

FALL/WINTER 2018

EMalumni

NYU-BELLEVUE

The Magazine for Alumni and Friends

COMPASSION. COMMITMENT. COURAGE. DC 08/19/2020

**“Your knowledge and passion
will allow us to reconnect and
build enduring friendships.”**

-Robert J. Femia, MD, MBA
Chair of Emergency Medicine

Dear Alumni and Friends,

**Leading a creative department such as ours is a great privilege. I am pleased to share our vision with you through a medium that can stimulate discussion and make our community even stronger—
NYU-Bellevue EMalumni Magazine.**

In this inaugural issue, you will hear from fellow classmates and graduates, mentors and mentees, colleagues and friends, who will share their work experiences and personal accomplishments. Together, we can find answers to the critical questions that face us daily.

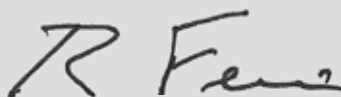
Our department is expanding rapidly throughout a city with a diverse population, and we continue to address many seemingly insurmountable issues:

- Advocating for the vulnerable, disenfranchised, and marginalized.
- Overcoming homelessness, opioid addiction, poverty, and lack of education and opportunities.
- Educating our trainees and students to become leaders and innovators.
- Enhancing safety to improve outcomes in the emergency department.
- Engaging policymakers as we advocate for safer, healthier, and more engaged communities.

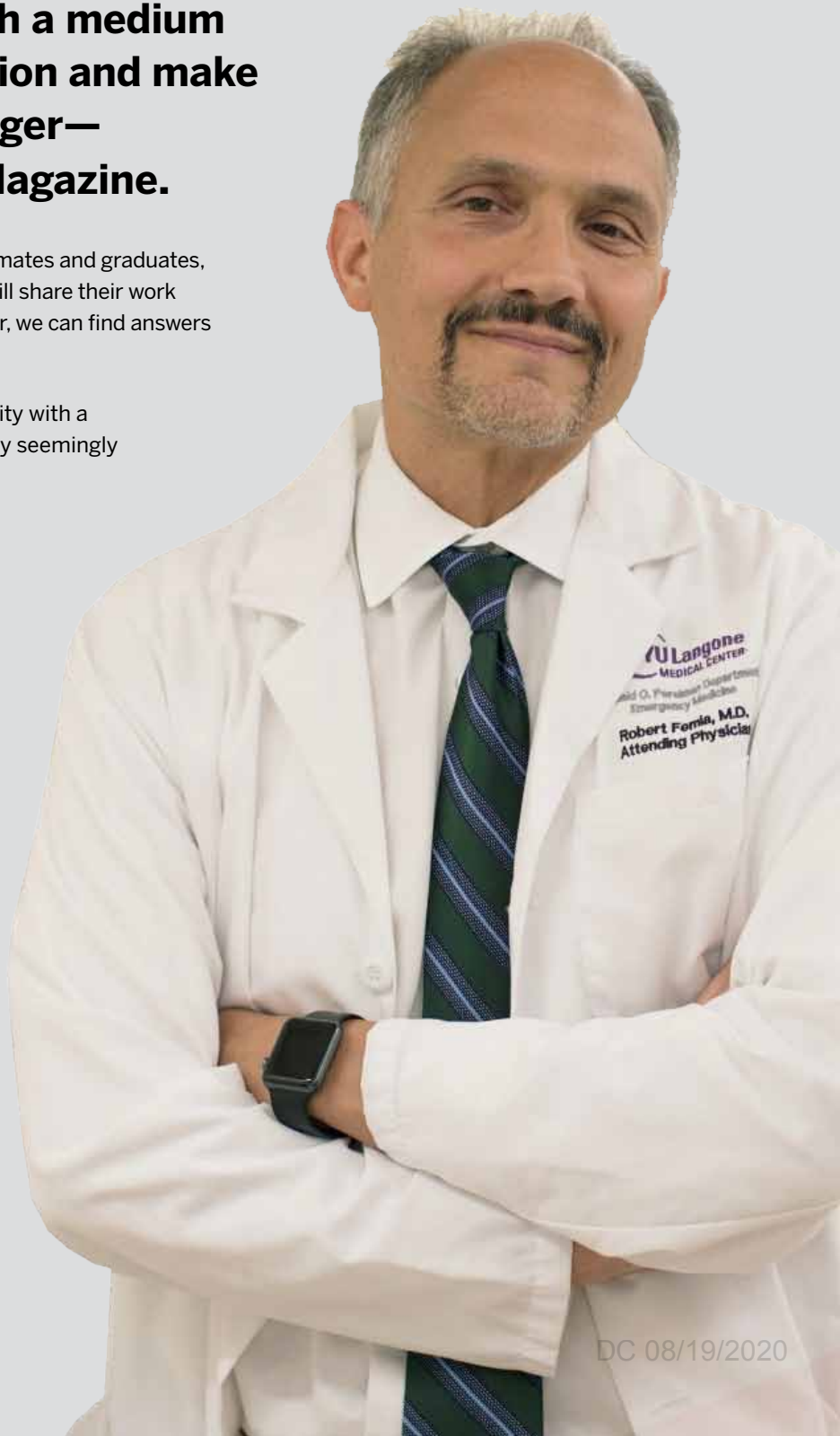
In this and subsequent issues, we will explore many of these challenges. We encourage you to join in the discussion. Your knowledge and passion will allow us to reconnect and build enduring friendships.

Enjoy the experience!

Sincerely,



**ROBERT J. FEMIA, MD, MBA
CHAIR OF EMERGENCY MEDICINE**





Dear Alumni and Friends,

It is with *delight and excitement* that we introduce the inaugural issue of *EMalumni* magazine, a platform where relationships and a community of ideas will allow us to thrive as leaders in emergency medicine.

EMalumni is your magazine. You are the strength of emergency medicine and you can connect with us in the most personal way. Your opinions and contributions matter and will ensure vibrancy and connectivity in every issue.

In this and upcoming issues, you will read stories about people, programs, activities, and accomplishments of alumni, friends, and peers. The better we get to know each other, the more engaged we will become.

I hope our renewed friendship will stimulate discussion and *EMalumni* becomes the go-to place to share your interests and experiences.

I look forward to reading your stories.

Warmly,

A handwritten signature in black ink that reads "Joan". The signature is fluid and cursive.

Joan Demas

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My Second Home

*By Sari Soghoian, MD
(Med Tox '09)*

Congratulations Classes of 2018

A big sigh of relief. The food is ready. The weather is great. Pictures are all finished. ED coverage is assured. Moms and Dads have somehow navigated Lower Manhattan and have made it on time. And, most importantly, they made it.

For all of its moving parts, all of the people, and all of the little details ... the lead-up to graduation is a smoldering panic. But once everything begins, the true joy of the event shines through. Families meet all of the co-residents and mentors who have marched with their loved ones through the inordinately long hours of training. The graduates finally get to see what all of their shared sacrifice of late nights and missed holidays have yielded.

The Class of 2018 toiled for four (or more) years to arrive at this moment, and they undoubtedly deserve such a wonderful night. And while the next stages of their careers await them with more demands of time and sacrifice inherent to the life of a physician, tonight they all get to breathe a big sigh of relief.

They made it, and they did it together.

Congratulations to the Emergency Medicine Residency and Fellowship Class of 2018!

BY JEREMY BRANZETTI, MD





1. Lindsay Davis, MD (US EM '18), Fellow, Ultrasound Emergency Medicine 2. Alex Harding, MD (Med Tox '18), Fellow, Medical Toxicology 3. Nicole Gerber, MD (Peds EM '18), Fellow, Pediatric Emergency Medicine and her "constant source of support and joy" Max. In July Max became a big brother to twins! 4. Kelsey Fawcett, MD (Peds EM '18), Fellow, Pediatric Emergency Medicine 5. (Left to Right) Residents in Emergency Medicine (EM '18) Drs. Matthew McCarty, Michael Kaufer, Steven McDonald, Julia Paris, Alan Guiney, Brian Lin, Elicia Skelton, Ryland Pace, Jeremy Branzetti (Director, NYU-Bellevue Residency Program), Timothy Gallagher, Alexandra Ortego, Trudi Cloyd, Michael Shamoon, Gordon Wu, Mark Mikhly and Allon Mordel



Photo: Alex Bane

emNEWS



(Below, Left to Right)

Project Healthcare program coordinators Haley Barravecchia (Smith College), Maya Graves (Indiana University), Antalya Jano (New York University), Nathanael Rehmeier (Skidmore College), and Anthony Ornetta (Senior Program Coordinator, Volunteer Programs, Clinical Division)

Project Healthcare: Towards a Healthier Community

Project Healthcare prides itself on being a program in service to its community. Nothing represents our passion to educate and engage more than the annual Health Fair. This year, we strived to go further to raise community awareness about 21 various health topics—from influenza

to prenatal health to heart disease. With 52 volunteers tirelessly working, on top of their full schedules in the Emergency Department, to reach out to organizations for pamphlets in multiple languages, design exciting bulletin boards, and develop interactive activities, we knew this would be

our best year. We were not mistaken as around 200 people made their way through the fair and received helpful information. We would like to thank the coordinator team, volunteers and all the Bellevue Hospital staff who helped us pull off another successful event!



Photos: Ricardo Monge

◀ (Second Left) Volunteer, Katty Wu (University of Michigan-Ann Arbor), educates members of the community on heart disease and cholesterol, during the Project Healthcare 2018 annual Health Fair.

Highlights from the 1st Annual Emergency Medicine Education Day



On May 2, 2018, the Ronald O. Perelman Department of Emergency Medicine hosted its inaugural Emergency Medicine Education Day, *A Sea Change in Emergency Medicine Education*.

The featured speakers—Jonathan Sherbino, MD, and Teresa Chan, MD—are both renowned professors in emergency medicine education and research at McMaster University, Canada. Dr. Chan's research centers on contextualized clinical decision-making and improving knowledge translation using education theory and innovation, while Dr. Sherbino's scholarship focuses on clinical reasoning, diagnostic error, and competency-based medical education.

Throughout the day, they focused on competency-based medical education and its assessment tools, digital media in education, and the implications for clinician educators, residents, and medical students. The stimulating presentations, panel discussions, and interactive activities were very well received.

We were especially inspired by the graduates of our residency program (EM '18) who presented their scholarly projects to introduce the event. Their exceptional presentations highlighted the rigorous academic training that takes place at NYU-Bellevue.

Thank you to all the participants who made the day such an outstanding success.

Save the Date!

*We hope you
can join us.*

**2ND ANNUAL
EM EDUCATION DAY
April 10, 2019**

(Left to Right)
Robert I. Grossman, MD, Dean and CEO,
Silas W. Smith, MD (EM '06, Med Tox '08),
Mrs. JoAnn Wellner, Philanthropist and
Neal A. Lewin, MD



The Wellners' Generosity Advances Patient Safety and Quality

Silas W. Smith, MD, was recently named the JoAnn G. and Kenneth Wellner Endowed Associate Professor of Emergency Medicine. The Wellners' longstanding support allows Silas to utilize his immense scientific talents to advance the field of patient safety and quality. He will pursue a mission to not only conceive, design, and implement programs to improve patient safety and

quality across the departmental clinical sites, but also train the next generation of leaders who will develop a new discipline in emergency medicine safety and quality.

This endowed position and the previously established Kenneth and JoAnn G. Wellner Fellowship in Emergency Department Safety and Quality (2013) were created in honor of Neal A.

Lewin, MD, the Druckenmiller Professor of Emergency Medicine and Medicine, a devoted faculty member, educator, mentor, and fundraiser.

The Wellners' extraordinary support will sustain the departmental efforts to provide analytic capacity and work broadly across disciplines to advance education, best practices, and strategies that mitigate error.



Promotion to Assistant VP of Policy and Administration

Andrew Ashkenase, MBA, senior administrator in the Ronald O. Perelman Department of Emergency Medicine, was recently promoted to assistant vice president for policy and administration at NYU Langone Health. Andrew will work with Joseph Lhota, senior vice president and vice dean, chief of staff, to manage a team of administrators from various departments to accomplish policy and strategic goals throughout the organization.

Over the past two

years, Andrew accepted the many challenges of our rapidly growing department. He strengthened departmental infrastructure and developed policies and processes to ensure the continued delivery of exceptional care to our patients and impactful research and quality educational experiences. Throughout his time in our department, Andrew continually worked towards maintaining a healthy and engaged workplace for faculty and staff.

Andrew's efforts are much appreciated. We wish him success in this exciting new role.

Passing the Torch: New Administrator Named

Nicholas Dibble, MBA, director of business operations, was named administrator of the Ronald O. Perelman Department of Emergency Medicine replacing Andrew Ashkenase.

For the past four years, Nick has advanced the mission of our department. He enhanced our efforts by working closely with faculty and staff on several initiatives including finance, education, clinical operations and research. Nick is

passionate about his mentorship of staff to meet their full potential. And his continued commitment to an expanding department is noteworthy.

Nick's transition into his new role has been seamless. He is determined to make a difference in the lives of patients, students, trainees, staff and the community we serve.

Congratulations Nick, we support your outstanding efforts.



Women@NYUEM: Empowering Women in Emergency Medicine and Girls in the Community

Advocating for the health of women and girls has always been a passion for Drs. Liz Haines and Katherine Jahnes. Through their educational and clinical roles at the Ronald O. Perelman Department of Emergency, they observe how health education allows women in medicine and girls to make informed choices for themselves, their community, and the next generation.

In January 2017, they mobilized a group of emergency medicine (EM) women clinicians at NYU-Bellevue

and launched Women@NYUEM. Through their support of each other they are empowered to change lives. To achieve this goal, Women@NYUEM organizes social events throughout New York City and meets quarterly for Happy Hour to network and seek support for their cause.

In just one year, Women@NYUEM sponsored 11 events on wellness and meditation that included informative feedback sessions and successful public school outreach and educational nights that included a Girls’

Health and Facts Night at PS20 in lower Manhattan.

Liz and Katherine look forward to ongoing programming that brings women together in order to support each other in work and advocacy.

Write to us:
emwomensgroup@nyulangone.org



The Girls' Health and Facts Night at PS20 in lower Manhattan.

Commitment to Diversity

Class of 2022



Andres Mallipudi



Damilola Idowu



Marlis Gnirke



Arnab Sarker



Jenica McMullen



Janelle Lambert



Madison Hunt



Mukul Ramakrishnan



Nicholus Warstadt



Rachel Sobolev



Salman Ahsan



Sana Maheshwari



Matthew Gross



Sumanth Kaja



Joshua Rodriguez



Stasha O'Callaghan

Advocating for the Advancement and Inclusion of Faculty members of Color and Women at NYU Langone Health

Uché A. Blackstock, MD, an assistant professor of emergency medicine at the Ronald O. Perelman Department of Emergency Medicine, was recently appointed director of Retention, Recruitment, and Inclusion in the Office of Diversity Affairs at NYU School of Medicine. In her new role, Uché oversees recruitment and retention, and leads efforts to promote the advancement and inclusion of people of color and women to the faculty at NYU Langone Health. She is also the co-founder and co-director of the emergency medicine Ultrasound Fellowship, and the founder and director of the Ultrasound Curriculum for medical students.

