Charlottesville is an incredible place that combines amazing medical care, world-class education, a profound history, and stunning beauty. I have roots in Western Virginia (born and raised in Radford), and I am hopeful I will be closer to family in this phase of life. It's an honor to be a part of this community and to be able to serve.

What excites you about your work?

I'm excited to get a chance to learn from great clinicians and serve people in this community and from across the region and state! I'm also excited to get an opportunity to understand how we can collectively find ways to improve the lives of those we're serving outside of the clinic and hospital.

What do you consider to be your greatest achievement outside the professional realm?

Definitely being a new father! That I get a chance to witness an infant grow and evolve day by day is a true blessing!

What do you enjoy doing on the weekend?

I'm a big fan of long walks, reading, writing, and learning the guitar, and I am an aspirational hiker and biker!

What is your favorite vacation/activity spot?

My wife grew up in Maine, and I love spending time there, particularly at a family vacation spot just outside of Acadia National Park, which is gorgeous!

What is a talent or skill you don't have that you wish you did?

I wish I could play the banjo! And join a bluegrass band!

What is the last book you read for pleasure?

"James," by the author Percival Everett. Highly recommend!

NEW FACULTY PROFILE - Erin Plews-Ogan



Tell us a little bit about yourself.

I joined the University of Virginia in August after finishing my residency at Massachusetts General Hospital in July.

Why Healthcare?

I consider my medical career lifelong, striving to learn and take better care of people. This drives my desire to be a part of an academic hospital—constantly teaching and learning—and my interest in QI, particularly around continuity of care and quality of life for patients with serious illness/frequent admissions.

What brought you to Charlottesville?

I grew up in Charlottesville and moved back to be close to family and to settle back into this area I love, especially as we raise our 1-year-old son, Rowan. I also worked at UVA in the Infectious Disease Clinic as a community health worker for three years before attending medical school—a formative experience that planted hope to return to UVA as a physician.

What excites you about your work?

I love thinking about complex diagnostic dilemmas with learners and consultants. I was in the primary care program during my residency, but this collaborative thinking about acute problems in real time made me fall in love with hospital medicine. I also love being a part of a hospital system that always tries to improve how we care for patients.

What do you enjoy doing on the weekend?

Being outside with my 1-year-old son, Rowan, as he crawls around grunting in search of the best stick.

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

Half and Half. Running out is almost as bad as running out of coffee.

Do you have any pets?

I have two cats (siblings with opposite personalities). And then there's the family dog, Delta, who tries to keep her distance from the obnoxious cats.

What is your favorite vacation/activity spot?

A favorite spot is kayaking the fjords in British Columbia.

What is the best advice anyone ever gave you?

"Let your imagination lead."—my dad

What about you would surprise us?

I used to play fiddle and dance in an Irish band.

What is a talent or skill you don't have that you wish you did?

The ability to remember numbers (phone numbers, birthdays, zip code, personal best times in races, etc.)

Would you rather do one thing extraordinarily well or ten things admirably well?

I am a generalist and would much rather do ten things admirably well.

What is the last book you read for pleasure?

I am currently reading "The Brief Wondrous Life of Oscar Wao" by Junot Díaz

What's the most unusual thing you have ever eaten?

We caught a shark by accident on the Eastern Shore of Virginia.

NEW FACULTY PROFILE - Ellen Nein



Tell us a little bit about yourself.

I entered medicine to combine my passion for science with my desire to help people navigate the healthcare system directly. I quickly gravitated toward internal medicine because of its comprehensive approach to patient care. I have focused on hospital medicine because I enjoy working with the patient population and my colleagues in other specialties within the hospital.

Why Healthcare?

I entered medicine to combine my passion for science with my desire to help people navigate the healthcare system directly. I quickly gravitated toward internal medicine because of its comprehensive approach to patient care. I have focused on hospital medicine because I enjoy working with the patient population and my colleagues in other specialties within the hospital.

What brought you to Charlottesville?

I came to Charlottesville to move closer to my family. I am also returning to have the opportunity to work with the faculty who helped shape the foundation of my career in medical school.

What excites you about your work?

I enjoy spending time with patients and guiding them through their hospital stay. It is a privilege to help them through often challenging times. I also enjoy working with students and residents who will be future leaders in medicine.

