July 2023

INSIDE Medicine

The Newsletter of the Department of Medicine

"Sim One, See One..."

A Message from the Chair, Steve Abramson

July marks a time of renewal and transition as we welcome the incoming class of interns (photo above) and extend our best wishes for success to our graduates. During intern orientation, we emphasize the shared experiences of graduates transitioning into careers as physicians and the common challenges that accompany the responsibilities of patient care. We reassure all that our department's faculty are deeply invested in each individual resident's personal growth and education. No longer tossed into the clinical fray as in the past world of *See One, Do One, Teach One*, we are committed to provide the needed support as they grow as physicians. This begins with *First Night On Call*, delivered to 238 incoming interns over two days at the Simulation Center, led by Donna Phillips, NYSIM director, Sandy Zabar, Director,

Standardized Patient Program, and Deepak Pradhan, NYSIM Associate Medical Director, together with numerous members of the department. The support for trainees continues seamlessly under our chief residents (featured in this issue's *Advisors Are In*), program directors, and faculty. Faculty support of trainees extends to scholarly pursuits, as evidenced by featured resident research presentations at Medical Grand Rounds and over 200 presentations at Research Day, both highlighted below. As we embark on this July's new cycle, we anticipate great success of the next generation of NYU physicians, as we collectively engage in this noble profession of care, education and scientific discovery.

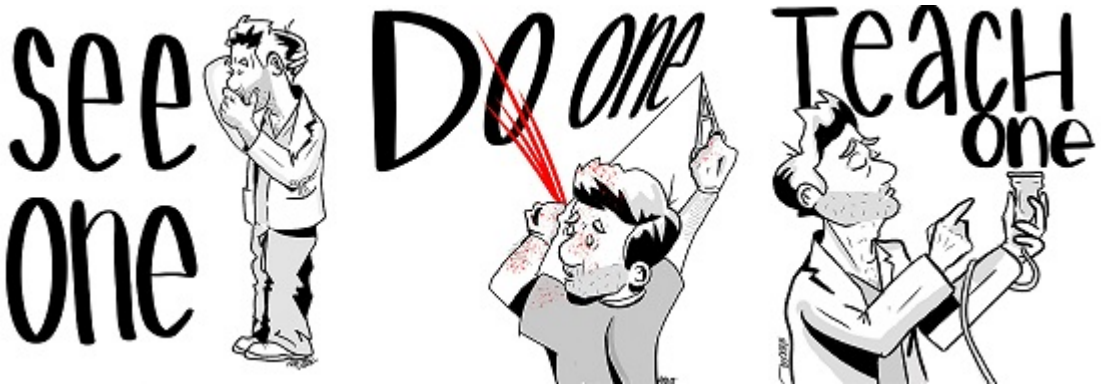
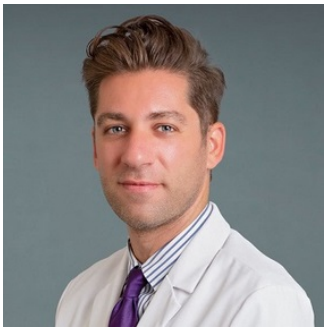