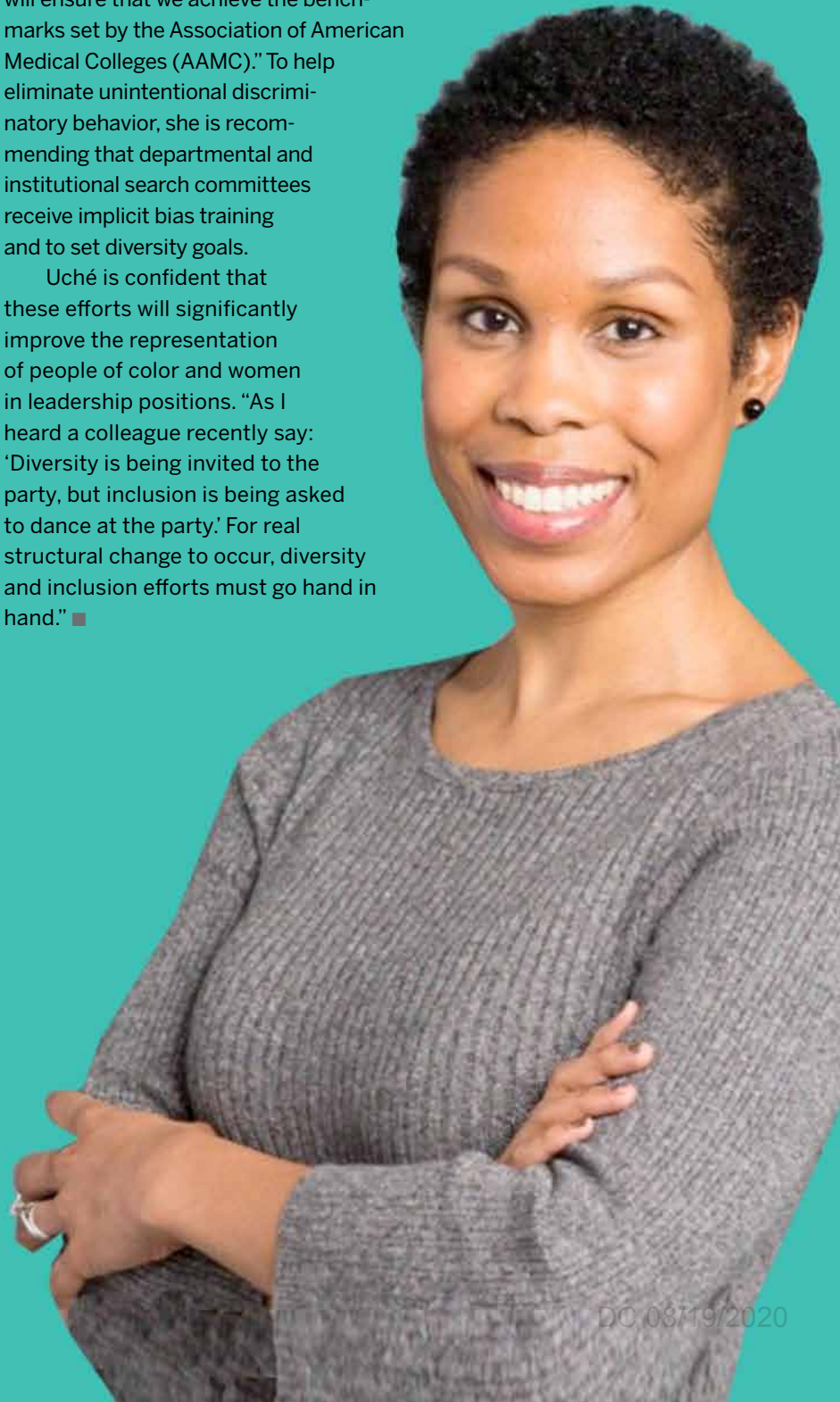
Because the Office of Diversity Affairs and the school's leadership recognize diversity and inclusion as core values, Uché is approaching her new role with great enthusiasm and optimism. "The strategy for leading significant cultural change must include the collection, assessment,

and analysis of each department's hiring activities and outcomes," says Uché. "This will ensure that we achieve the benchmarks set by the Association of American Medical Colleges (AAMC)." To help eliminate unintentional discriminatory behavior, she is recommending that departmental and institutional search committees receive implicit bias training and to set diversity goals.

Uché is confident that these efforts will significantly improve the representation of people of color and women in leadership positions. "As I heard a colleague recently say: 'Diversity is being invited to the party, but inclusion is being asked to dance at the party.' For real structural change to occur, diversity and inclusion efforts must go hand in hand." ■

Uché A. Blackstock, MD

Assistant Professor of
Emergency Medicine
Director, Recruitment
Retention and Inclusion
Office of Diversity Affairs
Director, Ultrasound Content
NYU School of Medicine
Co-Director, Emergency
Ultrasound Fellowship



Promoting Diversity and Inclusion

Aaron Arredondo, MD, a graduate of the NYU-Bellevue residency program (EM '16) and an assistant professor of emergency medicine, was recently appointed as the Diversity Ambassador for the Ronald O.

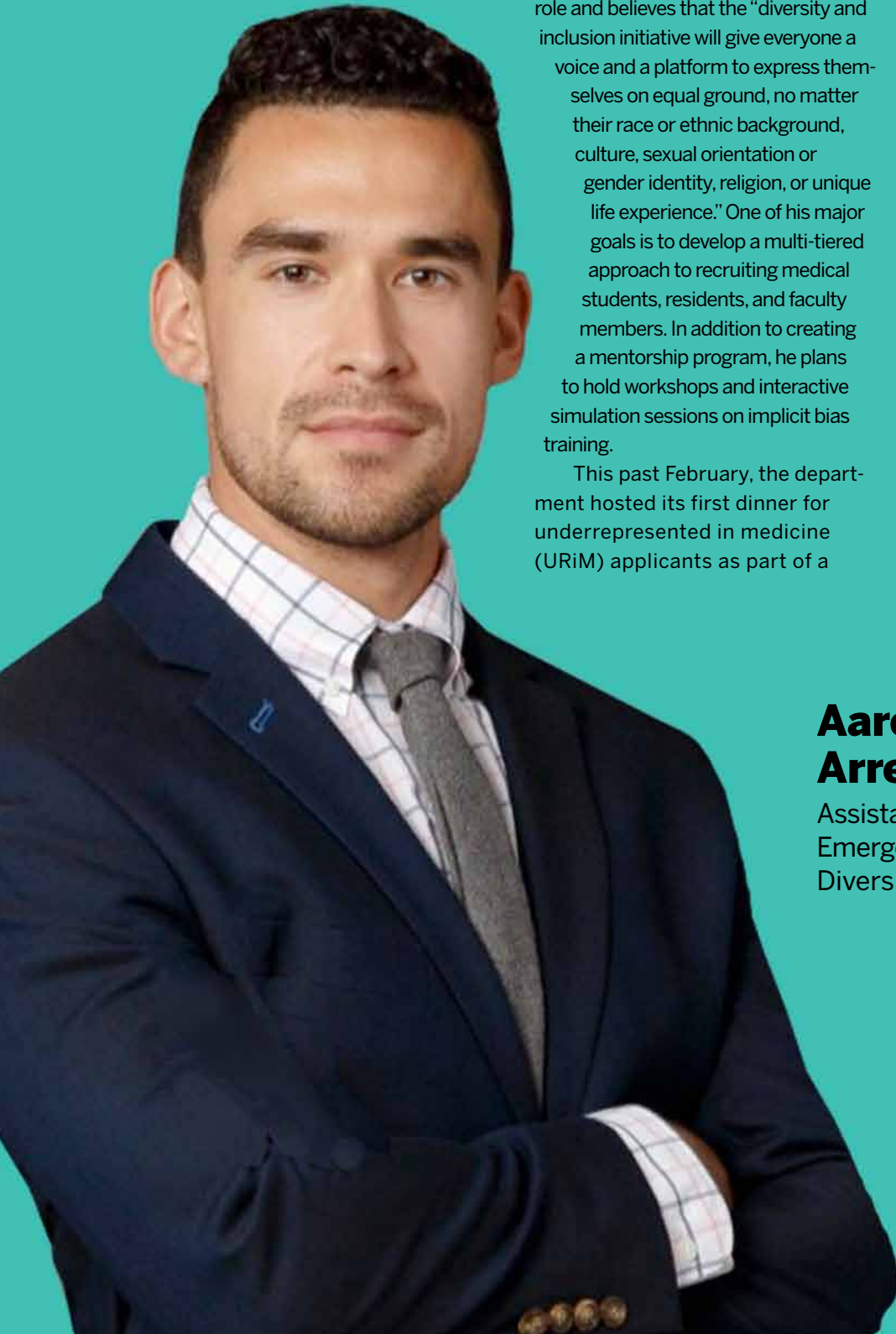
Perelman Department of Emergency Medicine. His new responsibilities include leading the effort to promote diversity and inclusion in the department.

Aaron is enthusiastic about his new role and believes that the “diversity and inclusion initiative will give everyone a voice and a platform to express themselves on equal ground, no matter their race or ethnic background, culture, sexual orientation or gender identity, religion, or unique life experience.” One of his major goals is to develop a multi-tiered approach to recruiting medical students, residents, and faculty members. In addition to creating a mentorship program, he plans to hold workshops and interactive simulation sessions on implicit bias training.

This past February, the department hosted its first dinner for underrepresented in medicine (URiM) applicants as part of a

larger effort to recruit URiM residents. Ten applicants from medical schools across the country dined with our faculty and residents to exchange ideas and shared goals in a supportive environment. Three of the URiM applicants were matched to our program and began their emergency medicine residency at NYU-Bellevue for the new academic year. Damilola Idowu (Brown University), Janelle Lambert (Columbia University), and Joshua Rodriguez (Brown University) are now enthusiastic first year residents. “We hope to make the URiM dinner an annual tradition!”

Aaron attributes this success to the tremendous support from the leadership, who believe that our differences make us a stronger community. For me, “Working with such an incredibly diverse patient population in New York City is one of the primary reasons I wanted to continue working at NYU Langone Health and Bellevue Hospital.” ■



Aaron Arredondo, MD

Assistant Professor of
Emergency Medicine
Diversity Ambassador

Advancing Underrepresented Minorities and Diversity in Emergency Medicine

BY AUDREY BREE TSE, MD

Research shows that patients may be more responsive to physicians with whom they feel a connection, whether through culture, race, or language. Thirty percent of the US population are considered underrepresented minorities (URMs), yet only 9 percent of emergency physicians and 15 percent of medical students self-identify as URMs. Overall, while the numbers of matriculants for black or African American, Hispanic or Latino, and American Indian or Alaska Native students have increased modestly over time, the gains have not been as robust as might have been expected in light of diversity efforts. Despite the almost 27 percent increase in the number of available medical school seats over the past 36 years, the representation in 2016 of black or African Americans, Hispanic or Latino, and American Indian or Alaska Native is only at 13.7 percent.

At NYU Langone Health and Bellevue Hospital Center, we are committed to advancing diversity in emergency medicine. As part of this effort, we developed an NYU Summer Fellowship for URMs in Medicine (URiMs). In July of this year we supported an inaugural class of four second-year URIM medical students from diverse backgrounds across the country.

Students participated in a wide range of learning experiences—from

sessions at our state-of-the-art Simulation Center, social medicine initiatives, and procedure and ultrasound workshops to resident conferences, journal clubs, faculty and resident lectures, and toxicology rounds.

They shadowed an individual faculty mentor on their shifts at the Ronald O. Perelman Department of Emergency Medicine, NYU Langone Hospital-Brook-

lyn, NYU Langone Emergency Cobble Hill, and Bellevue Hospital Center, where they were exposed to patient populations from diverse communities. A highlight of their summer fellowship was a Grand Rounds on July 18 when the guest speaker was Alden Landry, MD, of Harvard Medical School, a nationally recognized leader in diversity in medicine.

We hope that this experience will prepare students to serve the rapidly changing healthcare needs of minorities, who are the nation's most vulnerable populations, throughout their careers in medicine. Under-represented minorities are more likely to return and serve in their communities and care for populations that are traditionally underserved in medicine. ■



**Audrey
Bree Tse, MD**

Assistant Professor of
Emergency Medicine
Director, Undergraduate
Medical Education



1

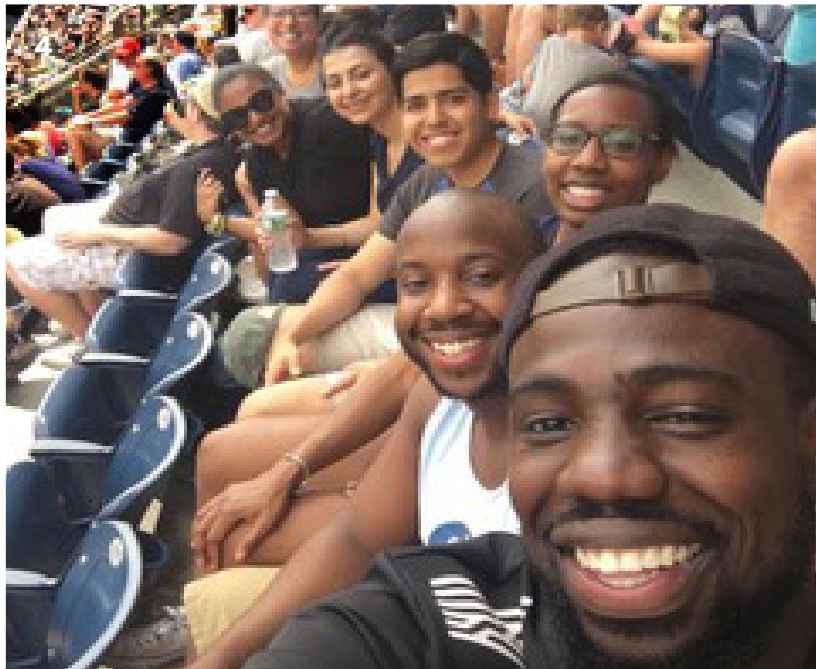


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3

Photo: Michael Tanzillo



4



5

Photo: Michael Tanzillo



6

1. (Left to Right) Underrepresented in medicine fellowship (URiM) inaugural EM summer fellows 2018: Shuaibu Ali, Geiser School of Medicine at Dartmouth, Daniel Mbom, Medical College of Georgia, Michelle Oberoi, University of California, Riverside, Betsy Rojas, University of Rochester.

2. Central venous access simulation workshop led by co-resident directors, Leigh Nesheiwat, MD (EM '20) and Max Berger, MD (EM '20).

