

Three Pillars of Care; Vizient Award; Mayor of Bellevue Douglas B. Bails, MD; Innovations in Medicine: Conversations with Our Expert Faculty featuring Marcus D. Goncalves, MD, PhD; AAMC Honors Richard Levin with the 2024 Special Recognition Award; Chairman's Circle Meeting; Remembering Jeffrey S. Weber, MD, PhD; Merrin Master Clinician Fellowship Welcomes Two New Fellows

October 2024

INSIDE *Medicine*

The Newsletter of the Department of Medicine

A Message from the Chair, Steve Abramson

Three Pillars of Care

This issue of ***Inside Medicine*** highlights the intersection of clinical care, compassion, and scientific rigor that positions our institution at the forefront of modern medicine. Being recognized by Vizient as No. 1 in the United States for Quality and Safety, including the lowest mortality rate in the country, is a source of immense pride for us all. However, this exceptional recognition of quality represents just one pillar of our identity. We strive to integrate the highest quality of patient care with compassion and scientific rigor. These qualities of NYU Grossman School of Medicine are exemplified by the individuals featured in this issue. The importance of our commitment to compassion and connection emerges clearly from the interview with Doug Bails, the student essay by Allison Tu, and the recognition by the AAMC of our esteemed alumnus Richard Levin for dedication to humanistic medicine at the national level. Additionally, the translational science highlighted by Marcus Goncalves and the tribute to Jeff Weber are just two examples that underscore our commitment to discoveries that advance care for all patients. Ultimately, the fusion of quality, compassion, and science in

medical practice embodies the essence of humanism in medicine. It ensures that while we advance technologically, we never lose sight of the fundamental human connection that lies at the heart of healing.

Vizient Award

NYU Langone Health Is No. 1 for Quality for the Third Year in a Row



NYU Langone Health team members in Las Vegas, Nevada, to accept the Vizient Award

NYU Langone Health has once again been ranked as the No. 1 comprehensive academic medical center in the United States by Vizient, marking the third consecutive year of this prestigious recognition. This accolade reflects the institution's steadfast commitment to delivering excellence in patient care, safety, and outcomes.

Department of Medicine members played major roles at September's Vizient Connections Summit in Las Vegas. Fritz François, MD, MSc, Executive Vice President and Vice Dean, Chief of Hospital Operations, delivered a [keynote address](#). His speech focused on embracing failure as a pathway to success, advocating for equitable care, and fostering positive momentum in healthcare.

Adriana Quinones-Camacho, MD, Chief of Medicine at Tisch Hospital, and Katherine Hochman, MD, MBA, Division Director of Hospital Medicine, also spoke at this year's summit. They participated in a women's leadership panel titled, *The Courage to Lead: How Women Shape the Future of Healthcare*. "It was inspiring to see so many women (and men!) at different stages of their careers," Dr. Quinones-Camacho said. The panel focused on their personal leadership journeys and provided practical advice to attendees, emphasizing the importance of women in shaping the future of healthcare.

Reflecting on the No. 1 ranking, Dr. Quinones-Camacho noted, “This ranking is a profound testament to the hard work, dedication, and exceptionalism demonstrated by every member of our team. It reflects not only the quality of care we deliver to our patients but also the innovation and focus on continuous improvement that permeates our culture.”

Dr. Quinones-Camacho emphasized that the medicine team plays a central role in this achievement. “As the largest service in the hospital, our team's efforts directly impact patient outcomes, operational efficiency, and overall quality of care—all key metrics in determining such rankings,” she stated.

With its No. 1 ranking from Vizient and six top-ranked divisions by *U.S. News & World Report*, the Department of Medicine continues to play a key role making NYU Langone a leader in healthcare.



Mayor of Bellevue

Interview with Chief of the Medical Service at Bellevue Hospital - Douglas B. Bails, MD



Douglas B. Bails, MD, Chief of the Medical Service at Bellevue Hospital, in the lobby of Bellevue Hospital

Douglas B. Bails, MD, often referred to as the "Mayor of Bellevue," is a pivotal figure in the NYU Langone Health community and Bellevue Hospital Center. As Chief of the Medical Service at Bellevue, Associate Director of the Bedside Skills Team, and Clinical Professor in the Department of Medicine at NYU Grossman School of Medicine, Dr. Bails has become synonymous with the historic institution he serves. His leadership and dedication have been integral to the hospital's legacy of providing compassionate care to New York City's most vulnerable populations.

We had the opportunity to interview Dr. Bails on his essential role. As we made our way through the hallways of Bellevue Hospital, he paused to chat with colleagues over coffee, wished a familiar patient well, and greeted the security staff. In the elevator, he caught up with colleagues on last night's football game, a birthday celebration, and arranged a meeting. By the time we reached his sports themed office with a plethora of New York Mets memorabilia, it was clear just how personable and integral Dr. Bails is to Bellevue, embodying its sense of community and purpose.