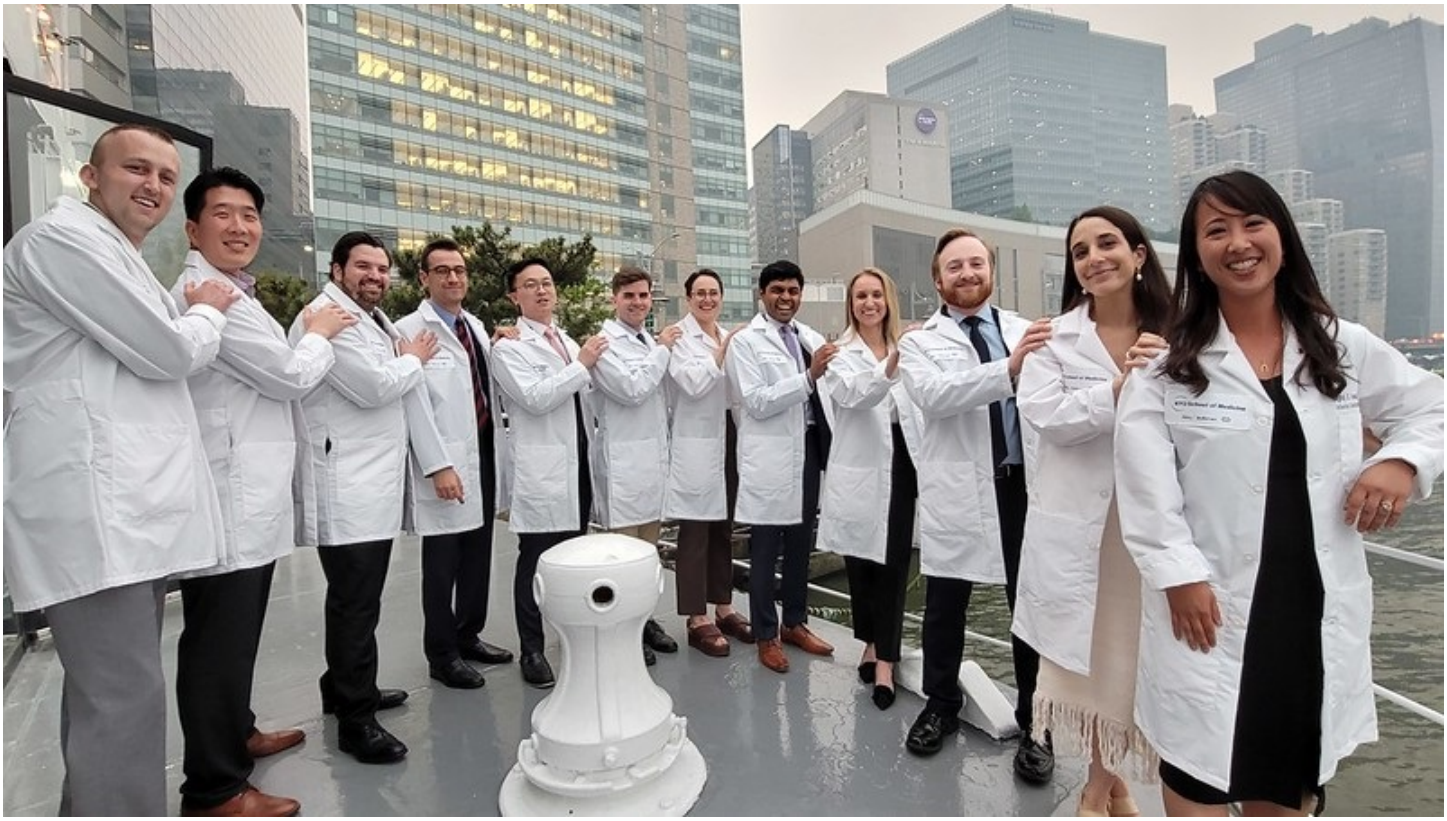
Illustration by Michael Natter

We are honored to announce that Dr. Mike Natter will be gracing the DOM Newsletter with his illustrations and cartoons. Those who know Mike are well aware of his extraordinary talents; those who don't are in for a treat. His work combines humor and sophistication with superb craftsmanship. Above is an example of what's to come.

Michael Natter is a Clinical Assistant Professor of Medicine at NYU Grossman School of Medicine, where he practices Endocrinology. He identifies as an artist, a humanist, and a doctor. He completed his internal medicine residency as well as his fellowship in Endocrinology at NYU Grossman School of Medicine. His background in fine art has aided him in learning, teaching, and practicing medicine. His work has been featured in media outlets such as *Buzzfeed*, *The Philadelphia Inquirer*, and the *Annals of Internal Medicine*, among others.



