Winterfest; Annual Recognition Reception; Research Integrity; Honors and Awards

February 2024

INSIDE Medicine

The Newsletter of the Department of Medicine

"Integrity is doing the right thing, even when no one is watching."*

A Message from the Chair, Steve Abramson

In this issue of the Newsletter, we celebrate the accomplishments of our faculty and house staff. The Annual Recognition Reception, held in honor of those who have been promoted to the ranks of associate professor and professor, recognizes the significant milestones achieved by these individuals in their careers. Additionally, we recognized the Women in Medicine Leadership Circle for their invaluable contributions to the department and dedication to mentoring junior faculty members. At Winterfest, we were able to celebrate the unwavering commitment of our house staff to providing exceptional patient care. These achievements are a testament to the passion, skill, and dedication of our colleagues and we are proud to recognize their outstanding efforts. While we take this opportunity to celebrate the exceptional accomplishments of our colleagues, Dr. Oshinsky's *Historian Is In* essay points to the unfortunate reality that scientific misconduct and lapses of integrity continue to tarnish the medical profession. This essay also reminds us that breaches of integrity occur not only in the laboratory but also in the classroom and clinic, and that it is crucial for all members of our profession, including students, physicians, and scientists, to maintain the highest ethical standards. We must ask ourselves why Medicine is the only profession where all graduates are required to take an ancient oath, the Hippocratic Oath, that binds us to core values of integrity, excellence, compassion, altruism, respect, empathy, and service. These values, one could argue, are important in every field. However, in Medicine, we are entrusted with the care of individuals and scientific advancement on behalf of our patients. Breaches of integrity can have profound effects on both, and are often not isolated events but are predictive of future behaviors. So, as we celebrate each other's successes in this Newsletter, let us not forget that whatever our individual accomplishments we must maintain our integrity and that of our colleagues, "*even when no one is watching*."

** Charles Marshall, often misattributed to C.S. Lewis*

Celebrating Appointments and Promotions at the Annual Recognition Reception

Photos by Troi Santos

The Annual Recognition Reception, held January 30th at the Kimmel Pavilion, celebrated the 2023 appointments, promotions, and tenure awards of dedicated faculty across the Department of Medicine. The event kicked off with a welcome from Drs. Abramson and Cronstein, followed by remarks from division directors on each of the recognized faculty. In total, there were 11 new appointments (two of which were awarded with tenure) and 46 promotions (three of which were awarded with tenure). Four faculty were bestowed endowed professorships. Congratulations to all who were recognized!

Click here to view the Annual Recognition Reception Faculty Awardees

Click here to view all photos from the event password: DOM

Winterfest: Celebrating House Staff

Manhattan Winterfest

On January 26th, the Department held the annual Winterfest Celebration of House Staff at the Tribeca Rooftop. The event was attended by over 250 house staff, faculty and staff. Outstanding Teachers for 2023 elected by the residents were recognized, including:

Teacher of the Year, Inpatient	Sean Breslin, MD
Teacher of the Year, Outpatient	Richard Greene, MD
Teacher of the Year, ICU	Anthony Andriotis, MD & Kerry Hena, MD

Click here to view all photos from Manhattan Winterfest

Brooklyn Winterfest

Brooklyn Winterfest was held February 3rd at Dyker Beach Golf Club. House Staff were celebrated by faculty and staff, and the Outstanding Teacher of the Year, Brooklyn for 2023, Jerway Chang, MD, was recognized.

Click here to view all photos from Brooklyn Winterfest

Women's Leadership Reception

Photos by Troi Santos

On February 5th, members of the Women In Medicine Leadership Group, along with women leaders of Medicine housestaff training programs, met with members of the Department of Medicine Executive Leadership Group (ELG) at the second annual Women's Leadership Reception. The event, hosted by Women In Medicine Leadership Circle director Lynn Buckvar-Keltz, MD, facilitated conversations between the groups at a round robin of networking tables, where conversations ranged from career growth and goals to life outside of the hospital. In his remarks, Dr. Abramson thanked the Women in Medicine Leadership Circle for their contributions to the department and their mentoring of junior faculty. He noted that while we must work to address the challenges for women in medicine, in our department we are proud to be part of *One Faculty* committed together to patient care, research and education. "The event was well received by everyone in attendance," said Dr. Buckvar-Keltz, adding, "One faculty member remarked that it was the best networking reception they had ever attended."