3. (Second Left Back Row) Aaron Hultgren, MD (EM '10), Audrey Bree Tse, MD, Masashi Rotte, MD, (Right) May Li, MD and son Booker Li with the Fundamentals of EM NYU Summer Fellows during the inaugural NYU undergraduate medical education (UME) Wilderness Medicine Adventure.

4. (Forefront to background) At the ballgame Shuaibu Ali, (summer fellow URiM), Akyi Hughes, MD (EM '21), Janelle Lambert, MD (EM '22), Alejandro Ruiz (summer fellow, MS2, NYU SOM),

Michelle Oberoi, (summer fellow URiM) Ellie Pena (Administrator Education), Kira Brayan (summer fellow, MS2, NYU SOM).

5. Dr. Hultgren demonstrating the inefficient "venom extractors" on the market during the inaugural NYU UME Wilderness Medicine Adventure.

6. URiM and NYU SOM EM summer fellows learning about IVs with Max Berger, MD (EM '20).

Transforming Teaching

Bupropion Release Rates in Water Versus Polyethylene Glycol Solution: An In Vitro Pilot Study

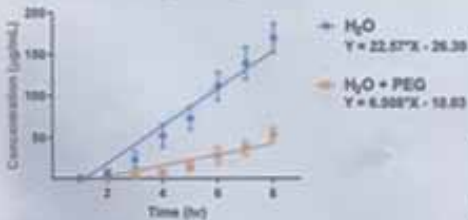
Weber L¹, Riggan M¹, Howland MA², Crossa A¹, Moran J¹, Patton A¹, Hoffman RS^{1,2}, Su MK^{1,2}
¹NYU Ronald O. Perleman Dept. of Emergency Medicine, NYU School of Medicine, ²St. John's University College of Pharmacy,
³NYC Dept. of Health and Mental Hygiene, ⁴Painpoint Testing, LLC, ⁵NYC Poison Control Center



Results:

- Three trials were performed in both water (H₂O) and water + PEG (H₂O + PEG). (See Table 1 below)
- Bupropion concentrations were consistently higher at the control group (H₂O) compared to the experimental group (H₂O + PEG) at all time points. (See Figure 1 below)
- The concentration of bupropion in the control group increased at a faster rate compared to the PEG solution (control, $n=22.57$ (µg/ml)*hr⁻¹, group 2, $n=6.33$ (µg/ml)*hr⁻¹)
- There was a 67% decrease in the area under the curve (AUC) for the PEG group compared to the control group (AUC_{0-8h} = 255.5 µg/ml*hr vs. AUC_{0-8h} = 77.4 µg/ml*hr).

Average Bupropion Concentrations Over Time in H₂O vs. H₂O + PEG



Discussion:

- This study demonstrates preliminary data that PEG decreases the release of Bupropion XL in an in-vitro model. The difference in detectable bupropion concentrations begins to become apparent in 1 hour, suggesting that early intervention with PEG may reduce plasma concentrations of the drug.
- One possible explanation for this result is that PEG is a highly osmotic molecule and therefore its presence in the solution diminishes bupropion being released from the DGS by providing an osmotic gradient for which it is pushing against.
- Lowering the body burden of bupropion following ingestion can have significant consequences in avoiding potential life-threatening effects of bupropion overdose, such as status epilepticus or cardiac dysrhythmias.
- PEG may be an effective decontamination not only because of it's able to quickly remove the pills from the gastrointestinal tract, but also by decreasing the release of the pills already present in the system.
- This is a small preliminary study and further studies are necessary to determine whether similar results are found in more physiologic conditions. The current model does not consider the effects of temperature or pH changes that would simulate normal physiology.
- There is a large variation between trials, as shown by the broad standard deviations. This is most likely due to the small sample size of these.

Conclusions:

In this pilot study, our results suggest that PEG inhibits the release of bupropion from Bupropion XL tablets when compared to Bupropion XL in water. Further studies with a larger sample size and assessing for reproducibility under more physiological conditions should be done in order to better understand if PEG has potential clinical utility in poison with Bupropion XL overdose.

References:

1. Weber L, et al. (2018) Bupropion overdose clinical management and decontamination. *The American Journal of Emergency Medicine* 33(10): 201-206.
 2. Hoffman RS, et al. (2017) "Concomitant Bupropion Intoxication." *Annals of Pharmacotherapy* 51(7): 500-504.
 3. Su MK, et al. (2017) The effect of bupropion on the release of bupropion. *Journal of Pharmacy and Pharmacology* 69(11): 1111-1115.
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 5. Hoffman RS, et al. (2017) Bupropion overdose: clinical management and decontamination. *The American Journal of Emergency Medicine* 32(10): 184-188.
 6. Hoffman RS, et al. (2017) Bupropion overdose: clinical management and decontamination. *The American Journal of Emergency Medicine* 32(10): 184-188.
 7. Hoffman RS, et al. (2017) Bupropion overdose: clinical management and decontamination. *The American Journal of Emergency Medicine* 32(10): 184-188.

Figure 1. The average concentrations of Bupropion XL over time. Each data point is the average concentration of 3 trials. The error bars represent the standard deviation. W H₂O $n=4(1)$, W H₂O + PEG $n=3(1)$

Time	Average Conc. Bupropion XL (µg/ml)	St. Dev. (µg)	Average Conc. Bupropion XL (H ₂ O + PEG) (µg/ml)	St. Dev. (H ₂ O + PEG)
0	71	27	39	24
1	99	41.6	122	54
2	142	46.2	162	141
3	229	112.2	207	149
4	224	147.9	233	172
5	229	147.9	247	172
6	271.7	174.9	273	193
7	247.3	164.3	273	193
8	265.2	176.2	242	171

Table 1. Average concentrations and standard deviations of tablets for study 1-3.



“We continue to further enhance our scholarly output and achievements, continue to create novel curricula, and develop new assessment and evaluation tools for our faculty, fellows, residents, and students.”

**Kristin Carmody,
MD, MHPE**

Vice Chair for Academic
Affairs and Education
Innovation



Laura Weber, MD (EM '21) representing the residency at the North American Congress of Clinical Toxicology (NACCT) 2017.

Division of Toxicology Launches a New Resident EM Curriculum

Following a needs assessment of residents and faculty, significant deficiencies in toxicology and patient safety were discovered. In response, the Division of Toxicology recently designed a comprehensive toxicology and patient safety curriculum that emphasizes the importance of assessment during the learning and feedback process. This experiential method of learning transforms the learner experience by immersing trainees in real-life scenarios and interactions that enhance both their medical knowledge and their skills.

Redesigning the residency schedule to accommodate the curriculum changes was a major challenge. "We achieved this goal by combining two previously separate two-week rotations in the second and fourth years into one continuous, required month-long block," says Rana Biary, the director of the Fellowship Program. "Residents now rotate during their third year, which allows them to anticipate the need to supervise the management of poisoned patients and consider patient quality and safety factors in their fourth year." The didactic series was designed to specifically cover the core content of the American Board of Emergency Medicine (ABEM).

Once a week, residents take primary consultant calls at the NYC-POISONS call center. Third-year residents

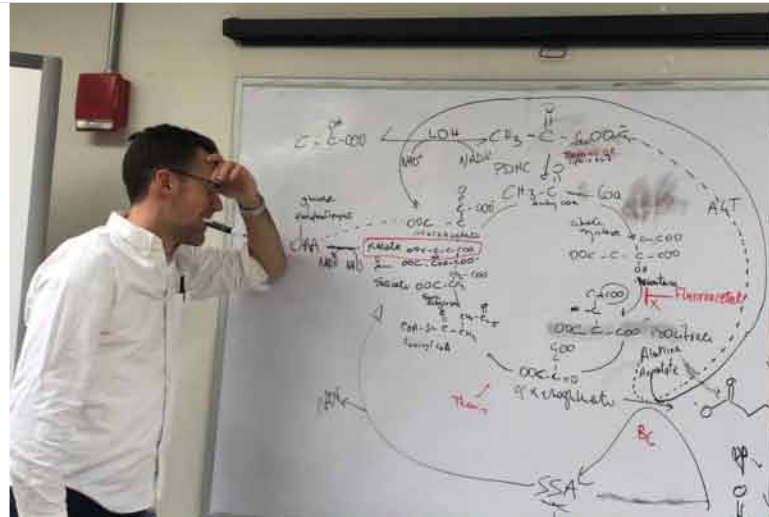


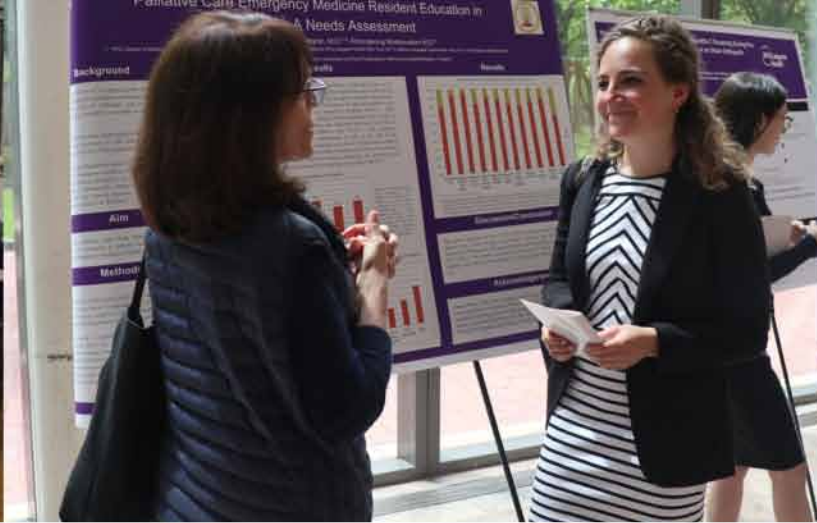
use their call experience to present one case at morning report. This monthly participation has the added benefit of consistently incorporating toxicology cases into the morning report structure. Other aspects of the revised curriculum include participation in the weekly fellow teaching, the weekly journal club, at least two simulation sessions, a skills session dedicated to orogastric decontamination, and participation in the Prevention and Education mission.

"The quality and safety aspect of the curriculum includes lectures about basic patient safety, medication safety, and diagnostic errors, with an aim to bridge safety and toxicology practice in a systems-based approach," notes Silas. Residents also attend the departmental patient safety journal

club, quality and safety meetings, pharmacy and therapeutics meetings, and institutional Root Cause Analyses sessions. They shadow the ED pharmacist to review medication reconciliation, oversight, release, preparation, and code participation, and then apply their experience to present at the Morbidity and Mortality conference.

The success of the new EM resident curriculum is confirmed by the monthly feedback we receive from residents and faculty, and the direct observation of clinical and didactic responsibilities. "Our next step," says Rana, "will be the evaluation of in-service performance and planned residency curricular focus groups, which we expect will also advance our efforts to improve toxicology practice and patient safety." ■





Innovating Health Education to Keep NYC Youth Healthy and Safe



Aaron Hultgren, MD (EM '10) and a team of medical students take PEP STEP interns to a medical simulation lab. Here, they practiced responding to an emergency heart attack.

In 2015, Drs. Larissa Laskowski and Aaron Hultgren, both assistant professors in emergency medicine at the Ronald O. Perelman Department of Emergency Medicine, founded the Prevention and Education Partnership (PEP). Today, these passionate young physicians serve as co-directors of this highly successful and innovative educational program.

“PEP collaborates with the New York City Office of School Wellness Programs to improve school wellness and health education,” explains Larissa. “Our mission is to keep youth safe, healthy, and out of our emergency departments.”

For the last three years, faculty,

fellows, residents, nurses, and medical students have been teaching a yearly 10-lesson unit of PEP Talks at the Essex Street Academy, a public school on the Lower East Side, and engaging 12th-grade students from all five boroughs in meaningful conversations about the risky behaviors surrounding drugs, alcohol, and sex.

“The PEP Talk curriculum focuses on enhancing students’ risk assessment skills and providing access to healthcare resources outside of the emergency department,” says Aaron. “By providing accurate and expert information, we hope to decrease high-risk behavior among adolescents.”

Gordon Wu, MD (EM '18) teaching a PEP Talk on “Cigarettes and Vaping” at @EssexStreetAcademy.





Our ER docs stand loud and proud against homophobia, transphobia and biphobia. Join us!



What we do to increase positivity? Lots of snacking, chatting, and smoothies. Tell us what you do to stay positive!

Through collaboration with the NYC Office of School Wellness and the Department of Education and the NYC Poison Control Center, PEP has led training workshops to more than 80 New York City high school substance abuse prevention and intervention specialists and health educators. These workshops, in turn, have led to greater opportunities to provide targeted outreach to youth throughout the city. In this past year, PEP has expanded to reach over 1,400 students in 10 NYC public middle and high schools.

Recently, PEP launched a social media campaign via Instagram. Daily posts cover topics ranging from

drugs and alcohol, sexual health, mental health, and injury prevention, delivered through short videos, facts, stats, and pop music lyrics. The personal testimonies of NYC high school and college students, NYU School of Medicine medical students, emergency department nurses, residents, and attendings resonate with the audience and receive the most likes. After almost one year, there are 956 followers and over 5,000 Instagram viewers.

Larissa and Aaron aim to make a difference in the community and inspire future generations of emergency leaders. "Our vision is to provide the highest quality education for all NYC schools, parents and students." ■

“The PEP Talk curriculum focuses on enhancing students’ risk assessment skills and providing access to healthcare resources outside of the emergency department.”



(Center left and right) PEP co-directors, Drs. Aaron Hultgren (EM '10) and Larissa Laskowski (EM '13, Med Tox '15) joined by NYU medical students, residents, and toxicology fellows at Essex Street Academy High School delivering a drug education PEP Talk.



Follow us!
@nycpep

The Front Line of Care



“After more than two decades at NYU-Bellevue, I am still amazed at the privilege of being able to work with our patients during their most vulnerable moments. We find ways to further improve the experience for both our patients and our staff.”

William Goldberg, MD

Vice Chair for Business Operations
and Strategic Planning



NYU sponsors the Atlantic Antic Festival, Cobble Hill, Brooklyn and the KIDS ZONE activities yearly. (Left to Right) Liz Haines, MD, Lauren Feltington, RN, Amanda Carr, RN, and David Barlas, MD, Chief of Service of the Cobble Hill Emergency Department.

NYU Langone—Cobble Hill: Delivering Exceptional Care to Brooklyn and Beyond



The NYU Langone—Cobble Hill Emergency Department (ED) was established in 2014 through a partnership between NYU Langone Health and Fortis Property Group, the developer of the former Long Island College Hospital (LICH) site.

When LICH closed its doors, the site was renovated and converted into a free-standing ED in order to preserve essential health care services for the community. The second phase of erecting an ambulatory 125,000 sq. ft. health care facility adjacent to the ED is currently under way. Recognized for its state-of-the-art technology and highest-quality care, Cobble Hill has become the go-to hospital in Brooklyn.