The Advisors Are In



2023-24 Chief Residents, from left to right: Tyler Fugere; Tony Li-Geng; Gustavo Hernandez; Constantine Tarabanis; Matthew Lam; David DiTullio; Gaby Mayer; Abhinay Ramachandran; Dena Hayes; Ken Brill; Rebecca Kogan; Sigrid Young (not pictured: David Morales)

We welcome our thirteen incoming chiefs, who will carry on the tradition of excellence. We asked each incoming chief to provide a few words of advice for the new residents they will oversee.

"Always ask questions. Don't accept "this is what we do for this" or "this is how it's done" as answers, but try to find out why things are the way they are and you'll be surprised what you didn't know you didn't know." —**Ken Brill, MD (Chief Resident; QIPS)**

"Remember that you have multiple levels of support for every rotation you do. Your senior residents have just been in your shoes and know about the stress and anxiety of starting residency and the responsibility that comes with it. The attendings are here because they love and want to teach internal medicine; take advantage of their knowledge and wisdom. And don't forget that you learn the most from your patients, so keep note of interesting cases so you can see how treatment progresses beyond the two weeks you are on service! We're lucky to have access to the breadth of three hospital systems and the variety that comes with that." —**David DiTullio, MD (Executive Chief Resident; Inpatient TK)**

"My advice for new interns would be have fun and take care of yourself! Residency is a busy time, but wellness is so important to ensuring you're the best you that you can be. Your coresidents are your family and will support you no matter what!" —**Tyler Fugere, MD (Chief Resident; BK Hospitalist)**

"Make time every day to read. Read medical literature that is (1) relevant to your patients and (2) most interesting to you." —**Dena Hayes, MD (Chief Resident; Inpatient BK)**

"Congratulations on starting residency! Take time to learn how to be a doctor before taking on too many additional roles. Ensure to create an environment of support with your co-interns, they will often be the ones to help in difficult times. Remember that your senior residents and faculty are

always available to help! Most importantly, don't forget to dedicate time to your family and friends; it is far too easy to lose touch with those closest to you during residency." —**Gustavo Hernandez, MD, MS (Chief Resident; Amb Care BH)**

"Be patient with yourself and trust this process. You may not feel your own progress on a day to day or even a month to month basis. But if you put your patients first and approach their care with a genuine curiosity about medicine you will step back at the end and see that you have begun to grow into a competent, capable physician without even realizing it." —**Rebecca Kogan, MD (Chief Resident; Inpatient BH/VA)**

"Kindness can go a long way, whether it is to a coworker who is having a hard day, to your patient or their loved ones who are struggling with their illness, or even kindness to oneself since we can often be our own harshest critic. Have a mindset of thankfulness, it will let you see hope in all places and keep oneself humble." —**Matthew Lam, MD (Chief Resident; BK Hospitalist)**

"Residency is a time of exploration unlike any other in your career. Seek the area of medicine that makes you as excited about it as you were the first day of medical school. It will infinitely light the burden of your work." —**Tony Li-Geng, MD (Chief Resident; Amb Care BK)**

"Your time in the hospital will feel – as so many challenging, growth-prompting events are wont to – intense, meaningful and high-stakes (perhaps, even, life or death). My advice is to remember that there are so many on whom you can lean for support: your co-residents, your NYU community, and your friends and family outside of medicine. Residency is a team sport!" —**Gaby Mayer, MD (Chief Resident; Primary Care)**

"As cliché as it sounds, trust the process. Think back to how you felt on your first day as a clerkship student and compare it to how you felt at the end of clerkship year and then at the end of your subI. You will learn and grow more than you ever thought possible even if it doesn't feel like it at first!" —**David Morales, MD (Chief Resident; Health Equity)**

"Congratulations on starting residency! It is natural to feel imposter syndrome, but I can say with 100% confidence that your attitude and work ethic every day to care for your patients, help your team, and learn is what will ultimately determine your success and fulfillment in this new job. Do not forget to hold onto what defines you as a person outside of medicine, whether that's family, friends, hobbies, etc. – these aspects are key to your wellness." —**Abhinay Ramachandran, MD, MS (Executive Chief Resident; Inpatient BH/VA)**