NEW FACULTY PROFILE - Alexandra Schwab



Tell us a little bit about yourself.

I started working for the University of Virginia after completing my internal medicine residency in July 2024. I enjoy patient care, both inpatient and longitudinal. I am passionate about underserved medicine and addiction medicine because my mother (and role model) has dedicated her adult career to treating this population. This year, I will be making addiction medicine more accessible to patients by offering treatment in the primary care setting.

What brought you to Charlottesville?

I came to Charlottesville for internal medicine residency at UVA. I had a wonderful three years and developed amazing relationships. I am active; I love hiking, being outside, and enjoying good food.

What excites you about your work?

My job is exciting because I get to be a generalist and treat all kinds of diseases, and I also get more exposure than the general internist in substance use disorders. I am involved in resident and student education and starting up an addiction medicine clinic through primary care.

Do you have any pets?

I have a dachshund named Frank! My fun fact is that his name was Fat Boy before he was adopted as an adult.

FACULTY PROFILE - Omar Alsamman



Since joining the University of Virginia in 2021, Dr. Omar Alsamman has emerged as a dynamic leader recognized for his dedication to quality improvement and healthcare innovation. Over the past three years, Omar has made significant contributions in two critical areas: faculty onboarding and clinical documentation; through his programmatic leadership and development of successful initiatives, his work has positively impacted multiple operations at Division, Department, and Medical Center levels.

Upon joining UVA, Omar sought mentorship from Drs. Paul Helgerson and Amber Inofuentes are fellow hospitalists and quality and clinical operations leaders. Their guidance played a key role in helping Omar navigate the complexities of academic healthcare leadership. Under their mentorship, he learned the intricacies of the organization, enhanced his leadership approach, and fine-tuned his focus on quality improvement.

Redefining Onboarding

When Omar joined UVA, he quickly identified an opportunity to improve how new faculty were integrated into the organization. Working alongside physician and administrative teams, Omar designed and implemented an enhanced, high-fidelity onboarding program that became standard practice for hospital medicine. Over the past two years, this refined onboarding process has supported all new hires in quickly acclimating to their clinical

roles; paired with Hospital Medicine’s early career professional development workshops, his work has smoothed their transition to clinical practice and allowed new hospitalists to explore academic pursuits more rapidly.

Championing Documentation Quality and Billing Improvements

Dr. Alsamman has also significantly improved clinical documentation and billing practices. In July 2023, he secured the medical center’s formal support for his efforts to enhance faculty knowledge of billing and documentation. As a Clinical Documentation Improvement (CDI) physician advisor, Omar has taken on a system-wide role, ensuring that documentation practices across UVA Health meet the highest standards. One of his most notable accomplishments in this area was the introduction of artificial intelligence (AI)–powered documentation tools, including Regard and AutoDx. These tools have already reduced documentation queries by an impressive 79% in just six months while continuing to improve the capture of medical complexity. This initiative has reduced the frontline documentation burden through improved efficiency, allowing clinicians to focus more on patient care.

A New Chapter: Medical Director of 3 West Medical Unit

Omar was appointed Medical Director of the 3 West Medical Unit this August. This leadership role places Omar at the helm of a crucial unit at the medical center. It presents an ongoing opportunity for him to expand his clinical operations and quality improvement skills in an interprofessional team setting.

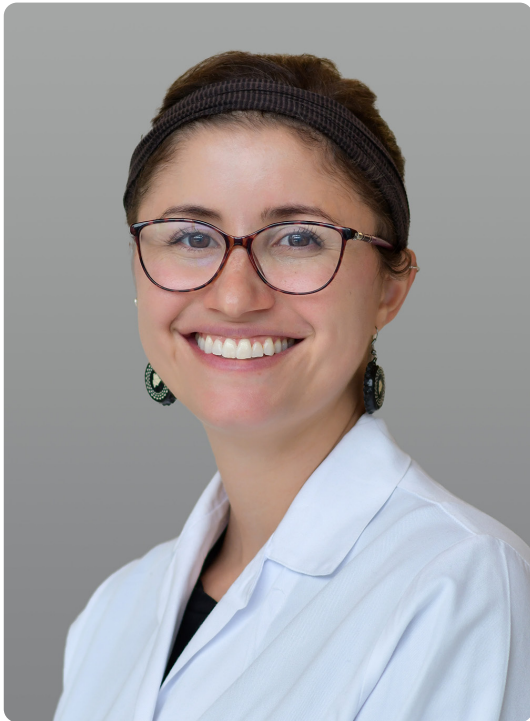
The Path Ahead

Dr. Alsamman’s leadership journey has been defined by his vision, innovation, and deep commitment to quality improvement. His contributions have made a lasting impact, from revamping the onboarding process to spearheading AI documentation solutions. As he steps into new roles and projects, his collaborative approach and commitment to improving both patient care and operational efficiency will undoubtedly continue to transform inpatient medicine.