Click here to view all photos from the event password: DOM

The Historian Is In

Research Integrity and Scientific Misconduct

Researchers at the Dana-Farber Cancer Institute, affiliated with Harvard Medical School, are under fire after claims of fraud were brought forward.

The recent medical news from Boston is both familiar and alarming. The prestigious Dana-Farber Cancer Institute, affiliated with Harvard Medical School, has written to the editors of six prominent journals, asking them to retract papers from numerous Dana-Farber researchers following allegations that the work is "rife with duplicated or manipulated data," according to *The New York Times*. The allegations cover dozens of studies in which images were apparently "stretched, obscured or spliced together in a way that suggested deliberate attempts to mislead readers." The researchers in question include the Institute's CEO and—worse, perhaps—its research integrity officer.

This could not have come at a worse time for Harvard, whose president recently resigned following instances of plagiarism in her scholarly work. And it is not the first time that Dana-Farber's senior leadership has been charged with malfeasance. In 1994, an experimental treatment for breast cancer led to the death of one patient and severe injury to another due to undetected drug overdoses, and a "surprise inspection" that year by the agency that certifies hospital quality put Dana-Farber on probation for "serious deficiencies in patient care." The president and other top officers resigned.

The recent Dana-Farber episode is troubling in numerous ways. There is no doubt that the number of articles containing false and manipulated data has grown dramatically. According to a recent article in *Nature*, more than 10,000 research papers were retracted this past year alone, "a new record … that integrity experts say is only the tip of the iceberg." Researchers—I use the word lightly—from Saudi Arabia, Pakistan, Russia, and China led the way in raw numbers with the full backing of their superiors. As the Dana-Farber case illustrates, the technology available for such misconduct is increasingly sophisticated, meaning that most journals lack the resources to combat it.

To make matters worse, studies show that a significant percentage of retracted research continues to be cited by others **after** the retraction has been made public. It's impossible, of course, to assess the damage this has caused, but some cases clearly stand out. In 2014, *Nature*'s publication of two papers regarding "Stimulus-Triggered Fate Conversion of Somatic Cells into Pluripotency" sent shockwaves through the scientific community by suggesting that regular human cells could be turned into multi-purpose stem cells by "exposing them to stress, as by dipping them in an acid bath." The process seemed capable of revolutionizing the treatment of diseases and the repair of injuries. But a subsequent investigation found the papers to be riddled with serious errors as well as the intentional alteration of images. "We have concluded that we and the referees could not have detected the problems that fatally undermined the two papers," the *Nature* editors admitted in their statement announcing the retractions. "The referees' rigorous reports quite rightly took on trust what was represented [here.]" The papers' most prominent co-author, Yoshiki Sasai from the Riken Research Centre in Japan, hanged himself shortly thereafter.

If one had to choose the most damaging retracted article, it may well be Andrew Wakefield's 1998 *Lancet* piece, which strongly suggested a link between autism and the MMR vaccine. Fraudulent at virtually every turn, from the sample to the data to Wakefield's secret ties to law firms suing drug companies over alleged vaccine injuries, the article garnered international attention. It took an unconscionable twelve years for the piece to be retracted, by which time MMR vaccination rates in Great Britain and the West had dropped precipitously. After losing his medical license, Wakefield took refuge in the United States, where he remains a leading force in the growing anti-vaccine movement. If anything, his medical defrocking appeared to enhance his status as a lonely but courageous figure battling the demons of big pharma, big medicine, and big government. He is expected to play an important role in the 2024 presidential election.

David M. Oshinsky, PhD
Professor, Department of Medicine
Director, Division of Medical Humanities

The Advisor Is In

Margaret R. Horlick, MD, MHPE

Residency is a time to hone what was learned in medical school--to further develop clinical skills and deepen medical knowledge at the bedside. This teaching is essential to preparing physicians to embark on the next stage of their career, but at the NYU Langone Health Internal Medicine Residency, it is not the only component to training. Here, mentoring, advising, and coaching are crucial in developing residents' unique skillsets. To better understand this

emphasis on mentorship, we spoke with IM Residency Program Director Margaret R. Horlick, MD, MHPE. Dr. Horlick's journey with NYU

began as a medical student. She remained at NYU as a resident, where she benefitted from teaching led by faculty who were the sort of physicians she emulated but had not necessarily seen as a possibility for herself until she saw it modeled and championed. After staying on as a chief resident, she joined the NYU Department of Medicine as Associate Program Director of the IM Residency Program, and then continued to refine the role of mentorship and advising within the program as she rose in rank to Senior Associate Program Director, and now Program Director. Her dedication to teaching is evident—she was a teacher before attending medical school—and her enthusiasm for tailoring guidance to individual needs of each resident is palpable when she speaks of the program she leads. Below is an edited conversation:

Mentoring has always been an organic component of training at NYU. Have there been efforts to formalize mentoring and advising within the program?