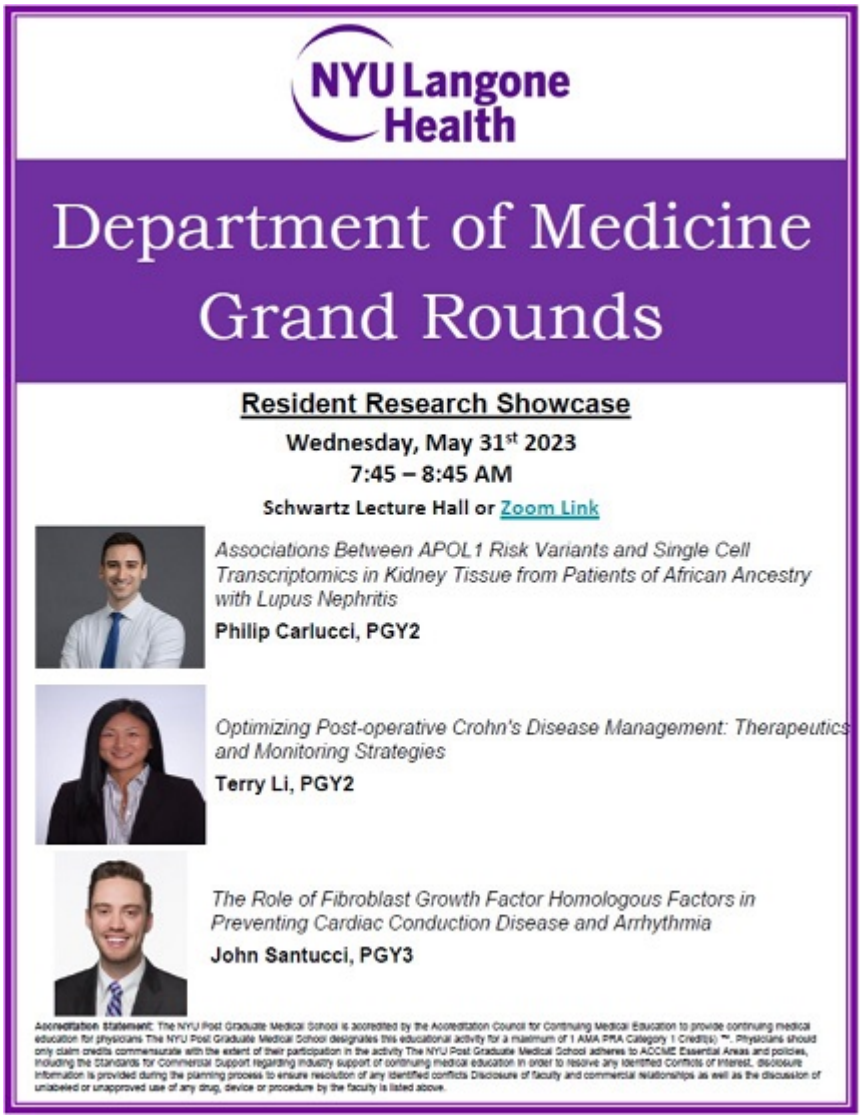
"Be sure to chase the multitude of opportunities that NYU Langone has to offer, from excellent clinical training, to cutting edge research. Remember to be kind and support your colleagues along the way!" —**Constantine Tarabanis, MD (Chief Resident; Amb Care VA)**

"Embrace opportunities that push you out of your comfort zone. As uncomfortable as you may feel, these challenges are how you will continuously learn and grow. Medicine is also a team sport. You are never alone, and your colleagues will become some of your closest friends and inspire you on a daily basis." —**Sigrid Young, MD (Chief Resident; Inpatient BH/VA**)

Resident Research Showcase

The Department's annual Resident Research Showcase, delivered at Grand Rounds several weeks ago, included three superb presentations. We asked each of the participants to provide a summary of their

remarkable work.