As a free-standing ED, NYU Langone—Cobble Hill has all the capabilities of a typical community hospital ED without an attached hospital. It is open 24 hours a day, seven days a week, and is staffed with a team of skilled emergency physicians, physician assistants, nurses, and other essential staff. Cobble Hill ED receives 911 ambulances and offers a complete range

of emergency diagnostic and therapeutic services, including laboratory, pharmacy, ultrasound, radiology, and CAT scan. Patient volume has steadily grown by 15 percent annually to more than 22,000 visits this past year.

To provide acutely sick patients with inpatient and specialty services, Cobble Hill ED has established comprehensive protocols. Patients with life-threatening conditions, such as sepsis, heart attack, stroke, and other traumatic injuries, are transported by critical care ambulances stationed on-site to one of NYU Langone Health's affiliates in Brooklyn and Manhattan. The 8 percent of patients who require hospitalization after diagnosis and stabilization at Cobble Hill ED can be transported directly to an inpatient bed. Our integrated health systems and electronic medical record system allow us to access patient records instantly from any of our receiving sites, and telemedicine can provide immediate consultation with an NYU Langone specialist for patients with stroke

or acute psychiatric emergencies.

Due to its high standards of quality care, the Cobble Hill ED earns consistently high patient satisfaction scores. We are ranked nationally in the 90th percentile. Over 90 percent of patients are seen within the first 10 minutes of arrival, and discharged patients typically go home within two hours. Patients refer to us as their “best ER experience ever” and speak highly of the kindness, compassion, and competence of our ED team.

“The future is bright as we await the opening of the new ambulatory services pavilion with expanded services next to the ED at the corner of Hicks Street and Atlantic Avenue,” says Dr. David Barlas, chief of service of NYU Langone—Cobble Hill ED. In addition to the new ED, there will be physician practices, an ambulatory surgery suite, an infusion center, a clinical laboratory, and an imaging facility. “This will soon bring a comprehensive range of NYU Langone outpatient services to the communities in and around downtown Brooklyn.” ■

“Recognized for its state-of-the-art technology and highest-quality care, Cobble Hill has become the go-to hospital in Brooklyn.”

Expanding Our Footprint and Cross-Disciplinary Collaboration

For the past five years, the Ronald O. Perelman Center for Emergency Services has experienced significant growth. In 2017, the center saw close to 80,000 patients—a more than 7 percent increase in volume over the past few years. This growth is due to the creation of NYU Langone ambulance services, the expansion of the NYU Langone Health system, and excellent patient care.

Not only is the volume increasing, but so too is the severity of illness in the patient population. “Because of the expansion in our pulmonary hypertension, heart failure, and transplant services, we care for more medically complex patients and higher-acuity patients than in the past,” explains Dr. Catherine Jamin, chief of service of the center and director of Emergency Medicine Critical Care. “We are proud of our residents, faculty, physician assistants (PAs), and nursing staff who provide such outstanding care. Their dedication, selflessness, and compassion are impressive.”

With growth comes challenges, and one of the center’s biggest challenges is its physical space. “Although we moved into a beautiful new emergency department (ED) in 2014, we quickly outgrew the footprint,” notes Catherine. Due to the lack of space, it became difficult to get patients into the main ED from the waiting room. “We had to develop innovative models to ensure that we could continue to deliver quality care with speed and efficiency.”

To address the space challenge, the center collaborated with nursing, PAs, faculty, the administrative team, and hospital leadership. Together, they carved out treatment space from the waiting room to create “Team 5.” Since its inception, Team 5 has cared for more than 7,400 low-acuity patients in the waiting room. “This model enhances care for patients,” she says, “because we can rapidly care for low-acuity patients and more efficiently evaluate



moderate- and high-acuity patients in the main ED.”

Another way the center sought to address the issue of limited space was to focus on care models that shift traditional hospital-based care to the outpatient setting. Partnering with leaders from Infectious Disease, Pharmacy, Medical Center Information Technology, Telehealth, and the ED Follow-up Center, they created a pathway to treat moderate cellulitis as an outpatient service. This collaboration had a positive impact on patients, because they can now receive closely coordinated care as outpatients and do not require hospitalization.

While the center’s increased

volume has outpaced its physical growth, Catherine is happy to announce that this is already changing. “We gained six new bays in our Team 4 space in January 2018, and will expand our ED by 18 additional beds by the end of 2018 when we move into the state-of-the-art Helen L. and Martin S. Kimmel Pavilion. Given that our current footprint is 33 bays, we welcome the increase of bays and eagerly await the expansion.”

Over the next five years, one of the center’s major goals is to increase institutional cross-disciplinary collaboration. She is looking to develop innovative, multidisciplinary projects that

focus on streamlining high-quality care, enhancing communication, and improving the admissions process. This type of progress can already be seen in the management of patients with inflammatory bowel disease and those with congestive heart failure.

“It is a privilege to work at a patient-centered and innovative organization,” says Catherine. “Our principal goal is to ensure meaningful change for our patients, community, and staff in all our efforts to improve care.” ■

“We are proud of our residents, faculty, physician assistants (PAs), and nursing staff who provide such outstanding care. Their dedication, selflessness, and compassion are impressive.”

Catherine Jamin, MD

Associate Professor of Emergency Medicine
Chief of Service and Chief of Critical Care
Ronald O. Perelman Department
of Emergency Medicine



◀ The Helen L. and Martin S. Kimmel Pavilion opened in June 2018. A state of the art, 830,000 square foot facility.

Highlights of Our Success in 2017

BY RAJ GULATI, MD (EM '06) AND
IAN WITTMAN, MD (EM '12)

We all have different memories of how NYU-Bellevue's Emergency Department (ED) has shaped our growth and how we have been a part of its remarkable history. Today, our mission remains unchanged. The Bellevue ED continues to evolve and remains a leader in emergency care delivery. We provide compassionate care to every patient, including the most vulnerable populations in New York, and we continue to solve some of the

most complex issues affecting our patients—including alcoholism, other substance use disorders, novel drugs of abuse, homelessness, food security, and access to timely primary care.

In recent years, we have added advanced practice providers, including

nurse practitioners and physician assistants, to our clinical staff in urgent care and the main ED, and have transitioned to an electronic medical record system. We operationalized the first free-standing ED in New York during Hurricane Sandy, staffed and operated the Emergency Ward as a short-stay Intensive Care Unit, developed the screening protocols for potential Ebola patients, and responded to many of the city's worst mass-casualty incidents. NYU-Bellevue will be presented with challenges as we continue working to imple-

Raj Gulati, MD

Associate Professor of
Emergency Medicine
Chief of Service
Bellevue Hospital Center



ment innovative models of care delivery, provide an exceptional platform for educating our future clinicians and leaders, and create an environment for research to solve seemingly insurmountable problems.

This year, we have a new president and CEO of NYC Health + Hospitals, Dr. Mitchell Katz from the Los Angeles County Health Agency, to provide leadership and direction to the public hospital system.

Our goals for 2018 include

working with new leadership to improve hospital finances, implement a new care area to provide quality care to our cohort of intoxicated patients, and prepare to launch the EPIC EMR system at Bellevue ED in early 2019.

We believe that Dr. Katz's vision aligns with our humanistic values. With his support—and with the leadership of Dr. Robert J. Femia, chair of the Ronald O. Perleman Department of Emergency Medicine, we are ideally positioned to achieve our goals. ■

A FEW HIGHLIGHTS OF OUR ACCOMPLISHMENTS IN 2017:

- We finished the first full year of a fourth-year resident team, adding a more robust supervisory training experience for third-year residents.
- The American College of Surgeons designated Bellevue Hospital as a Level 1 trauma center.
- We managed several large-scale mass-casualty incidents, including the Times Square Automobile terrorist attack and the Halloween Box Truck terrorist attack on the West Side Highway.
- We have one of the lowest sepsis mortality rates in New York State as a result of our early recognition, treatment, and sepsis care.
- Our ED team received the Hospital Patient Safety Champions Award.

“We provide compassionate care to every patient, including the most vulnerable populations in New York.”

Ian Wittman, MD

Associate Professor of
Emergency Medicine
Associate Chief of Service
Bellevue Hospital Center
*(Newly named Chief of Service,
Emergency Department,
NYU-Langone-Brooklyn.
Congratulations!)*



Transforming an Urgent Care Center into a Best-Practice Delivery Model Post Hurricane Sandy

On the night of October 29, 2012, Hurricane Sandy devastated the New York City metropolitan area. The storm surge dumped 15 million gallons of seawater into NYU Langone Medical Center, destroying the emergency department (ED). To prevent a public health disaster, an urgent care center

along with an associated nine-bed observation unit for short term care was created to restore acute care services to lower Manhattan.

At that time, Christopher Caspers, MD (EM '12) had been a faculty member in the Ronald O. Perelman Department of Emergency Medicine

for two months, after completing his residency at NYU-Bellevue. Five years later, he is the chief of observation medicine for the Ronald O. Perelman Department of Emergency Medicine, overseeing the observation and short stay units for the NYU Langone Health System.

Christopher Caspers, MD

Chief of Observation Medicine
(*Chair Elect of ACEP
Observation Medicine Section.
Congratulations!*)





Photos: Alex Bane

“Today, the 35-bed NYU Langone Tisch Hospital observation unit cares for thousands of patients annually across the NYU Langone Health system,” he says, “and NYU Langone Brooklyn–Hospital is recognized as a high-performing 12-bed observation unit.” Through the design and implementation of evidence-based clinical protocols, these observation units produce high-quality clinical outcomes at a lower cost to both the patient and the healthcare system.

The observation units are staffed 24/7 with specialized attending physicians, emergency physicians, physician assistants, nurses, and care managers to deliver the best patient outcomes. Given the close collaboration between primary care providers and specialists, readmission rates

are low and patient satisfaction scores are high. Both units perform better than national benchmarks for clinical performance, quality, safety, and patient experience.

Recently, the department expanded the observation unit care model across the NYU Langone Health system to include the delivery of short-term inpatient care. The resulting benefits include reduced length of stay, readmissions, and mortality, as well as improved patient outcomes at a lower cost than conventional inpatient care. “This delivery model is now at the forefront of clinical innovation,” notes Christopher, “and the department’s observation medicine program is a best-practice model for short term care for other institutions across the country.” ■

(Left to Right)
Anessa Uretsky, RN-BC, Nurse Manager, Observation Unit, Diane E. Lee, RN, Care Manager, Care Management Department, Lauren Nash, Senior PA, Observation Unit

“Today, the 35-bed NYU Langone Tisch Hospital observation unit cares for thousands of patients annually across the NYU Langone Health system.”

Telemedicine is Virtually Changing the Way We Deliver Care



NYU Langone Health opened the Cobble Hill Emergency Department in downtown Brooklyn on October 31, 2014. From the outset, the leadership at NYU Langone and the Ronald O. Perelman Department of Emergency Medicine realized that telemedicine would play an important role in providing quality patient care to this freestanding emergency department (ED).

Without an attached hospital or on-site subspecialists, the freestanding ED needed to provide critical consultations for our patients. The use of telemedicine was the most innovative way to communicate between the NYU Langone Medical Center in Manhattan and the Cobble Hill ED.

The system consists of two mobile carts with high-quality audio/video in the ED that communicate with base stations installed at NYU Langone Medical Center and NYU Langone Hospital–Brooklyn. Through a secure connection, physicians and patients can enjoy a virtual consultation on demand.

The first consultants to utilize this system were the stroke specialists from

the Department of Neurology at NYU Langone Tisch Hospital. When patients at the Cobble Hill ED are suspected of having an acute stroke, the neurologist evaluates those with difficult or unusual cases via the telemedicine system from the main campus in Manhattan. The time-sensitive decision to administer t-PA therapy to eligible acute stroke patients can then be made collaboratively with a hospital-based neurologic emergency physician.

Since 2014, telemedicine has been successfully used four times to assist in the evaluation and treatment of acute stroke patients. In 2017, following the integration of the Joint Commission-certified comprehensive stroke programs at NYU Langone Tisch Hospital and NYU Langone Hospital–Brooklyn, “tele-stroke” consultations were expected to begin at the Brooklyn site. This not only allows for enhanced coverage, but also seamlessly bridges the patient to inpatient care and advanced interventional techniques in Brooklyn.

In the summer of 2017, the NYU

Langone Hospital–Brooklyn Department of Psychiatry became the second service to provide Cobble Hill ED with emergency telemedicine consultations. Previously, patients in need of emergency psychiatric consultation were transferred by ambulance to NYU Langone Hospital–Brooklyn to receive emergency assessments and care. Today, consultations take place over the secure telemedicine link, which preserves patient privacy and improves comfort and convenience. Over the last year, more than 20 consultations have occurred, with 70 percent of those patients directly discharged from the Cobble Hill ED following evaluation.

“Building on these successes, additional telemedicine consultation services—including critical care, ophthalmology, and dermatology—are now under evaluation,” says Dr. Barlas. With the addition of these and other services in the future, “we aim to expand the depth and breadth of clinical expertise provided to patients in the NYU Langone–Cobble Hill ED communities.” ■

“Today, consultations take place over the secure telemedicine link, which preserves patient privacy and improves comfort and convenience.”

Virtual Urgent Care: Changing How We Practice Medicine

A convenient way to video chat with an emergency physician for non-emergency medical conditions in the comfort of your home, office or on the go. Mobile technology interfacing with patient care to meet the needs of our patients.