Bellevue Hospital, the oldest public hospital in the U.S., has been at the forefront of New York City's public health crises since its founding in 1736, handling diseases from yellow fever to AIDS, Ebola, and the migrant health crisis. Dr. Bails highlights that Bellevue's strength lies in its mission: no patient is ever turned away. This mission fosters a unique sense of camaraderie and innovation among staff. Dr. Bails describes Bellevue's defining ethos as mission-driven care, creating a "bring it on" mentality, enabling excellence during crises.

Dr. Bails emphasizes that NYU Langone Health's physicians are interwoven into Bellevue's fabric, enabling the hospital to deliver excellent care to vulnerable populations while maintaining high standards. The collaboration between Bellevue Hospital and the NYU Grossman School of Medicine is a cornerstone of both institutions' success. By integrating the strengths of a public hospital and a private academic medical center, this partnership ensures high-quality care and medical education. Bellevue's physicians are also NYU Langone Health's faculty, which fosters seamless integration of clinical care, teaching, and research.

As Chief of the Medical Service at Bellevue for the past decade, Dr. Bails sees his role not only as an administrator but also as a leader who fosters enthusiasm and supports clinical initiatives. He describes his job as one situated at the intersection of operations, academics, and quality improvement. "My job is to inject enthusiasm, support clinical projects, and ensure that learning and patient care are prioritized," he says.

Dr. Bails' moniker as the "Mayor of Bellevue" reflects his deep personal connection to the hospital. He is well-known throughout the institution, from physicians to housekeepers, and believes in fostering strong relationships across all levels of staff. This approach, he believes, helps build trust and collaboration, which in turn allows for more effective patient care and a more cohesive hospital environment. For Dr. Bails, personal interaction is key. "I rarely pick up the phone—I go and talk to people." This hands-on approach is part of what has earned him the nickname of "Mayor of Bellevue," as he is known for his ability to connect with everyone in the hospital and build consensus for the benefit of both patients and staff.

Under his leadership, Bellevue continues to be a vital institution that not only addresses the healthcare needs of New York City's most at-risk populations but also serves as a model for public-private collaboration in healthcare. Through its enduring partnership with NYU Grossman School of Medicine, Bellevue remains at the forefront of medical education, clinical care, and public health in the city. Dr. Bails' commitment to Bellevue's mission, his leadership, and his deep connections within the hospital make him a true embodiment of the spirit of this historic institution.



Innovations in Medicine:

Conversations with Our Expert Faculty



Marcus D. Goncalves, MD, PhD
Director, Systemic Metabolism Research

Marcus D. Goncalves, MD, PhD, a leader in endocrinology and metabolism, has joined NYU Langone Health's Department of Medicine and Department of Radiation Oncology. As Director of Systemic Metabolism Research, Dr. Goncalves is advancing translational research focused on the interactions between endocrinology, metabolism, and chronic disease. A key initiative is the creation of a comprehensive cachexia clinic to address gaps in care for patients with this severe wasting syndrome. The clinic will utilize innovative diagnostics, personalized treatments, and a multidisciplinary approach to improve both metabolic function and quality of life. Dr. Goncalves aims to position NYU Langone Health as a leader in cachexia care through collaborative research across specialties.

Can you share what motivated you to join NYU Langone, and what are your primary goals as you transition into this new role?

NYU Langone Health is thriving. There is palpable excitement for translational research and the leadership has created a culture of excellence that has positioned it as the leading medical center in New York. I was excited for the opportunity to join such a strong team. As I transition into this new role, my primary goals are to contribute to the ongoing cutting-edge research, foster interdisciplinary collaborations, and advance our understanding of the complex interactions among endocrinology, metabolism, and chronic disease.

Could you discuss your vision for the new cachexia clinic, and how it aims to address the current gaps in care for patients suffering from this condition?

There is currently no approved treatment for cachexia, leaving many patients without care. My vision for the new cachexia clinic is to establish a comprehensive, multidisciplinary center dedicated to addressing the challenges of this debilitating condition. The clinic will bridge gaps in care through a novel diagnostic approach, personalized treatment plans, and robust support services, ensuring holistic, coordinated care that targets both metabolic dysfunction and overall quality of life. Additionally, the clinic will drive innovation by fostering cutting-edge research to develop new therapeutic strategies for cachexia management.

What unique approaches or innovations do you plan to introduce at the new cachexia clinic?

At our clinic, we will implement unique approaches to address the complex nature of cachexia. Patients with cachexia experience unintentional weight loss due to various factors like reduced food intake, pain, nausea,

or endocrine dysfunction, which can increase energy expenditure and contribute to wasting. Since the dominant mechanisms vary, we've developed an algorithm to stratify patients into specific subtypes, guiding more precise treatments. Physical function testing will help identify patients' limitations, while radiologic imaging will track changes in fat and muscle mass over time. Our goal is to become a leading site for testing new agents as they emerge.