Associations Between APOL 1 Risk Variants and Single Cell Transcriptomics in Kidney Tissue from Patients of African Ancestry with Lupus Nephritus (Philip Carlucci, MD)

In lupus nephritis, genetic mutations in the APOL1 (Apolipoprotein L1) gene can accelerate the progression of disease to the point of necessitating dialysis or kidney transplant. These genetic variants are found almost exclusively in individuals of African ancestry and may partially explain observed poorer outcomes for African Americans with lupus nephritis compared to those of European descent. Under the mentorship of Dr. Jill Buyon in the Division of Rheumatology and Dr. Kelly Ruggles in the Division of Precision Medicine, this study leveraged the kidney biopsy data to evaluate the mechanisms by which APOL1 mutations contribute to kidney disease pathogenesis. Based on data from the sequencing of 104 patients of African ancestry, the major finding of this investigation was the identification of APOL1 expression in the ascending thin limb of the kidney tubules, and the association between APOL1 expression in these cells with clinical markers of kidney dysfunction. Overall, these results provide a novel future direction for studies seeking to understand APOL1 toxicity and translation to clinical trials.

Optimizing Post-operative Crohn's Disease (Terry Li, MD)

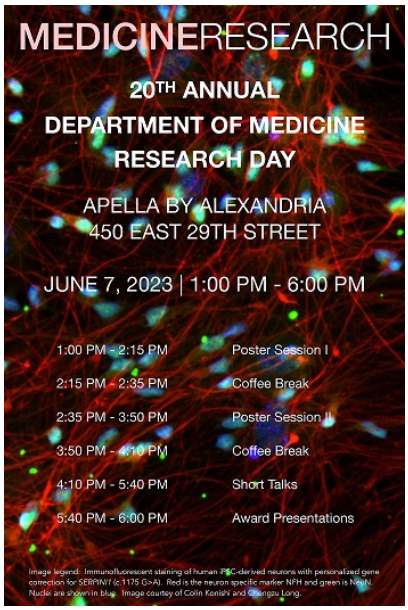
I work under the mentorship of Dr. Jordan Axelrad studying post-operative Crohn's disease. Surgery is often necessary to manage complications, and patients typically enter into a period of remission. The post-operative period provides a unique opportunity to intervene and keep patients disease free. My primary study focused on disease monitoring. In a dual center study of about 900 patients between 2009 to 2021, we found that nearly two-thirds of patients at high risk for recurrence do not undergo colonoscopy within the recommended time interval. Other adjunctive modalities such as biomarkers and cross-sectional

imaging are quite underutilized. Optimistically, however, we see a change in practice patterns in recent years with increasing likelihood of earlier monitoring.

The Role of Fibroblast Growth Factor Homologous Factors in Preventing Cardiac Conduction Disease and Arrhythmia (John Santucci III, MD)

Fibroblast growth factor homologous factors (FHF) are small proteins that bind to sodium channels and are found in excitable tissues such as the heart and brain. Mutations have been identified in these proteins in patients diagnosed with Brugada syndrome and idiopathic ventricular tachycardia. Our work focusses on how these critical proteins impact cardiac conduction or how electrical impulses travel through the heart using mutant mouse models. Knockout mice without FHFs have slow conduction – a key risk factor for arrhythmia development – manifesting as prolonged intervals on surface electrocardiograms. To understand the mechanism of these findings we measured sodium currents in individual cells and found them to be significantly reduced. This work highlights how important FHFs are to preserving rapid conduction, and when absent, result in a heart prone to arrhythmia.

Medicine Research Day



Colleagues from across the Department of Medicine gathered to share their research at the twentieth annual Medicine Research Day on June 7th. The hallmark event, organized by Vice Chair for Research Glenn I. Fishman, MD, featured more than 230 posters and a dozen short talks showcasing the remarkable breadth of investigation carried out by Department of Medicine faculty and trainees. “This gathering comes at a time of great opportunity for biomedical investigation and patient-centered care,” noted Department Chair Steven B. Abramson, MD. “We have emerged from the devastation of the COVID-19 pandemic and the full spectrum of investigation carried out in our Department—from basic discovery science to clinical and implementation research—is robust.”