Learn More: <https://nyulangone.org/virtualurgentcare>

VIRTUAL VISIT



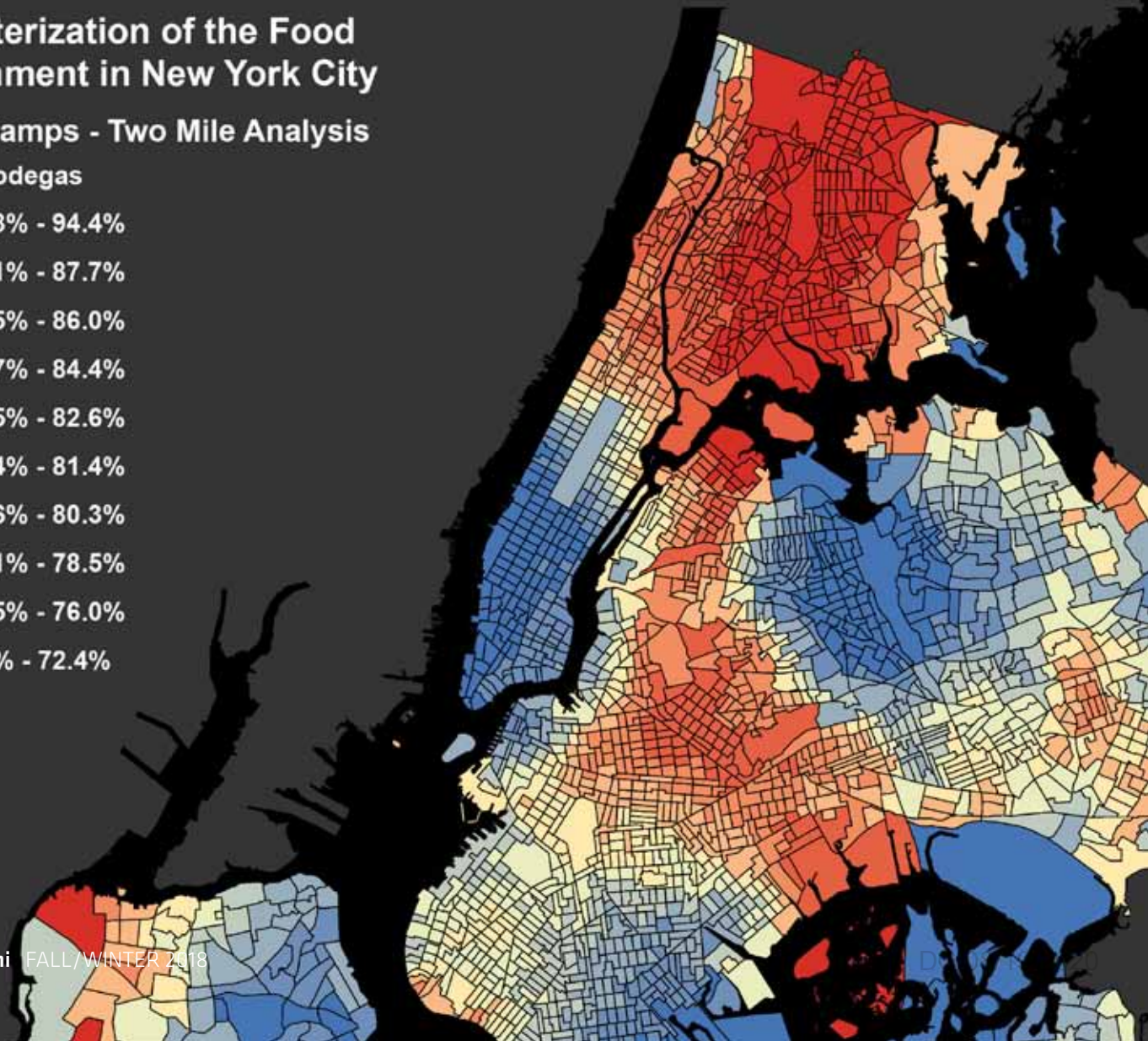
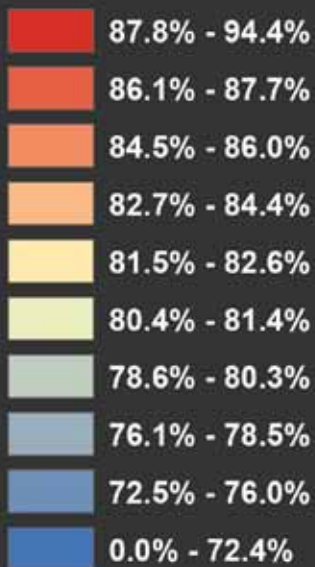
Viraj Lakdawala, MD

Director, Division of Telemedicine

Innovations in Research

Characterization of the Food Environment in New York City

Food Swamps - Two Mile Analysis Percent Bodegas



“In the next year, we hope to continue growing our research portfolio while exceeding expectations with our current grants.”

Corita Grudzen, MD

Vice Chair for Research (EM '05)



Identifying retail Food Swamps in New York City where there are no healthy food options. These are areas with more bodegas and convenience stores than supermarkets.

Innovative Design for Palliative Care for Older Adults with Serious Illness

Nearly 50 percent of older Americans visit the emergency department (ED) to manage their pain, symptoms, stress, loneliness, and depression during the last month of their lives. Palliative care has become an ED subspecialty as doctors and nurses work with patients and their families to establish a plan of care. ED interventions can provide an extra layer of support not only for older adults, but also for their caregivers.

Recently, Corita Grudzen, MD (EM '05), vice chair for research in the Ronald O. Perelman Department of Emergency Medicine and a nationally recognized expert on ED palliative care, received a nearly \$12 million grant funded by the Patient-Centered Outcomes Research Institute (PCORI) to study Emergency Medicine Palliative Care Access (EMPallA). "It's the largest grant in the history of NYU Langone Health's Department of Emergency Medicine," says Corita, the primary investigator of the multi-site national study. "Over the next five years, our research will focus on how to deliver palliative care in the most efficient way."

Research shows that creating innovative models to manage palliative care for older patients results in improved outcomes—shortened

hospital stays with less need for intensive care. Such palliative care interventions in the ED can reduce the loneliness and depression of patients, family anxiety, and overall cost savings. The ED is an ideal place to identify patients who could benefit from palliative care services and to connect them to appropriate care.

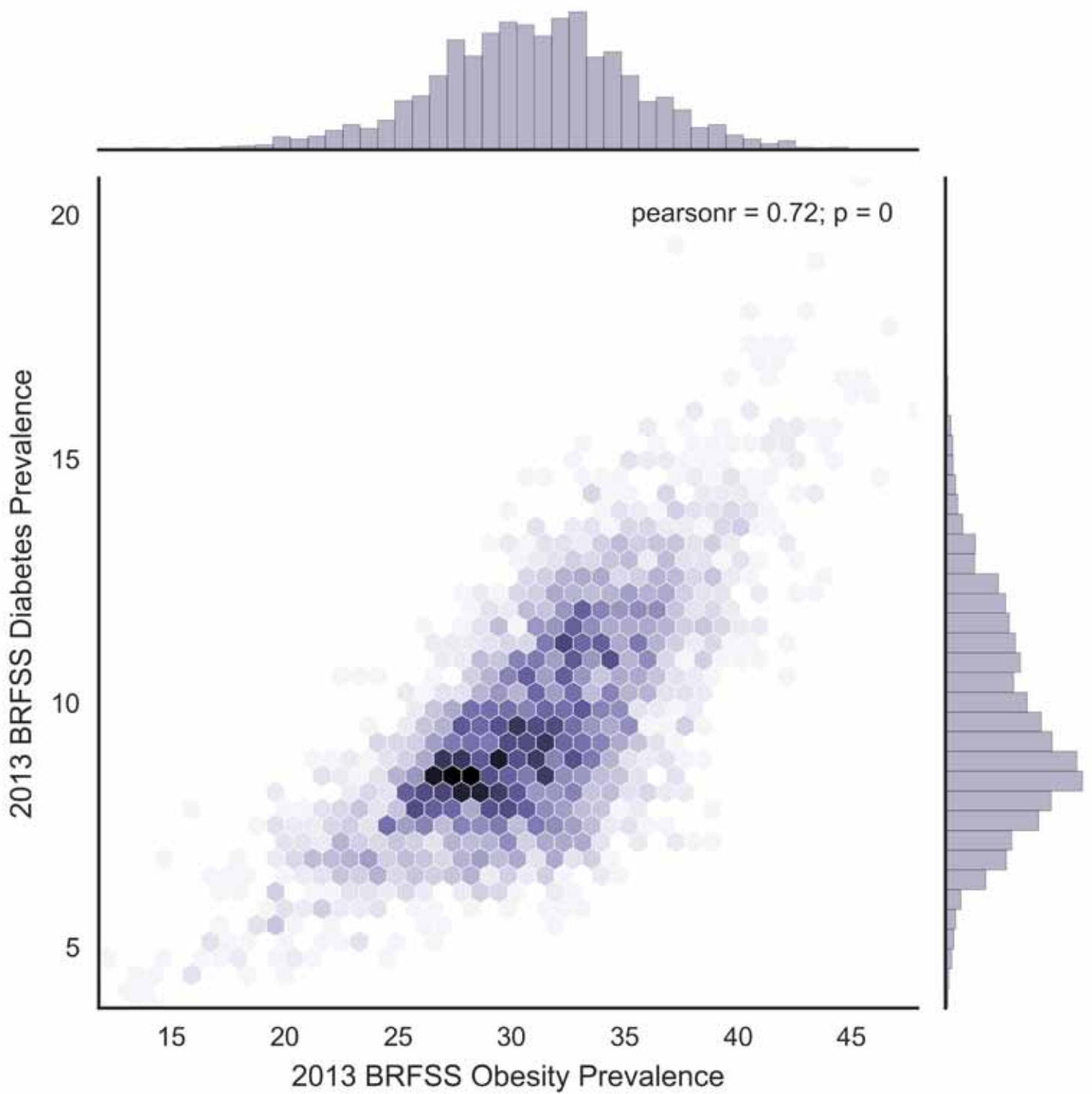
Across the country, more than 1,300 patients will be recruited from nine EDs, including NYU Langone Hospital, NYU Langone Hospital-Brooklyn, and Bellevue Hospital Center. Patients are eligible to participate in the study if they present to the ED and are 50 years of age or older, living at home with advanced cancer, or end-stage organ failure, among other criteria. When patients enroll in the study, they are randomized to one of two distinct palliative care delivery modalities.

The study will compare two distinct models—the traditional outpatient setting where a physician delivers care in-person and an innovative new approach where palliative-care trained nurses manage care by phone. "We're committed to determining which model works best and why," says Corita, "so we can improve the quality of life for patients and their caregivers nationwide." ■

“It’s the largest grant in the history of NYU Langone Health’s Department of Emergency Medicine.”

“We’re committed to determining which model works best and why.”

The relationship between obesity and diabetes for 3100 counties in the US in 2013. County-level diabetes prevalence was strongly correlated with obesity prevalence. We are studying the geographic distribution of these diseases and what environmental factors may be the reason for them.



“Our analyses can identify the exact neighborhoods that have a higher prevalence of disease, which gives us a better picture of how health varies geographically.”

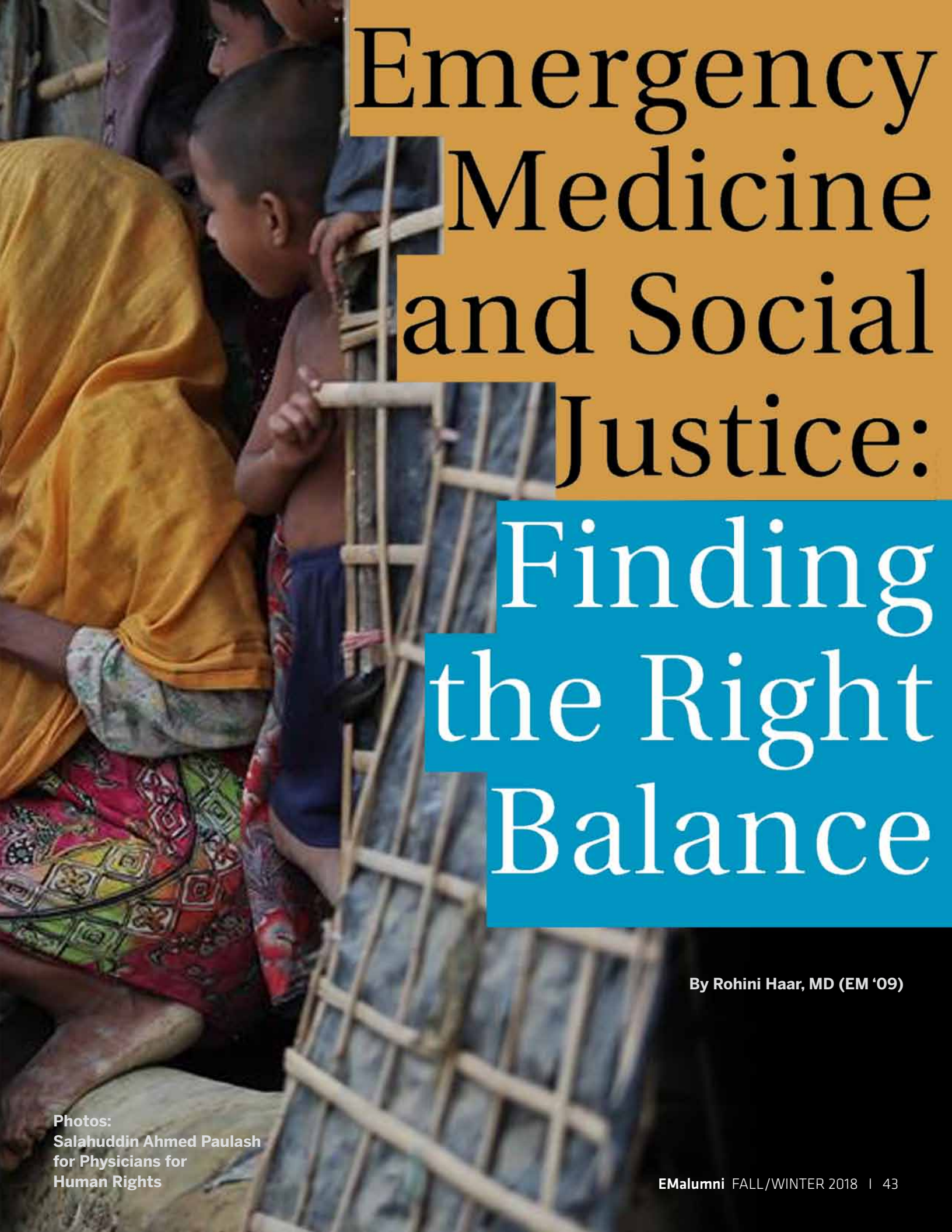
David C. Lee, MD, MS

Assistant Professor of Emergency Medicine and Population Health
Ronald O. Perelman Department of Emergency Medicine (EM '12)



Humanism at Work





Emergency Medicine and Social Justice:

Finding the Right Balance

By Rohini Haar, MD (EM '09)

Photos:
Salahuddin Ahmed Paulash
for Physicians for
Human Rights

HELLO, FELLOW RESIDENTS AND ALUMNI!

It is an honor to reflect on my time at NYU–Bellevue and share my experiences. Since graduating in 2009, I have grown to appreciate more and more both the medical training and the commitment to social justice driven home at Bellevue.

After working full time in New York City for several years, my family and I moved to Berkeley, California, for warmer weather and a change of pace. Personally, #4 was born this May! Clinically, I took the risk to step away as a full-time emergency physician.

Now I work part-time at the Highland Emergency Department (ED) with our West Coast county-minded doppelgängers and at Kaiser Medical Center in Oakland with our very own Amy Dennis (EM '10) and Jimmy

Choi (EM '10). During the rest of my time, I've been teaching classes and conducting research with UC Berkeley's Human Rights Center and the School of Public Health.

The moral compass set by Dr. Lewis Goldfrank and many of our mentors held profound meaning throughout my time at Bellevue and beyond. My stay in New York and familiarity with the issues of our immigrant population has deeply touched me.

Most recently, this knowledge was useful when I traveled with Physicians for Human Rights to Cox's Bazaar in Bangladesh. Over the past five months, nearly 800,000 Rohingya refugees have settled into makeshift camps after a brutal military campaign of forced expulsion from Myanmar.