Lastly – though he is quite proud of his numerous accomplishments as a faculty member, Dr. Alsamman is most proud of becoming a US Citizen this September - Congrats, Omar!

FACULTY PROFILE - Jess Dreicer



In her six years at the University of Virginia, Dr. Dreicer has dedicated herself to excellence in clinical care while building an impressive local and national academic portfolio spanning clinical reasoning, quality improvement, patient safety, research, and medical education. This year, she has also expanded her clinical sphere to include outpatient general medicine practice and hospital medicine.

Clinical Reasoning

Beginning her career with a budding interest in clinical reasoning, she sought out the mentorship of fellow hospitalist Dr. Andrew Parsons, a nationally known expert. She completed a fellowship through the Society to Improve Diagnosis in Medicine, opportunities that fostered collaborations with clinical reasoning experts nationwide and internationally. Her clinical reasoning paper “Framework and Schema are False Synonyms: Defining Terms to Improve Learning,” published in *Medical Education*, was awarded an Article Impact of the Year award. Drs. Dreicer and Parsons created the Clinical Reasoning Research Collaborative in the fall of 2022, which now includes six faculty members and one resident working to advance the field’s understanding and teaching of clinical reasoning. Jess is currently studying prognostic reasoning, which is how clinicians judge illness severity and predict patients’ clinical trajectories. She and Dr. Parsons will share an update on prognostic and management reasoning and its applications to teaching and clinical practice at the Department of Medicine Grand Rounds in late 2024.

Locally, Dr. Dreicer serves as a Director of Clinical Reasoning Coaching with the COACH program under the guidance of Dr. Karen Warburton and coaches GME learners struggling with clinical reasoning. To date, she has coached 22 residents and fellows from various departments, and this year, her role as COACH will expand to include faculty development.

Quality improvement and patient safety (QIPS)

Early in her tenure at UVA, Dr. Dreicer developed an interest in improving patient care quality & safety, engaging in frontline interprofessional teams through local QIPS efforts. In 2022, she was appointed Associate Section Head of Quality for Hospital Medicine (now Division Director of Quality), and she oversees a portfolio of quality improvement initiatives aligned with medical center priorities. She has also taken an instrumental role in continuing education efforts for Division faculty and staff by co-leading our Grand Rounds series and creating a new Medicine Morbidity and Mortality conference.

As an Associate Program Director of the Internal Medicine Residency Program, Jess oversees the patient safety and quality curriculum. She joined a national collaborative through Alliance for Academic Internal Medicine Program Directors for Patient Safety and Quality Improvement with ACGME to enhance this curriculum. After participation over the last three years, Dr. Dreicer was asked to step into a leadership role as Vice Director for Facilitation to support the two structured programs for national residency leaders in QIPS.

Locally, the mainstay of the QIPS curriculum involves experiential learning through group projects, which faculty members and performance improvement coaches oversee within the Division of Hospital Medicine, Drs. Alsamman, Clemo, Dreicer, Hall, Magee, Wiggins, & Infuentes serve or have served as faculty mentors. Dr. Boggs from the Division of General, Geriatric, and Palliative Medicine is also a faculty member. Additionally, Dr. Dreicer oversees the Residency Track Leadership in QIPS. Each resident leads a QIPS project unique to their area of interest. Several of the mentored quality improvement projects from group projects and track residents have resulted in enduring changes to the local practice of medicine at UVA, including improvements to discharge summary communication, treatment of pain for hospitalized patients, and inpatient hypertension management. These efforts have been presented locally and nationally in poster and oral presentations.