Click here to view photos from the poster sessions

password POSTERS

Click here to view videos from the poster sessions

Click here to view photos from the short talks

password RESEARCH

The Historian Is In

Presidential candidates Ronald Reagan and Walter Mondale at a 1984 debate

Health, Age, and the Presidency

Presidential debates, while rarely substantive, do provide candidates with the chance to deliver a memorable soundbite. In 1984, Ronald Reagan, then the oldest sitting president in history, was asked about his ability to function quickly and decisively in a crisis. The question was pertinent because Reagan, at 73, had seemed tired and confused at previous public events. His handlers, expecting the topic to arise, had prepared the perfect response. “I will not make age an issue in this campaign,” Reagan replied, looking directly at Walter Mondale, the 56-year-old Democratic candidate. “I am not going to exploit—for political purposes—my opponent’s youth and inexperience.”

The room erupted in laughter; the issue had been defused. Reagan won reelection in a landslide. But his second term would be marred by reports of his failing mental health. In 1994, a letter “to the American people” appeared above his signature. “I have recently been told that I am one of millions who will be afflicted with Alzheimer’s disease,” it stated. “I now begin the journey that will lead me into the sunset of my life.”

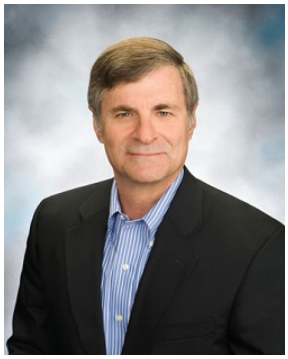
The issues surrounding presidential health, including age and cognitive health impairment, had a disturbing history in the 20th Century. Woodrow Wilson suffered a stroke that deeply impacted his final eighteen months in office. Franklin Roosevelt, a polio survivor, won reelection for an unprecedented fourth term in 1944 with health issues carefully hidden from the public. He would die from a cerebral hemorrhage several months later. Dwight Eisenhower, elected at age 63, had a serious heart attack, a mild stroke, and surgery for Chron’s disease during his two terms in office.

The 25th Amendment, adopted in 1967, deals with presidential disability. People have long complained about the mental judgment of aging Supreme Court justices and ancient U. S. senators, but concerns related to the health of a compromised president are of a different magnitude: they can embolden a foreign adversary, cause the stock market to plummet, and impact the national agenda.

The 2024 election will likely pit the two oldest candidates ever to run for this office. Joe Biden will be 82 when the 2024 election is decided. Should he win and serve out his term, he will be 86. Donald Trump will be 79 on Election Day. Should he win and serve out his term, he will be 83. The most recent studies show that an 80-year-old white man in America can expect to live an additional seven years. And that one in four will have some form of dementia by age 85.

We are now in uncharted waters. Surveys show that Americans see the ideal age for a president to be in the 50-60 range. And that they will focus upon the choice of a vice-presidential running mate with a keener

interest than usual. Given the circumstances—and the history of 20th Century presidents—it's not a bad idea.



David Oshinsky, PhD

Director, Division of Medical Humanities
Professor of History, NYU

Announcing the Department of Medicine Twitter Account

As an extension of our "One Faculty" initiative, which emphasizes collaboration among faculty, fellows, residents, interns, and staff across all clinical, research, education, and administrative mission areas, the Department of Medicine can now be found on Twitter @NYULH_DeptofMed! This new social media venue is inteded to be a beacon of recognition and support for each others' goals, accomplishments, and efforts. The account will share Departmental news, achievements, events, publications, and other academic activities. This new platform will emphasize our sense of community, as well as elevate conversations with colleagues both internal and external to NYU about the tremendous work being done here each day. Tag us in your tweets to join the discussion!