I don't know if I ever saw a Rohingya as a patient at Bellevue. But like many of you, I saw





countless Bangladeshi immigrants with chest pain, burns, and myriad other complaints. Being in their homeland helped me better understand how difficult their migration to the United States must have been and how hard it must have been to be a refugee in that very same impoverished and densely populated region.

In Bangladesh, I used the skills I learned while a resident at Bellevue to conduct forensic medical evaluations of survivors of torture and other crimes against humanity. I saw children shot in the back while fleeing, women burned and left for dead after unspeakable violations, and families torn apart during the violence.

I returned home troubled and had difficulty reconciling our nation's politics with the reality of the world around us. (I think they call it secondary trauma.) But thankfully, years of working among immigrants and the destitute in the ED,

and learning how to move on after tough shifts and patient deaths, helped me find an outlet for these emotions.

While I work abroad frequently, I usually don't see patients there. I am generally documenting human rights abuses or figuring out how to use epidemiology to call attention to violations of international law.

When I feel that I've fallen short of making an impact because the wars and violations continue unabated, I can often sleep at night knowing I helped patients in the ED in Oakland or taught a resident a procedure I learned at Bellevue. For that, and for feeling that there is a role in both worlds for emergency physicians, I am deeply thankful for my training.

I look forward to hearing some of your stories! If anyone is heading to the Bay Area, we have a lovely community of alumni here and are always looking for new members. ■

“In Bangladesh, I used the skills learned while a resident at Bellevue to conduct forensic medical evaluations of survivors of torture and other crimes against humanity.”

“Since the founding of our country, home has been the center of the American Dream. Stable housing is the foundation upon which everything else in a family’s or individual’s life is built—without a safe, affordable place to live, it is much tougher to maintain good health, get a good education, or reach your full potential” –Barack Obama



Audrey Bree Tse, MD
Director, Undergraduate
Medical Education



Ryan McCormack, MD
Assistant Professor of
Emergency Medicine



Ethan Wiener, MD
Chief, Pediatric
Emergency Medicine



Blending Humanism with Science to End Homelessness

In New York City, more than 70,000 people are homeless on any given night. Even more startling is the fact that two-thirds of the people experiencing homelessness are families and children who live in shelters run by the city. There is no one reason why people find themselves homeless, but the consequences are devastating—those chronically homeless, who are frequently seen in the Emergency Department (ED), are at the highest risk for poor health outcomes and early mortality.

At NYU-Bellevue, Drs. Kelly Doran, Audrey Bree Tse, Ryan McCormack, and Ethan Wiener are among the many emergency physicians who are dedicated to ending homelessness. Their strategies may differ, but the outcomes they seek are the same—prevention, compassionate care, affordable housing, advocacy, and hope.

MOVING BEYOND CARING FOR THE HOMELESS TO ENDING HOMELESSNESS

Kelly, who describes herself as an optimistic realist, is convinced that interventions can make a difference in preventing homelessness before it occurs. Currently, Kelly and her team are developing a predictive model that she believes will be able to determine which ED patients are likely to be at risk for future homelessness. When those patients are identified, she and her team can connect them with programs whose mission is to prevent homelessness. While such programs exist in New York City, many are not utilized effectively. With that in mind, Kelly is focused on helping the health care system move beyond caring for people who are homeless to ending homelessness.

Her passion to end homelessness started in San Francisco. Before entering medical school, Kelly worked for a year with 15 homeless and formerly homeless men and women. “They shared their lives with me in a very intimate way,” says Kelly. She keeps photos of them, many of whom are now deceased, on the wall in her office at Bellevue. “They are a source of inspiration to continue my research and find a solution to end homelessness.”

Today, Kelly regularly teaches residents and medical students on how to care for people who are homeless. “Increased educational and support opportunities for trainees,” she says, “would assist the next generation of emergency physicians in providing better care for patients who are homeless.”

Kelly Doran, MD (EM '11)
Assistant Professor, Emergency
Medicine and Population Health

“Increased educational and support opportunities for trainees would assist the next generation of emergency physicians in providing better care for patients who are homeless” –Kelly Doran, MD

RUNNING TO HELP THE HOMELESS COMMUNITY GET BACK ON THEIR FEET

Bree, like Kelly, began working toward ending homeless several years ago. While in medical school, she joined Back on My Feet (BOMF), a nonprofit founded in Philadelphia whose guiding principles to end homelessness are: “Running is the Catalyst. Community is the missing link. Employment and Housing are the endgame.” It is through BOMF that Bree began running to break the cycle of homelessness.

Joining BOMF was natural for Bree not only because she ran competitively through elementary school, high school, and college, but also because of the exhilaration she felt while running. “I have always been so grateful for running,” she says. “The sport has given me serenity, excitement, a sense of wonder, community, and an incredible number of adventures.” The BOMF guiding principles reflect her hope to become more in tune with patients who experience homelessness. “As an emergency physician, when a homeless person was discharged, I struggled with how to actually make a meaningful impact on that patient’s life.”

The many hours spent in the

emergency department treating the numerous physical and mental health illnesses of homeless people made it even clearer to Bree that this population is not equipped to function without help. “I know that all the factors that play into their cycle of homelessness are ever present, whether it is scarcity of food and finances, lack of health insurance, exposure to crime and abuse, risk of addiction and relapses, or discrimination.”

Running at the crack of dawn with individuals from shelters who are committed to running three times a week meant that Bree ran before her classes, rotations, and clinical shifts. “It is brutal, but I was waking up in a warm bed instead of a cold bunk in a room beside 40 other men in a shelter.” Since moving to New York City, Bree has joined a BOMF team in Times Square that serves veterans. “Just having a shared human experience, such as running, is incredibly impactful,” she says.

EMPOWERING HOMELESS YOUTH TO RECLAIM THEIR DREAMS AND SELF-ESTEEM

This year was Ethan’s fifth year of sleeping on the pavement in New York City, a Covenant House effort to raise awareness of the plight of homeless

youth—and he surpassed his fundraising expectations.

He is so impressed by the level of care for homeless youth at Covenant House that he put together a team at NYU-Bellevue to join him this year for the Covenant House Sleep Out for homeless youth. “Every time I do this, sometime between 3:00 and 4:00 am when I am very tired, very cold, and very uncomfortable,” he says, “I wonder if I will make it to nearly dawn when I can get up and make my way home. I wonder what I would be thinking if I only had the same thing to look forward to the next night and with no foreseeable end in sight.”

Ethan is adamant in his belief that homeless youth can reclaim their dreams, self-worth, and hope if they have a support system that fulfills their basic needs—safe shelter, food, and medical care. “This is a way for them to navigate their way out of their homelessness, free from worrying about where they will get their next meal or place to sleep,” he says. Ethan sees the transformation of homeless youth firsthand and will continue to be their advocate. “Volunteering at Covenant House allows me to see how the work there is done with a level of passion and love that is both inspiring and humbling.”

“As an emergency physician, when a homeless person was discharged, I struggled with how to actually make a meaningful impact on that patient’s life.” –Audrey Bree Tse, MD

CREATING A PILOT PROJECT THAT'S RESTORING LIVES, DIGNITY, AND HOPE

Ryan's research to address solutions for the chronically homeless people with severe alcohol use disorders began in 2009. A 32-year-old homeless man who visited the ED 430 times in less than three years died as a result of complications from hypothermia. His death was disturbing to the ED staff, who had come to know him as he came to the ED not only for care, but also for a place of refuge.

Devastated by the death, in 2011 Ryan took the advice of the then chairman and his personal mentor, Lewis Goldfrank, who urged him to figure out how they could raise the standard of care to effectively meet the complex needs of those suffering a similar fate.

To learn more, he assembled stakeholders from diverse city institutions involved in public health and social welfare and conducted chart reviews of hundreds of patients who frequently came to the Bellevue ED for problems related to alcohol use. Almost universally, these individuals were chronically "street" homeless, living outside or otherwise unsheltered for years; yet only a handful were on the caseload of the Department of Homeless Services.

To address this tragic need and the limited use of available services, as well as the tremendous morbidity and mortality suffered by this population, Ryan implemented a pilot program. Twenty patients with alcohol use disorders, who averaged 14 years of street homelessness, were introduced and added to the caseload of the homeless outreach teams. Ryan also collaborated with healthcare providers and staff across disciplines and departments to provide more coordinated, patient-centered care.

After just six months of care, their ED visits decreased by 35 percent, inpatient stays decreased by 56 percent, and cost to the health system decreased by 50 percent. Nearly all of the patients accepted housing. Bellevue

recognized the importance of the dramatic improvements and adopted the initial model into its first care management program designated for high-risk patients experiencing alcohol use disorders and homelessness.

In 2016, Ryan received a grant allowing him to work with another 50 similarly needy adults and to initiate treatment with extended-release naltrexone, an FDA-approved medication for the treatment of alcohol dependence—a medication these individuals would otherwise have little opportunity to receive. He notes, "There have been dramatic successes, both in the restored lives of patients and the changed perspectives of healthcare providers."

Ryan is optimistic that he can further refine the delivery of essential interventions and develop additional models for diverse marginalized individuals who experience alcohol use disorders and homelessness. "People who are chronically homeless," he says, "do so well when we can send them from the hospital to a bed with supportive services attached."

SOLVING HOMELESSNESS ONE PATIENT AT A TIME, ONE DAY AT A TIME

Ryan, Kelly, Bree, and Ethan are just a few of our emergency physicians who are solving homelessness one day at a time. As emergency physicians, they know how damaging the consequences of homelessness can be and are dedicated to saving lives and restoring dignity and hope.

Kelly Doran and Maria Raven, (EM '05) both graduates of the NYU-Bellevue residency program and subsequently faculty at NYU-Bellevue, summed up their core beliefs in a recent paper: "Though knowledge of patients' housing status is critical to providing good, routine emergency care, we also believe that emergency medicine could—and should—be playing a larger role in helping to end homelessness. We have unique opportunities to assist as part of larger efforts to end it." ■

“Volunteering at Covenant House allows me to see how the work there is done with a level of passion and love that is both inspiring and humbling.”

—Ethan Wiener, MD

“People who are chronically homeless do so well when we can send them from the hospital to a bed with supportive services attached.”

—Ryan McCormack, MD

Pursuing a Life of Service

A woman with long dark hair, wearing a grey sleeveless dress, stands with her hands on her hips, looking out over a vast savanna landscape. The foreground is filled with tall, dry, golden-brown grass. In the distance, there are scattered acacia trees and a range of low mountains under a clear blue sky.

from the Himalayas to NYU Langone Health

By Saleena Subaiya, MD

My interest in international health began during a summer clinical rotation after my first year of medical school. I joined a group of traveling physicians and medical students who spent a month in the Tibetan region of the Himalayas. We provided primary care to villagers in areas so remote that medical care was impossible. As we traveled through the staggeringly beautiful landscapes of the Himalayas reaching villages without access to basic clinical care, I found my calling.

It was here that I met Raj, a native to the region, who spent his childhood traveling the 18,000-foot-high mountain passes on foot to seek out villagers who were unable to access medical care due to the terrain. While his siblings went on to become lawyers, businessmen, and physicians, he knew his place lay in the communities of his homeland. He dedicated his life to raising money through traveling medical camps, and built one of the first permanent clinics in the region.

TAKING A BREAK FROM MEDICAL SCHOOL TO PROVIDE CARE IN KENYA

Inspired by this experience, I took two years away from my clinical training and traveled to Kenya with the Millennium Villages Project, founded by Jeffrey Sachs. The mission was an ambitious effort to reduce childhood mortality. I worked beside community healthcare workers in a catchment area of 65,000 people. We taught them to diagnose malaria and serious diarrheal illnesses using rapid diagnostic testing by text messaging on simple Nokia phones with new technology in SMS messaging. Several months after the launch of the project, we found more cases of illnesses treated through instant messaging and fewer cases presenting to the clinics.

It was there that I met Lindsey. She was a 24-year-old who had a massive smile and a big heart. We became fast friends. Over the course of the year, I came to learn that despite Lindsey's pub-

“It is this inherent duality in public health—the unnecessary divide of humanity and the beauty and impact that collaboration can bring—that drives me.”



Photos by Saleena Subaiya



lic health job, she didn't have enough money to make ends meet in Kisumu City. To supplement her income, she became a sex worker—an all too common practice for women in her circumstances.

I heard the sadness in her voice when she told me “all the Kisumu girls do this.” There was a sense of despair as she admitted, “I just hope I have the choice to fall in love.” I was powerless and unsure what advice to give at that time—so I listened. And through my sisterhood with Lindsey and my work in the field, I realized the immeasurable value of standing beside someone as an ally and a friend. This life experience was tantamount to the years of teaching that I left behind in medical school.

PURSUIING A MASTER’S DEGREE IN LONDON

Before returning to medical school, to deepen my understanding of global health I attended the London School of Hygiene and Tropical Medicine, a school committed to collaborative work with low- and middle-income countries, to obtain a master’s degree. It is a school that prides itself on collaborative work with low- and middle-income countries. I focused my research on trauma in developing countries and environmental health with a specialty in emergency medicine because of my passion for reaching marginalized populations and caring for those who are critically ill. I found myself training beside students from over 50 different countries, and was humbled by their stories that drove them to public health, ranging from watching their own siblings die from malnutrition to escaping Taliban gunfire in their clinic by seconds.

FINISHING MY TRAINING AND RETURNING TO KENYA AS A DOCTOR

At the end of my residency, I was fortunate to work with the Centers for Disease Control (CDC) and

Prevention Epidemic Intelligence Service. Surprisingly, my first project brought me back to Kenya, where I led a research study on communication methods during a mass vaccination campaign of 19 million children. I searched for Lindsey and was saddened that she no longer lived in Kenya—forced into an arranged marriage with a man decades older. Her greatest fear had been realized.

It was during this time that our social mobilization text-messaging campaign, geared to reach half of the country, was threatened due to a political scandal involving the largest cell phone company in the country. I witnessed the Kenyan government and our partners work around the clock to ensure its success. Old friends from my previous time in the country jumped in to review Kiswahili translations on a 10-minute turnaround time, and the Minister of Health wrote letters to the cell-phone company on our behalf. In the end, our messages were delivered, our research study of over 8,000 homes was completed, and 95% of the eligible Kenyan population were vaccinated in the most successful measles and rubella vaccination campaign of their history. I was inspired by the dedication of colleagues, touched by the kindness of friends, amazed at the power of collaboration, and overjoyed by the scale and impact of this victory for Kenya.

CONTINUING THE JOURNEY: FROM THE CDC TO NYU LANGONE HEALTH

It is this inherent duality in public health—the unnecessary divide of humanity and the beauty and impact that collaboration can bring—that drives me. These stories continue to inspire me to pursue a life of service, and I am truly honored to be at NYU Langone Health for the next chapter of this journey. ■



Saleena Subaiya, MD
Assistant Professor of
Emergency Medicine
Photographer and Filmmaker



My Second Home
DELIVERING CARE,
COMPASSION,
AND HOPE IN
GHANA

BY SARI SOGHOIAN, MD (MED TOX '09)

“So, are you ready to go to Africa?” he asked. “NYU is considering a global health partnership with the University of Ghana.” I was a toxicology fellow in the midst of reviewing a poison management document with the then Chairman of Emergency Medicine Lewis Goldfrank. It seemed exciting and challenging, but was I ready? My international upbringing and prior training in medical anthropology led me to believe that I was.