Expanding to Outpatient Medicine

Though Dr. Dreicer loves the intellectual challenge, teaching opportunities, and clinical impact of caring for sick hospitalized patients, she realized that she missed the longitudinal relationships afforded by outpatient medicine. To try and get the “best of both worlds,” she was afforded the opportunity to begin practicing primary care at the University Medical Associates clinic. Three months in, she is thoroughly enjoying the mix of inpatient and outpatient care.

During her six years at UVA, Jess has enjoyed the mentorship and opportunities to grow her skills locally and nationally in clinical reasoning and QIPS and expand her clinical work to include inpatient and outpatient medicine. She looks forward to many more years of career growth by following her educational and clinical passions.

FACULTY PROFILE - Joe Kerley



The foundation of our Division of Hospital Medicine, emphasizing excellence in clinical care, medical education, and patient safety, is why I came to the University of Virginia. However, I enjoy our teaching teams' bidirectional learning and collaborative spirit the most. In medicine, we can learn from some of the brightest and most talented individuals regardless of stage of training; I feel most fulfilled working in an environment where we can all build each other up with encouragement yet safely challenge one another to get better every day. In my third year at UVA, I look forward to growing both as a clinician and an educator.

Outside of medicine, I enjoy spending time with my wife of eleven years, Emily, and raising our three young children. We love to explore the outdoors and the trails around us. Crozet, in particular, is amongst the top trail towns in the United States.

Whether by mountain bike or on foot, we have grown to love this amazing and beautiful place where we live. Our two daughters, Nora and Olivia, are both students at Regents School of Charlottesville; our son, Samuel, started at Hillsboro Christian Preschool in Crozet this fall. Watching my children grow in their love for learning and service brings me incredible joy.

Amidst the chaos of a medical career and raising three children, I have found reprieve through endurance sports. After spending the prior seven-plus years training for and racing in Ironman distance triathlon, this year I have transitioned into mountain running while preparing for the Mountain Masochist 50-mile race in November. My favorite runs often start at 4 am and, if conditions permit, are guided by moonlight on trail maps that are not made public through social media (aka hidden on Strava). Many of these are done with friends in the great running community I have found here; the rest are done in solitude as a way of retreat and meditation. For a few hours, the sounds of Vocera pages, urgent peer-to-peer requests, emails, and texts are turned off, and I can focus simply on climbing and descending the mountain ridge in front of me.



FACULTY PROFILE - Rebecca Kenner



Dr. Rebecca Kenner and family with Highland cattle and goats.

In healthcare, the “Swiss cheese” model illustrates how the alignment of gaps in multiple layers of protection can create opportunities for accidents or patient harm events. For my family and me, this model best explains how we packed our home, moved to the other side of the world, and experienced a culture and healthcare system that will forever change our lives. I often struggle to answer the question, “What made you decide to move to New Zealand?” because it was indeed the unlikely alignment of opportunities through various layers influencing our family—career prospects, employer flexibility, children’s education, family health, finances, and more. A nudge from an old classmate about her transformative experience working in Aotearoa/New Zealand set us in motion, coinciding perfectly with the alignment of those gaps in the cheese and launching us on this journey.

Our home base was a small community on the South Island, about two hours from Christchurch—the largest city on the South Island and the closest comprehensive medical center. I was informed that the education system would feel very different, but altogether, “kids stay kids just a little bit longer here,” which couldn’t be more accurate. Though they learn the typical core subjects, they also learn water skills, kayaking, sailing, camping, hiking, and fire twirling (no kidding... I can show you the pictures). Instead of a three-month summer break, there are long breaks between each quarter filled with adventures in breathtaking mountains, glacial lakes, sounds, volcanoes, geothermal vents, and all the other manifestations of a very tectonically active island.

Working in the New Zealand healthcare system has been transformative for me professionally. The concept of universal access to healthcare shifted from theoretical to reality, as did the realization of the limitations of a more constrained system. I gained valuable insights from patients and healthcare providers who navigated the devastation caused by COVID-19 and the trade-offs required to protect their vulnerable populations. I also met many internationally trained physicians who relocated to Aotearoa/New Zealand, seeking a respite from the moral injury wrought by the pandemic.



Dr. Rebecca Kenner with her family at the Tasman Glacier.