News & Awards

Exceptionalism in Hospital Medicine Awards

Last month the Department of Medicine honored four outstanding hospitalists voted by their interdisciplinary peers. 2023 awardees included Dr. Christopher Sonne (Tisch), Dr. William West (Bellevue), Dr. Lauren Comisar (VA), and Dr. Morris Jrada (Brooklyn).

Faculty Awards

Melanie Jay, MD received the 2023 Society of General Internal Medicine (SGIM) Mid-Career Research Mentorship Award.

Richard Greene, MD received the Building the Next Generation of Academic Physicians (BNGAP) LGBT Health Workforce Conference 2023 Health Professional Leadership Award.

Danielle Ofri, MD received the American College of Physicians (ACP) 2023 Davies Award as well as a 2023 Guggenheim Fellowship.

Yinan Lan, MD received the 2023 Joan H. Tisch Community Health Prize.

Rebecca Haberman, MD received a National Psoriasis Foundation Bridge Grant award for her proposal titled “Beyond Inflammation: Defining and Targeting Residual Pain in Psoriatic Arthritis.”

Christian Torres, MD, in collaboration with colleagues including Richard Greene, MD, MHPE, Barbara Porter, MD, Oliver Stewart, MD, and Sondra Zabar, MD, was awarded a 2023 Josiah Macy Jr. Foundation Catalyst Grant for Transformation in Graduate Medical Education.

Daniel Sartori, MD received a New York Academy of Medicine 2023-25 Jeremiah A. Barondess Fellowship in the Clincal Transaction for his program, "Developing a Virtual Standardized Patient Program to Teach and Assess Trainees' Clinical Skills in the Telemedicine Era."

Appointments, Promotions, and Achievements

See photos from the 2023 Statement of the Department here (password: DOM)

Sunil V. Rau, MD was appointed Professor (Clinical) with tenure.

AnnMarie Liapakis, MD was appointed Clinical Associate Professor.

Maysaa El Zoghbi, MD was appointed Clinical Assistant Professor.

Johannes Nowatzky, MD was promoted to Associate Professor (Clinical).

Sarah J. Moore, MD was promoted to Clinical Associate Professor.

Sandeep Bhat, MD, MBA was promoted to Clinical Associate Professor.

Vasishta Tatapudi, MD, FSN was promoted to Associate Professor (Clinical).

Irfana Soomro, MD was promoted to Clinical Associate Professor.

Jennifer Scherer, MD was promoted to Associate Professor (Clinical).

Ian Fagan, MD was promoted to Clinical Associate Professor.

Benjamin Wertheimer, MD was promoted to Clinical Associate Professor.

Featured Student Essay

Coffee Cups

Every morning on the corner of 4th and Bowery there are a few Dunkin' cups wedged into a crevice in the temporary jersey barriers surrounding a half-finished high rise. I start my day by unlocking a CitiBike, wiping the dew off the seat with my sleeve, then biking by that jobsite. By this point I know which potholes rattle the teeth and which lights run the longest. As I've gotten to know these streets, I've started to notice their rhythm. I can picture the construction crew pushing those cups into position as they head to the pile of rebar and start passing it in through an open window, looking forward to the fifteen minutes they'll spend later drinking the cold remnants. On Fridays, a munchkin' box is folded alongside the cups – a sign of a generous foreman.

The more I pedal, the more these streets reveal themselves to me. I feel hyper-aware of how they rearrange themselves each day – in my head, the patterns assembling into tales of unseen lives. I think the reason for this new perceptiveness is straightforward. My life is now largely this ride to and from the hospital and the time in the hospital itself. And on the wards, we're being trained to observe closely, to look for patterns, to piece together stories.

My first few weeks in the hospital I was trying to ride without crashing. My top concerns were making my stethoscope lie flat on my neck and arranging my face to demonstrate a mix of interest and deep knowledge during rounds. As these nerves settled, though, I started to look around and pick up on how the rest of the team was thinking.