On that first trip to Accra, we sat in a beat-up van for hours each day, inching through traffic for meetings at the University, the National Hospital, and beyond. Our welcome was both generous and cautious. “All medicine in Ghana is emergency medicine,” laughed the rector. Patients in Ghana often don’t come for care until the situation is critical, so everyone was already practicing emergency medicine. The specialty was recognized, but it was not clear how we would fit in. “NYU is like an octopus,” said the head of internal medicine, who was interested but worried. Would we engage his faculty to help them advance emergency care in Ghana, or control the process?

Four years later, the National

Hospital opened an emergency department with 100 nurses, ten orderlies, six security guards, six accounts staff, a part-time administrator, and two physicians—a semi-retired internist and me. We started to get organized using the basic medical requirements for emergency department function: soap for hand-washing, pulse oximetry to ration our limited oxygen supply, triage to see the sickest patients first, and an Ambu bag, defibrillator, and supply of essential medications for patients in need.

Today, our facility no longer smells offensive, and we rarely have nosocomial tuberculosis due to new hygiene protocols. Our patients no longer die on the floor or while waiting to be seen. We don’t wait for family members to pay before starting care, and don’t practice “medical jail” if they can’t settle the bill on discharge. We let patients go to inpatient floors when a bed is available, or go home with a promise to pay as and when they can. We have doctors in training who are hungry for knowledge and skills to do better.

A few weeks ago, I was walking home from work when a woman darted at me from across the road. She scooped me

“We don’t wait for family members to pay before starting care, and don’t practice “medical jail” if they can’t settle the bill on discharge.”

Sari’s team at Korle Bu Teaching Hospital in Accra, Ghana. She affectionately calls them the “dream team” because of their compassion and dedication to service.





(Top Photo)
Early trips were spirited brainstorming sessions that started at breakfast and lasted well into the evening...for days! (left to right) Ama deGraft-Aikins, PhD, Olugbenga Ogedegbe, MD, MPH, Sari Soghoian, MD (Med Tox '09) Lewis Goldfrank, MD, John Gershman, MA, Mary Brennan, PhD, Sue Kaplan, JD

(Bottom Photo)
Several participants and speakers at the Chronic Kidney Disease Symposium held in February of this year in Accra, Ghana. The key developers and organizers of the event were Dr. Vincent Boima (left) and Sari (fourth left).

up and began juggling me in her arms, whooping and hollering in Togolese. A crowd gathered to translate, and to hug and congratulate me.

The woman was the mother of a 21-year-old woman who had arrived to us by taxi one morning, unresponsive with agonal breathing. The referral letter from an outside hospital read, "Patient gasping. Referred for further management." We began treatment and ventilated her with an Ambu bag for six hours while piecing her story together. She had spent the past week in a prayer camp after suffering for months with severe dyspnea and unresponsive to asthma medications. Her family had no money for even basic medical care. We gathered some donated funds and negotiated transfer to the hospital's two-bed medical ICU.

She is now discharged and living

“With time, patience, and resilience, we can continue to advance emergency care.”

with extended family in Accra, still has an 80 percent occluding subglottic mass, and still has no money for an operation. However, she does have a diagnosis, a large group of people who love her, a chance to get organized—and hope.

This is emergency medicine, and this is progress. It is why I came here, and have stayed for the past six plus years despite multiple bouts of malaria, three years of hauling water in a bucket to flush my home toilet, fears of Ebola in the midst of a massive cholera epidemic, and over 2,000 demoralizing deaths. Living as a visible minority woman doctor with a lofty social change mission is not easy, personally or professionally. I have a fantastic team, wonderful patients, and a chance each day to do better. With time, patience, and resilience, we can continue to advance emergency care. ■

From a summer job at 16 in a hospital in a working-class town to the chair of emergency medicine at NYU Langone Health

An in-depth conversation with Robert Femia, MD, Chair of Emergency Medicine at the Ronald O. Perelman Department of Emergency Medicine at NYU Langone Health

By Nick Gavin, MD, Chief of Service of emergency medicine at NYU Langone–Brooklyn

Nick will be the new Vice Chair of Clinical Operations at Columbia University in the new year.

Congratulations!



Dr. Femia, thank you so much for taking the time to introduce yourself to our alumni and friends. Let's start at the beginning.

I grew up in Meriden, a working-class town in central Connecticut. My parents were both schoolteachers, my mother an immigrant from Italy and my father an Italian American. My dad, the youngest of nine, was the first to go to college. At age 12, I delivered newspapers, but the most interesting job was announcing and scorekeeping for Little League Baseball.

When I was 16, I took a summer job as an attendant in an emergency department (ED) where my aunt worked as a shift charge nurse. It was there that I began to think about medicine, while making crutches, cleaning suture kits, wheeling patients to and from X-ray, making beds, and arranging medi-

cal carts. Joe Connolly, an outgoing and likeable ED physician, often showed me X-rays and explained medical findings. This led me to the University of Connecticut for undergraduate studies and then to medical school.

Where did you do your training?

I did my residency at Michigan State, one of the few universities that didn't have a university hospital. Instead, they used Sparrow Hospital, a large tertiary care community hospital in Lansing to train emergency medicine residents. It was the go-to place for everything in the town. There were 31 ambulance services that also served rural communities, and we saw the sickest of the sick patients.

I had the honor of working with two founding fathers of emergency medicine,

John Wiegenstein and Earl Reisdorff. And, even more unexpectedly, I met my wife, a nurse in the ED, the first year of my internship. Sherry and I were married during my senior year—the best decision that I ever made.

After completing my training, I was focused on being clinically excellent. I learned quickly that there is a lot more to patient care than a diagnosis. You have to meet patients' expectations with positive interactions, and anticipate and respond to uncomfortable, embarrassing situations.

What were your first leadership roles?

My first job out of residency was at Kaiser in Northern California, but after one year we moved back to Indiana to be close to my wife's family. It was there that I learned

how to fix a busy community ED. We cared for patients and were responsible for student, emergency medical services, and resident education as well as quality, safety, and process improvement. The administrative experience led me back to Indiana Wesleyan University, because I thought that a business degree would allow me to grow and give me the credibility to continue working in hospital administration.

After graduation, we moved back east where I became the medical director at Greenwich Hospital in Connecticut. Soon after, I was offered a job as a system-wide chief of emergency medicine at the same hospital in Michigan where I had trained. At that time, the main hospital saw 100,000 patients and was affiliated with two EDs. It was the first time I had to get things done through other people. We made a big difference in the community.

What brought you back east to NYU?

A few years later my dad got sick, and we came back east to southern Connecticut. I went to Lenox Hill Hospital as the first chair of emergency medicine in a new department. I always gravitated toward opportunities that are fixer-uppers. The key is figuring out what's broken but fixable and what's broken and not fixable. We hired skilled doctors, put systems in place, and focused on quality—the ED became an essential part of the hospital, and the patient satisfaction scores were at their highest.

As we improved, the hospital became involved in merger discussions with North Shore and NYU. I had great conversations with the leadership at NYU. One thing led to another, and I ended up having a conversation with Dr. Goldfrank.

What excited you most about NYU and Dr. Goldfrank's vision?

NYU was a world-class organization and I sensed that the leadership style was collaborative with a commitment to excellence. I had never met Dr. Goldfrank, but I knew of his reputation as a

titan of emergency medicine. When we did meet, I immediately sensed that he was a genuine, kind, and caring human being. That was important.

What accomplishments are you most proud of at NYU?

Our young leaders are a creative group of professionals who are excelling and making a difference. What keeps me up at night is how we can continue to motivate them so that they can thrive clinically and academically. It's all about finding ways to nurture people on your team so that they can realize their potential.

Each year, we see 400,000 patients and continue to develop innovative strategies to improve patient care and advance quality and safety. We have increased the number of fellowship programs, and several are now integrated with our master's degree programs at the NYU Wagner School of Public Health and Maastricht University in the Netherlands.

Our investigators are using innovative methods to address social disparities in society—lack of access to care, education, a stable home, and opportunities to succeed. To that end, we are expanding Project Healthcare, a successful summer volunteer program founded by Dr. Goldfrank at Bellevue Hospital, to NYU Langone Hospital-Brooklyn. We want young people to have inspiring mentors who say: "You can be a doctor, a nurse, a pharmacist, or any other healthcare professional." As community leaders, we have a platform to create opportunities.

What are your plans for advancing diversity and inclusion within the department?

Diversity and inclusion allow us to make better decisions. When you bring different life experiences to the table, you find richer solutions. One example is our summer fellowship program for underrepresented first-year and second-year minority medical students from across the country. We must be aware of the need for diversity and inclusion in everything we do—from how we hire our faculty to how we recruit

our residents to how we create our programs. All of this has to be intentional.

Who was your best mentor?

My best role model and mentor was my father, a quiet and humble guy. After college, he served in the military and later became a schoolteacher, a guidance counselor, and a high school principal. He was a councilman in our town of 50,000, and ended his career by going back to guidance counseling. He led by example.

When my father died, people talked about his generosity and kindness. A young woman wrote to my mother: "When I was in high school I was going nowhere. And he kept calling me to the office to fill out college applications but I wouldn't do it. So, without my knowledge, he filled out a college application to nursing school and sent it in and then told me. That was the best thing that ever happened to me."

My father had an immense influence in my life, and I was really happy we moved back east. I had the opportunity to spend the last ten years of his life with him, and that was so important to me.

What's the best book you've read in the last year?

I like Malcolm Gladwell's books. *Blink* helped me to understand why when I met my wife for the first time I thought: "I'm going to marry this girl." Going with your gut is a good thing. *David and Goliath* is another Gladwell book that teaches us that giants are not as powerful as they may seem and that disadvantages can turn into advantages. Recently, I wanted to understand the Arab-Israeli conflict and read a book called *My Promised Land* by Ari Shavit.

With all the responsibilities you have as chair, how do you relax?

I get a lot of joy when I spend time with my family. I love athletics, and when my kids were younger I coached basketball and lacrosse and refereed high school basketball. As a family, we do many enjoyable outdoor, athletic activities. That's really important to me. ■

VIDEO

A Day in the Lives of NYU-Bellevue Emergency Medicine Residents:

Four unforgettable years that last a lifetime in a place that will always be home.

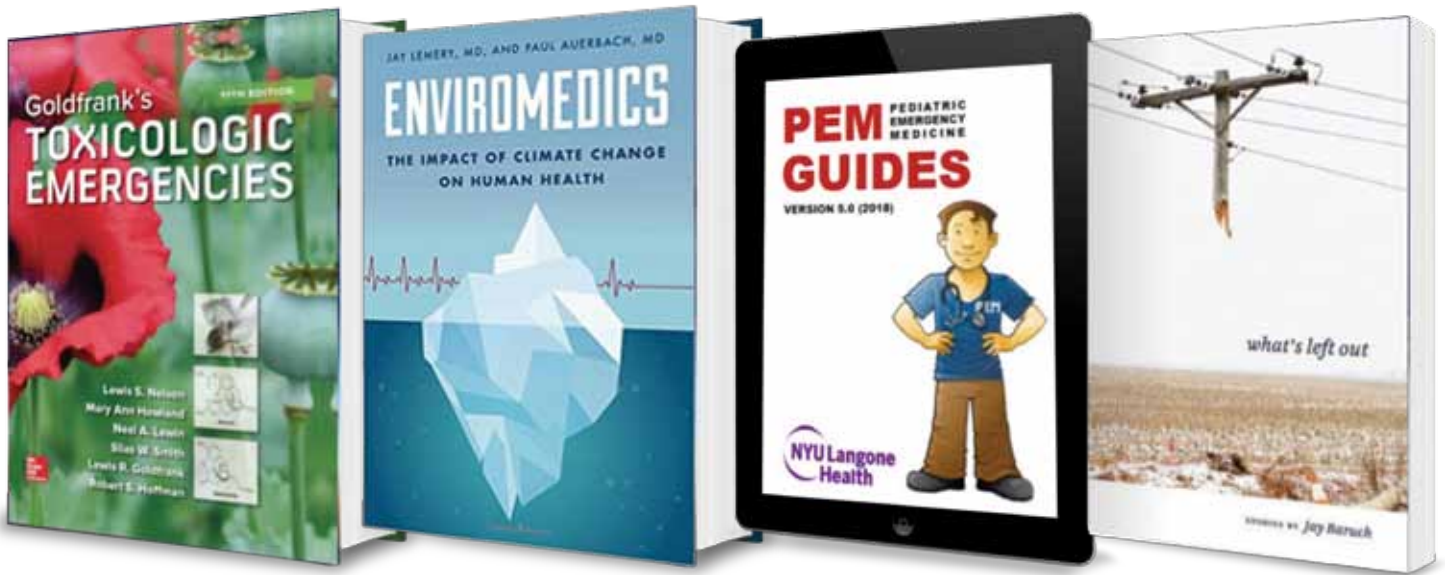


By Allon Mordel, MD (EM '18)

Allon Directed and Produced this video in collaboration with the NYU Creative Services Team







Goldfrank's Toxicologic Emergencies, 11th ed. Eds. Lewis S. Nelson, Mary Ann Howland, Neal A. Lewin, Silas W. Smith, Lewis R. Goldfrank, Robert S. Hoffman. The McGraw-Hill Companies, New York, NY, 2018.

Toxicologic emergencies are everywhere. Those poisoned patients who come to our emergency department and whose cases are called into the NYC Poison Control Center created the material for this book. Our faculty, fellows, nurses, clinical pharmacists, residents, and former residents and students have helped care for these patients. This book has been a life work for the editors. We have shared the task with almost 100 fellows and many other associated faculty who are committed to the creation of this book. We hope that you will enjoy reading it, and that you still find textbooks valuable whether in print or online.
-Lewis Goldfrank, MD

Enviromedics: The Impact of Climate Change on Human Health by Jay Lemery and Paul Auerbach. Rowman & Littlefield, Lanham, MD, 2017.

Many of us have concerns about the effects of climate change on Earth, but we often overlook the essential issue of human health.
-Jay Lemery, MD (EM '04)

PEM CARS: Pediatric Emergency Medicine Critical Article Reviews by Michael Mojica. NYU Langone Health, iTunes, New York, NY, 2017

It is essential that providers utilize the best available evidence when making clinical decisions. However, it is difficult for providers to incorporate both the foundational articles from the past and the rapidly accumulating current studies that inform the clinical care of the acutely ill and injured child in the acute care setting. *The PEM CARS* eBook provides over 150 comprehensive, structured reviews from the medical literature that form the basis of pediatric emergency medicine practice. We assess each article based on its methodology's risk of bias, results, and applicability. A "clinical bottom line" provides a concise summary of the article and its potential impact.
-Michael Mojica, MD (Peds EM '93)

What's Left Out (Literature and Medicine): Stories by Jay Baruch. The Kent State University Press. Kent, Ohio, 2015.