The comparison of lifestyle and healthcare could fill a thousand-page book, but highlights include:

- Arranging government-funded caregiver support four times a day for patients who are marginally able to remain at home due to cognitive dysfunction or limited mobility rather than sending them to facilities.
- The first-line treatment for most infections is amoxicillin. Over two years, I encountered only one or two MRSA infections and two patients with C. diff. (This likely reflects the South Canterbury region where I was located rather than the country as a whole, though overall rates of resistant infections are much lower.)
- No ticks and, therefore, no tick-borne diseases.
- The ability to send patients “home on leave” when it’s unclear if they are entirely ready for discharge, with no penalty if they choose to return to the hospital within three days.
- Most end-stage renal disease (ESRD) patients perform peritoneal dialysis or home hemodialysis; those requiring center-based dialysis must relocate to larger cities, sometimes many hours away, or forgo dialysis altogether.
- Most physicians are union members with standardized salaries based on years worked rather than specialty, protected time for non-clinical work, and generous leave and CME benefits.

Ultimately, this experience has reshaped my understanding of living well and caring for others. It taught my family resilience and adaptability, providing valuable lessons and cherished memories as we return to life in Charlottesville. So take my advice: let the nudges guide you through the Swiss cheese—wonderful opportunities await you!



Dr. Kenner at Taranaki.

“Whāia te iti kahurangi, ki te tuohu koe, me he maunga teitei” — Māori proverb: Seek the treasure that you value most dearly; if you bow your head, let it be to a lofty mountain.

STAFF PROFILE - Briggs Moyers



Tell us a little bit about yourself.

I've been at the University of Virginia for just over six years after graduating. I spent this time in the Dean's Office of the School of Medicine, where I gained a strong understanding of the UVA financial structure. I am excited to take on this role as the Unit Administrator for Hospital Medicine and make a positive impact on the Division.

Why Healthcare?

I chose a healthcare career, specifically a finance and operations aspect of healthcare, because it would allow me to combine the analytical aspects of finance with the meaningful mission of improving healthcare access and quality.

What brought you to Charlottesville?

I grew up in Charlottesville and was always familiar with the UVA community. After graduating from college, my wife and I were applying to many places, but we both happened to get jobs at UVA within the same week.

What excites you about your work?

What excites me about my work is the growing industry and diverse opportunities. The healthcare sector is rapidly

expanding, leading to increased demand for financial professionals who can manage budgets, analyze costs, and optimize resources. I feel like I am someone who can help with these aspects of the industry and, in doing so, directly or indirectly make an impact on the healthcare system.

What do you consider to be your greatest achievement outside the professional realm?

My greatest achievement is creating a loving and lasting environment with my wife for our two kids and dog.

Describe yourself in one word.

Loyal.



What do you enjoy doing on the weekend?

Outdoor activities with the family such as going to the pool or visiting different attractions. Watching sports both at home and in person and, catching up on our TV shows and playing video games.

How did you meet your partner?

My wife and I were in the same freshman dorm when we attended James Madison University.

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

Ranch Dressing.

Do you have any pets?

Yes, we have a German Shepherd.

What is your favorite vacation/activity spot?

The beach.



STAFF PROFILE - Feba Varghese



Tell us a little bit about yourself.

I've been at the University of Virginia for seven years; after a short career as a scribe, medical office assistant, and administrative assistant, I decided to continue my journey in the administrative world here as an Administrative Generalist.

Why Healthcare?

I've always been very passionate about giving back to the community, and being a part of the healthcare team allows me to fulfill that passion and support a team that makes a real difference in people's lives.

What brought you to Charlottesville?

I wanted to find a place to sip coffee with a view and still be close to my favorite people.

What excites you about your work?

I love the sense of camaraderie among the teams here. We often share laughs during our break time and celebrate each other's achievements. I also love the variety of things I do at work. A mix of teamwork, problem-solving, and creativity makes work exciting.

What do you consider to be your greatest achievement outside the professional realm?

Being the mom of an incredible 10-year-old is like winning the ultimate jackpot! I couldn't ask for a bigger blessing than her—She's my little sunshine!

What do you enjoy doing on the weekend?

Weekends for me are like a choose-your-own-adventure book! I enjoy playing games with my family and friends, hiking or dribbling a soccer ball like I'm in the World Cup or smashing shuttlecocks in badminton like a ninja with my 10-year-old.

What is your favorite vacation/activity spot? Brazil. What is the best advice anyone ever gave you?

Don't be afraid to fail; be afraid of not trying.

Favorite fictional characters?

Sherlock Holmes.