The interns have a sixth sense for subtle signs – both in charts and at the bedside. "It's so odd that her fluid production has dropped off even though we've been going up on the Lasix and she's still so volume-overloaded," Mitchell ruminated. "Her glucose is super high, too, even on the new sliding scale. Let's go check in with her."

"You coming back to ask more questions?" the patient laughed, pulling on the bed's rail to scoot up. "Last time you asked everything but the kitchen sink!"

"It's our favorite past-time!" I joked. We took on the challenge and asked about everything from how much she was peeing to what she was watching on TV. As Mitchell reached for the hand sanitizer on the way out the door he paused to ask, "Is that a new blanket?" pointing out a red-and-black knit throw slung over the chair.

"Oh yeah, my sister stopped by for dinner last night and dropped that off, it's cozy, right?"

"Oh, big time," he responded, "Did you guys have the hospital food?"

"Oh no, she's stopped by the last three nights to bring me my favorite – fried chicken, fries, and an Arizona Iced Tea. I know it's not perfect but it makes me feel at home." With that opening, we talked about how those meals might be affecting her health and how other items – slippers, lemon water – could temper the monotony of the gray walls.

The next week, I waited for a test with a patient I'd just met that morning in a room like the inside of a shipping container. I was holding the ancient Zoll, it's wires running like a fishing net around the patient's chest. His eyes on the ceiling and his swollen hand rubbing his chapped lips, he started to whisper. "What's that?" I asked.

"To answer your question from earlier, I worked construction growing up," he said in a high, whistling voice. "My dad worked us like dogs. We'd finally be sitting down to eat dinner and he'd call us back out to clean the tools for the next day." He nodded solemnly. "That work, I think about it all night." We talked shop, then – jobsite horror stories and most satisfying builds, the Zoll beeping away in the background.

"You were thinking about this at night, huh? Have you not been sleeping?" I asked.

"Ah no, not really. But it's inevitable here."

I thought back over his room, complete with a panel of dinging instruments and three roommates each conducting his own orchestra of moans or full-volume videos. I thought of the frustration, too. The patient's bitterness about small transgressions – how the nurse wasn't fast or the sponge wasn't damp – and the

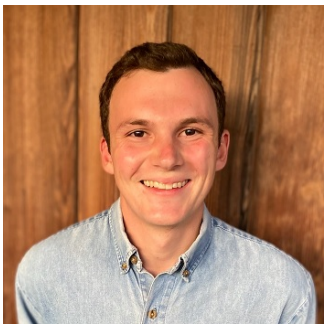
team's bending patience through protracted debates around a nasogastric tube. The frustration betrayed most of all by his ringed eyes over the simple lack of fairness as to what had befallen him. I thought about how this nightmare might be fueled by pure exhaustion.

"Is the noise getting to you?"

"Exactly," he said, closing his eyes. After we rolled back upstairs, I went on a mission to find the only pair of earplugs in Bellevue. The next morning I came in and saw their gray tips sticking out of his ears, eyes closed, breathing softly.

The people that we're learning from can read a situation like my grandma told me she could read tea leaves, drawing sound conclusions from signs I didn't know were there. As they help us train our brains to observe, I feel the perception spilling out of the hospital with me, like a cup of coffee onto the sidewalk.

Perry Holmes is a third-year medical student who grew up on a farm in Central Massachusetts. After majoring in English at Yale University, he worked as a carpenter for several years restoring historic houses in Boston. Perry attended a post-baccalaureate premedical program at Bryn Mawr College before beginning at NYU Grossman School of Medicine. Above all else, he loves playing fetch with his dachshund, Ernie, though Ernie does not always love bringing the ball back.



Events & CME

The Department of Medicine Awards Ceremony was held Wednesday, June 14th. See photos from the event here (password: DOM).

"Big Gut Seminars: Focus on Complex Liver Disease" CME Course

Date: September 22, 2023

Location: Alumni Hall, Tisch Hospital

To register, visit: NYU School of Medicine CME (highmarksce.com)