As a program, we have put thoughtful effort into understanding what residents need in terms of guidance during their time with us. Over the past five years, all of the APDs and I have completed training to be coaches through the AMA Transition to Residency grant. This has deepened the way we think about the guidance our trainees receive and we are now able to think about different types of guidance throughout the program. There is mentorship, advising, and coaching—which are related but different forms of guidance—and while many faculty members serve an amalgam of the roles, it is often useful to consider what role you are filling for the intern or resident. For example, when we meet in our advising meeting, we are all using the skills of coaching—allowing the trainee to guide a lot of the conversation and then providing feedback on what goals they should be considering, what goals are realistic, and aiding them to set SMART goals given our discussions. I hope this allows the housestaff to feel the individualized approach to these sessions and that we and other faculty are getting to know them as people, as well as professionals.

What benefits have you seen from centering this aspect of training?

I'll start with the benefits of developing any guiding relationship with a faculty member—when trainees feel seen, heard, and helped, they feel more connected to the faculty, the program, and the profession. For many, mentorship relationships broaden trainee perspectives and understanding of the future and projects that are open to them. We see that mentoring can lead to interns and residents feeling more equipped to accomplish their goals. We also see that for both trainees and faculty, this promotes a sense of community, and belonging.

In terms of how this happens, each housestaff officer is assigned an advisor (either an associate program director (APD) or me) as they enter the program so there is an official mechanism for establishing a faculty-trainee guidance relationship. Most trainees also develop mentoring relationships with faculty who they meet through clinical service, research projects, or other shared interests. I have often heard it said that in a career, you need more than one mentor and I could not agree more. Each individual requires different guidance and each mentor has different expertise, and so we recommend that housestaff officers seek out multiple mentors, role models who they "vibe" with.

What is the most rewarding aspect of mentoring residents?

My colleagues and I talk about this often—that it is truly a privilege to get to work with these talented, bright, curious young doctors and to see them develop into the physicians they want to be—and they are exceptional!

The Digital Pulse

A roundup of select posts from our social media channels. Be sure to join the conversation, and don't forget to tag us as you share your accomplishments!

Follow our social channels by clicking the icons above!

What Are They Reading

The February Patient Experience Book Club pick is *An American Marriage* by Tayari Jones—read it and join the discussion via Webex on Tuesday, February 27th, 12-1pm (link here) or Thursday, February 29th, 1-2pm (link here). **Click here to join the book club!**

Featured Student Essay

The resounding words of my first patient echoed through the hallowed halls of Bellevue, leaving an enduring imprint mark on the early stages of my medicine clerkship. With unwavering confidence she asserted, "you know best, you're the future doctor," her gaze steady over the rims of her glasses as she deferred the decision regarding her treatment to our team. As I stepped into one of the nation's most storied hospitals, I believed knowledge was my shield. Armed with facts and mnemonics, I endeavored to memorize what I deemed the intricacies of medicine—from the “ABCDE’s” of interpreting chest x-rays through the “MUDPILES” of etiologies of anion-gap metabolic acidosis. Little did I realize, in those initial moments, that the true essence of patient care transcends the confines of textbooks and guidelines.

My first day at Bellevue completely shattered my preconceived notions. The first patient I was assigned to follow was a middle-aged woman admitted for ventricular tachycardia. Equipped with information from *Up-to-Date*, I felt well-prepared to assist her and address her concerns. However, upon entering her room, it became evident that the barriers to her treatment extended far beyond the bounds of my research. The patient's complex circumstances, including a history of comorbid class 3 obesity and COPD, prevented her from lying flat which was a prerequisite for crucial procedures including heart catheterization, electrophysiology studies, and ICD placement. Additionally, her history of a tracheostomy many years prior led to intense medical anxiety and profound fear of potential intubation. What initially seemed like an admission for a straightforward cardiac evaluation on paper turned out to be a much more intricate and emotionally charged situation. In the midst of a bustling hospital where time seemed a scarce commodity, the act of holding her hand and providing emotional support played an essential role in helping her to obtain these life-saving procedures.