In this collection of short fiction, I tried to capture the various ways particular individuals make sense of a reality that does not make sense and often defies logic, and how they find meaning in familiar worlds that can feel otherworldly. Many of these stories grew out of complicated emotional experiences in my life as an emergency medicine physician, unsettling moments that defied easy explanations. Pushing these experiences toward the strange felt necessary because the world of healing and illness has felt more surreal to me.
-Jay Baruch, MD

A conversation with two graduates of NYU-Bellevue Residency both passionate about their current focus and making a difference



Maria Raven, MD (EM '05)



Jay Lemery, MD (EM '04)

What drew you to emergency medicine?

MARIA. I knew that office-based medicine was not for me. I enjoy connecting quickly with people, often in times of stress or crisis. The emergency department (ED) is the one place in the “house” of medicine where we must provide care for all comers at all hours. We are basically agnostic to insurance and other issues that can plague other specialties. And of course—it’s fun. I like working on a team, and the people who choose emergency medicine felt like my people!

JAY. I was drawn to the idea of being able to practice “real” medicine. In the hyper-specialized environment of 21st-century medicine, emergency physicians are confident in treating the very young and the very old, the incredibly sick and the not so sick, and everything in between. We were trained to be unflappable care providers in the face of trauma, in critical care, and in overcrowded, chaotic settings. That really appealed to me as a medical student, and I was in awe of our NYU-Bellevue professors and senior residents who were fantastic role models and advocates for our field.

How has your training at NYU-Bellevue informed your career path?

MARIA. Bellevue was the foundation to my current path in emergency medicine. Dr. Lewis Goldfrank’s philosophy is still

a major influence on how I prioritize my clinical practice and research.

Training at Bellevue made me a bit grittier, and gave me the opportunity to see a huge swath of society in New York City and the gaps in medical and social care that often bring people to Bellevue. I will never forget my time in the Comprehensive Psychiatric Emergency Program (CPEP) providing care for people with acute mental illness and afflicted by alcoholism and homelessness—this experience influenced my need to find ways to end homelessness.

All things that are relatively unique to the city have stayed with me. When the World Trade Center towers were attacked, it was my first day off after six straight days working and the second month into my residency. I was clueless but worked really hard to make sure everyone was well cared for.

JAY. First, we came out of training with outstanding clinical skills and acumen— that really helped in allowing my residency colleagues and me to excel in our new jobs. I was drawn to an academic career, because I very much enjoyed the teaching aspect and threw myself into that early on. But the differentiator that NYU-Bellevue offered was its perspective on social justice. This was something that I really didn’t experience earlier in my education, and that aspect of training developed later in my career. For example,

I started a wilderness medicine program at NYP/Weill Cornell Medical Center as a vehicle for medical education, but that social justice perspective transformed my vision. Within a few years, I pivoted within the environmental sphere to focus on climate change and human health—particularly as it relates to vulnerable populations—something that all of us are familiar with in EM.

What are your fondest memories of your time at NYU-Bellevue and in New York City?

MARIA. In terms of Bellevue, I recall one day when a very high-level government official came into the ED for care. Dr. Goldfrank and I were working a day shift together, and he approached me and said: “Dr. Raven, there is someone who will be needing your help.” It was so like him to give me the once-in-a-lifetime chance to meet and care for this person even though he could have done it himself. The next day, my handiwork was (very subtly) featured in a New York Times photo of this individual. Only at Bellevue! In terms of New York City—what can I say?

My husband and I moved here right after we got married and lived in downtown Manhattan, and I had both our kids at NYU Langone Hospital. Our kids spent their first years riding their scooters unabashedly through throngs of tourists in the park and riding the subway to the

Museum of Natural History. We heard great music and ate great food (when-ever we weren't working). We made great friends. Everyone should live in New York City if they have the opportunity.

JAY. For sure, my residency mates are at the top of that list, which has now turned into a formidable "Who's Who in EM." They are still my besties, the type of friends I'll never gain again, as we forged our bonds during the intensity of training and New York City life. I was a second-year resident during 9/11/01—those memories, and the people I was with—are some of the most powerful that I've ever experienced. And I'm still inspired by our teachers and their commitment to making us some of the best doctors in the world.

What advice can you give to the next generation of NYU-Bellevue emergency physicians?

MARIA. Find an area of interest that you can specialize in and create a niche for yourself, so you can mix clinical work with other aspects of medicine. Administration, research, ultrasound, critical care, public health—many areas require additional training or a fellowship but can be invaluable for your long-term career.

Maintain your own well-being. Set aside time for family, friends, exercise, trashy TV, great movies—anything so that your whole life is not medicine. It will serve you and your patients well in the long run.

Debrief after upsetting clinical events (or if you're feeling overwhelmed) with colleagues or friends. If you need professional support, get it.

JAY. Soak it up because it doesn't last forever. Despite how tired or fatigued you might be, know that these are precious times that will make you a world-class physician. For the rest of your life, you will gain accolades from being "Bellevue-trained." And as tough as it is at times,

stay present in this amazing and ultimately fleeting experience.

What are the toughest problems facing healthcare today?

MARIA. One major challenge is our nation's increasing spending on healthcare and comparatively low spending on social services and social determinants of health—such as housing, community-based mental health and substance-use services, food insecurity, and so much more.

Another critical problem is the current administration's assault on publicly financed healthcare via the Medicaid program and the Affordable Care Act marketplaces that help subsidize low-income individuals' ability to purchase insurance.

Siloed data and systems of care that prevent care coordination, especially for some of our most vulnerable patients, is another pressing issue. Two of these challenges may require an election in order to change. So, get out the vote!!!!

JAY. It remains access to care. We know it can be done economically and affordably, and yet our national discourse precludes this from happening. And so, it falls on EM to act as the safety net for huge swaths of the population to find care. Hopefully, accessible technology can mitigate some of this, but in the end, we have to find a way to take care of one another. Healthcare is now too expensive to expect a working-class American to adequately insure his or her family.

What makes an exceptional emergency physician?

MARIA. An exceptional emergency physician is someone who can maintain composure in the face of chaos, is an expert multi-tasker, is not hung up on hierarchy so can work well on a multidisciplinary team, is willing to work really hard realizing they may not "get out on time," is humble about what they know and the

opportunities they have been given—and is someone who first does no harm.

JAY. Intellectual tenacity and the ability to pull compassion from even the most trying moments in the ED—all my heroes in EM have these common denominators.

What are the proudest achievements in your life—both career and personal?

MARIA. Career: Training at Bellevue under Dr. Goldfrank and during 9/11; creating connections between the New York City Department of Homelessness and NYC Health + Hospitals as a part of my current research path to attempt to improve care for frequent users of the health system; and continuing this work with great colleagues at the University of California, San Francisco while maintaining my connections from NYU-Bellevue.

Personal: Marrying a great person; having good friends I can count on; being a mom to two fantastic kids—neither of whom currently wants to go into medicine, although my son did just wear my clogs, stethoscope, and a scrubs top for his role as a doctor in a play—and running a few half-marathons. Still though...lots more to do!

JAY. Professionally, I've been able to pursue interesting projects with brilliant people all while staying grounded in EM. Too many of us succumb to burnout and strive to find ways to escape from a career that we've spent so much time and money in achieving. Here is the advice I give to young attendings and residents: Find diversity within medicine to stay engaged and stimulated. There is no doubt in my mind that these opportunities are everywhere in EM.

Personally, it has to be my kids, two girls 5 and 7, and striving to be a consistent, positive force in their lives. They both want to be doctors, LOL—credit Doc McStuffins for that one. ■

Maria Raven, MD is an Associate professor of Emergency Medicine at the University of California, San Francisco and an advocate for people who are homeless and Jay Lemery, MD is an Associate Professor of Emergency Medicine at the University of Colorado and is Chief of the Section of Wilderness and Environmental Medicine.



A Celebration of Life

Ian Portelli, PhD
(1978–2018)

*A committed scholar,
investigator, mentor, and friend*

It is with great sadness that I share the news of the death of Ian Portelli, a close friend and collaborator of many of us. Ian succumbed to a vicious malignancy recognized less than five months before his death in Poughkeepsie, New York, Friday, May 25, at the age of 39.

Ian was born in Malta and obtained his nursing degree at the University of Malta and Trinity College in Dublin, Ireland. He served abroad in medical roles for the United Nations and Médecins Sans Frontières. Ian obtained his master's and pediatric nurse practitioner degrees from the University of Manchester, England, and received a PhD in research and statistics from the NYU School of Nursing. Ever the ongoing scholar, Ian did further training with us at NYU, and this past year he continued postdoctoral work in medical informatics at Columbia University.

Ian moved on to Vassar Brothers Medical Center of Poughkeepsie in numerous leadership roles. He developed the institution's research portfolio and trauma program, and recently became a vice president for operations, medical research, and trauma. But Ian never really left NYU as he continued to investigate complex problems in our department.

Ian was a creative investigator, coupling his intellectual and creative skills with many in this department

and the School of Nursing. He approached investigations in the uncertainty of emergency preparedness for the Department of Homeland Security, the Department of the Army, and our department. Ian wrote extensively as a clinician and creative investigator, while devoting innumerable hours to his editorial roles in numerous journals in his fields.

Ian was the loving husband of Paula and the devoted father of Tylor and Cole, his two young sons. We all have lost a great friend and coworker. We will fondly remember that Ian was always on call, leaving Poughkeepsie early in the morning and returning home late in the evening. He left us memories of brilliant thought from an inquisitive mind.

Our deepest sympathies are with Paula, Tylor, and Cole, whom many of us knew quite well. We offer our warmest feelings for an accomplished friend and devoted father, husband, scientist, and clinician. Ian's parents, Saviour and Elizabeth; siblings, Anita and George; and Paula's parents represent a close-knit family devoted to his memories and the future of his family. We offer them our respect and support.

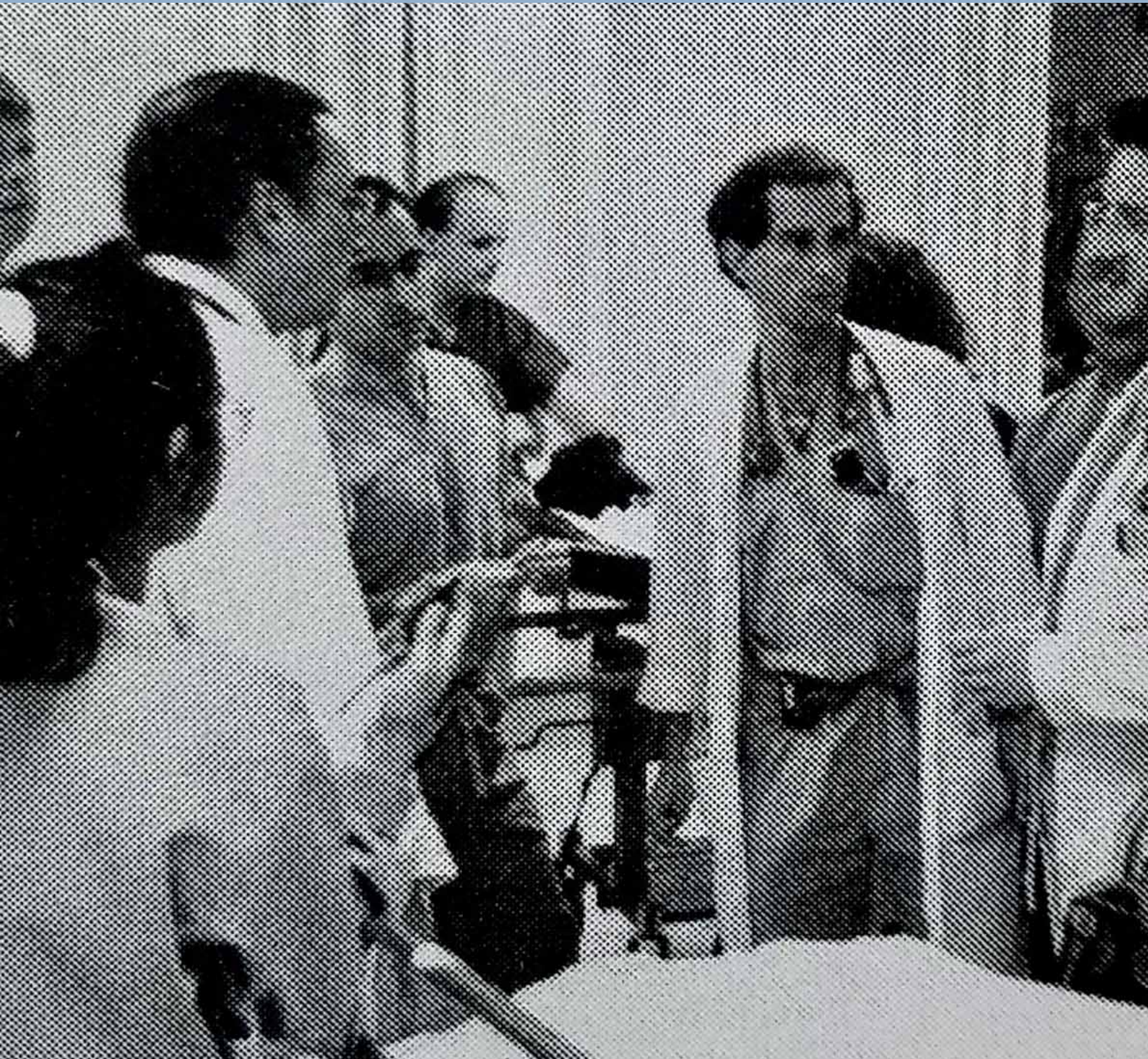
It is an honor to have been such a substantial part of Ian Portelli's life. The world is a better place in many ways through his thoughts, words, and deeds. Ian will be dearly missed by many. ■

#Fun#Life





Rounds



Rounds 1996 or 1997?: (Left to Right) Gavin Barr, MD (EM '97), William Goetz, MD, Behdad Jamshahi, MD (EM '96), (background) Sean Rees, MD (EM '98), Jeffrey Manko, MD (EM '95), Steve Heffer, MD (EM '98). All residents except for Drs. Goetz and Manko.

CREDITS

EMalumni

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SHARE YOUR STORIES

We will be delighted to receive your suggestions for articles, names of alumni and friends to feature, submission of comments and letters for publication, stories, poems, photos of family, events and any exciting news you wish to share.

Write to us: emalumni@nyulangone.org

STAY IN TOUCH!

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NYU Langone Health comprises
NYU Langone Hospitals and NYU
School of Medicine



Right
reversible
of freedom
- 21/11/19

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