As my rotation at Bellevue progressed, each patient encounter became a catalyst for enhancing and reshaping my understanding of medicine. Gradually, the rigidity of the knowledge I cultivated during my preclinical year gave way to the flexibility needed to adapt to the unique circumstances of each individual patient.

Every third day, our inpatient medicine team was tasked with responding to the rapid responses on the medicine floors. This was the ultimate test of flexibility, as an urgent overhead call stopped us in our tracks and catapulted us into the room of a patient in dire distress. The need for adaptability and improvisation hit home when I found myself at the forefront of the resuscitation efforts, administering chest compressions on a real person for the first time. Although our efforts failed to achieve a return of spontaneous circulation in this case, what struck me was the sense of unity within the rapid response team. Witnessing seasoned healthcare workers with diverse skills from various teams throughout the hospital rally together in a synchronized dance of life-saving maneuvers was incredibly poignant. This underscored that the strength of a medical team lies not just in its technical prowess but in the ability to think quickly to manage unexpected situations, adapt to each individual patient’s needs, and harmonize as a collective team to provide high quality patient care.

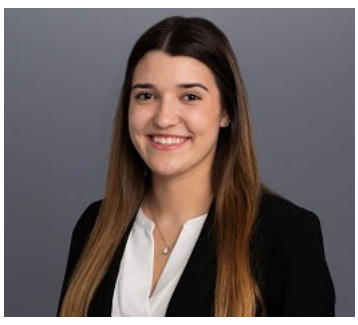
In the aftermath of these rapid responses, I quickly discovered that our team would not always emerge victorious in the battle to bring back spontaneous circulation and save a patient’s life. Unhooking wires, disconnecting oxygen, gently brushing back disheveled hair, and ensuring a peaceful repose were responsibilities I quickly added to my toolbox. The juxtaposition of life and death demanded a delicate touch, one that transcended the technicalities of resuscitation efforts and helped me to realize that our role as caretakers extends beyond the measurable metrics of vital signs.

Despite the pervasive suffering and loss sometimes present on the wards, the narratives of patients’ resilience and nostalgia persistently emerged. One such patient was bed-bound, grappling with end-organ damage from years of poorly controlled diabetes. Despite having lost eight toes and facing the daunting prospect of a kidney transplant, his face lit up as he shared stories with me about his past life as a renowned caterer and event organizer. Another patient, unfortunately undomiciled and struggling with substance use disorder, eagerly recounted tales of growing up in the transformative landscape of New York City in the 1960s. Through his lens, I witnessed the metamorphosis of the area around Bellevue and gained an appreciation for the historical changes that shaped its role in the community as we know it today. It became evident that the essence of patient care resides not solely in the mastery of medical facts but in the ability to listen, empathize, and honor the narratives that patients share.

My introduction to Bellevue through my first clerkship transcended the confines of my preclinical curriculum and taught me the profound responsibility embedded in the title of "doctor." From the initial misconception that medical competence primarily hinged on my fund of knowledge, I emerged with a deeper understanding that true competence encompasses not only the mastery of medical intricacies but also the cultivation of empathy, flexibility, and an unwavering commitment to the human narratives that unfold within the walls of the hospital. Patient care is not a one-way street of diagnosis and treatment but rather it is a reciprocal journey where trust is exchanged and healing extends beyond a patient’s physical ailments. In the echo of

my first patient's words, my medicine clerkship not only guided me toward the recognition of my role as a future doctor but also led me to embrace the privilege and responsibility that accompany it.

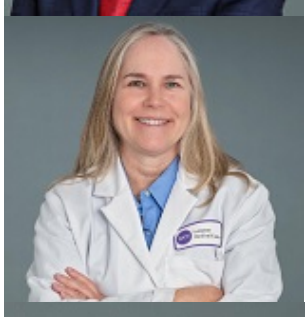
Emily Papiez is a second-year medical student at New York University Grossman School of Medicine accepted into the three-year accelerated pathway for cardiothoracic surgery. She grew up in Michigan and graduated from Brown University in 2021 with a degree in neuroscience and medical anthropology. Prior to medical school, she spent her gap year as a medical assistant at a private fertility clinic in New York City. As a medical student, Emily has held leadership roles in the Bioethics Interest Group, the NYC Free Clinic, and the NYU Asylum Clinic. She looks forward to the opportunity to further develop her skills in patient care throughout her clerkship year.



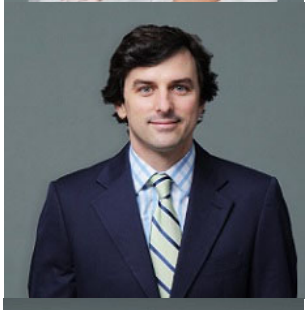
News & Awards

Faculty Honors

Daniel Sartori, MD was recognized by student selectors as Outstanding Teacher for AOA induction. He was also appointed as an affiliate faculty member within the Institute for Innovations in Medical Education (IIME).



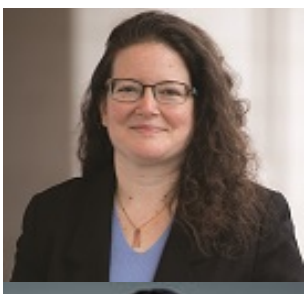
Lynn Buckvar-Keltz, MD was awarded the Distinction in Education Award at the Medical Education Innovations and Scholarship Conference.



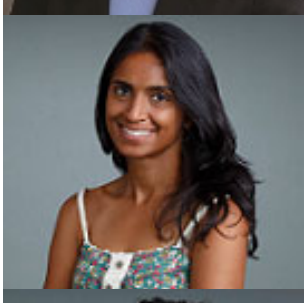
Patrick Cocks, MD was awarded the GME Educator of the Year Award at the Medical Education Innovations and Scholarship Conference.

Joshua Chodosh, MD, MSHS and colleagues at the NYU BOLD Center on Early Detection of Alzheimer's Disease co-branded with the CDC a toolkit for health system providers on early dementia detection. Access it here.

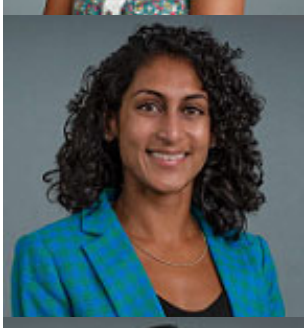
Appointments & Promotions



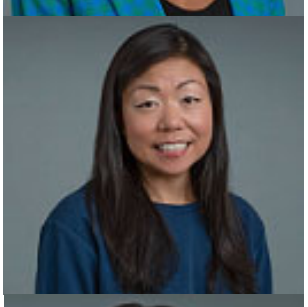
Michel L. Melamed, MD, MHS was appointed Professor of Medicine with Tenure.



Sapana Shah, MD, MPH was promoted to Clinical Associate Professor of Medicine.

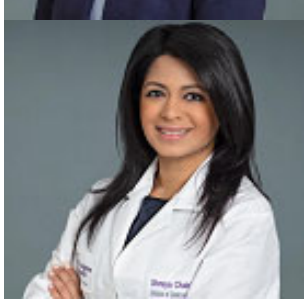


Saikiran M. Kilaru, MD was promoted to Clinical Associate Professor of Medicine.



Joann Kwah, MD was promoted to Clinical Associate Professor of Medicine.

Michelle H. Lee, MD was promoted to Clinical Associate Professor of Medicine.



Shreya Chablaney, MD was promoted to Assistant Professor of Medicine.

Nathanael Horne, MD was promoted to Clinical Professor of Medicine.

Events & CME

The NYU BOLD Public Health Center of Excellence on Early Detection of Dementia (co-lead by Joshua Chodosh, MD, MSHS) hosted a webinar, Statewide Dementia Screening Linked to Diagnostic and Social Services. Watch the webinar here.

Transforming Hospital Medicine Through the Care Continuum: Innovations in Patient Centered Care

March 6th-7th

Details and registration link here.

Big Gut Seminars: Focus on Complex Inflammtory Bowel Disease

April 5th

Details and registration link here.

Interdisciplinary Palliative Care Conference 2024: Geriatric Trauma and Palliative Care

May 3rd

Details and registration link here.