Given your extensive background in endocrinology, how do you plan to integrate endocrine-related insights into the management of cachexia at NYU Langone?

Endocrinologists are well-suited to lead cachexia management due to their expertise in treating obesity, which shares characteristics like weight changes, hormonal imbalances, and metabolic disturbances. Our ability to manage complex, multiorgan conditions positions us to address cachexia's challenges. Key hormones, such as insulin, leptin, ghrelin, thyroid hormones, catecholamines, and cortisol, are disrupted in cachexia, affecting energy balance, appetite, and metabolism. This dysregulation leads to increased catabolism and altered energy expenditure. Targeting these pathways has shown promise in animal models and is now being tested in human trials.

What collaborative opportunities do you envision with other departments or specialties at NYU Langone in advancing the care and research of cachexia?

Nearly every medical discipline has a condition linked to cachexia, offering numerous collaborative opportunities at NYU Langone. In pulmonology, we can address muscle wasting in COPD patients, while infectious disease collaborations can support metabolic health in chronic HIV and tuberculosis cases. Cardiology and nephrology partnerships will help preserve muscle mass in heart and kidney failure patients. Rheumatology offers a chance to explore anti-inflammatory interventions for chronic conditions. Oncology and gastroenterology are natural partners in tackling cancer-associated cachexia and malabsorption issues, and collaboration with gerontology can target sarcopenia in the elderly. Together, these partnerships will drive innovative care and research.

Looking ahead, what are your long-term research and clinical goals for the cachexia clinic, and how do you envision your work influencing the broader field of endocrinology and metabolic diseases?

We aim to become the world's leading cachexia center by advancing clinical care, research, and education. Our innovative therapies will improve patients' quality of life, and our clinical protocols will focus on food intake, energy expenditure, and nutrient absorption—key factors in body weight regulation. We'll establish a multidisciplinary referral network across NYU Langone. This work will greatly impact endocrinology and metabolic diseases, offering new insights into body weight regulation and leading to novel therapies for conditions like obesity, diabetes, and sarcopenia.

Alumni in the News

AAMC Honors Richard Levin with the 2024 Special Recognition Award



Richard I. Levin, MD

Professor Emeritus of Medicine, Department of Medicine

The Association of American Medical Colleges (AAMC) Board of Directors has recognized Richard I. Levin, MD, with a Special Recognition Award for his transformative contributions to advancing humanism in medicine. Throughout his distinguished career, Dr. Levin has been a passionate advocate for ensuring that patients remain at the center of all care interactions, a philosophy he embraced during his decade-long tenure as President and CEO of the Arnold P. Gold Foundation.

Dr. Levin earned his BS from Yale and graduated from NYU Grossman School of Medicine. After a cardiology fellowship and postdoc in vascular biology at Weill Cornell, he began his academic career at NYU in 1983, balancing patient care, research, and teaching. He founded the Laboratory for Cardiovascular Research, advancing interdisciplinary cardiovascular studies. Dr. Levin also served as Vice Dean for Education, Faculty, and Academic Affairs at NYU Langone and is now Professor Emeritus of Medicine. Dr. Levin was then recruited to Canada to serve as Dean of the Faculty of Medicine and Vice Principal for Health Affairs at McGill Faculty of Medicine.

Under Dr. Levin's leadership, the Gold Foundation expanded its reach beyond medical schools to embrace a broader range of health professions, including nursing, global health care companies, and practicing physicians. His work helped transform the Foundation into a vital force for fostering empathy and human connection across the healthcare spectrum. Dr. Levin also deepened the Foundation's partnership with the AAMC, with initiatives such as the Arnold P. Gold Foundation Humanism in Medicine Award Lecture and the Gold Humanism Honor Society Workshop becoming integral parts of the AAMC's Learn Serve Lead Annual Meeting.

In recognition of his lifelong dedication to excellent patient care, education, humanism and advocacy, Dr. Levin's work continues to leave a profound impact on the medical field, ensuring that humanism remains at the core of healthcare delivery. The Department of Medicine proudly congratulates Dr. Levin, Professor Emeritus of Medicine, on his remarkable contributions to the field of medicine. Dr. Levin can be contacted at richardilevinmd@outlook.com.

* Reference: *the AAMC's Special Recognition Awards* page [here](#). *

Chairman's Circle Meeting

September 30, 2024



Joseph J. Lhota, Chief Financial Officer and Chief of Staff, addressing the Department of Medicine Chairman's Circle



Edward Pantzer

Chairman, Department of Medicine Chairman's Circle

On Monday, September 30, NYU Langone hosted the Chairman's Circle Meeting. Under the inspirational leadership of Mr. Edward Pantzer, philanthropy from members of the Chairman's Circle has advanced research and provided essential funding for junior faculty through the Departmental Research Scholar Awards.

Joseph J. Lhota, Chief Financial Officer and Chief of Staff, delivered a presentation titled *Financial Strength in a Culture of Exceptionalism*, underscoring the institution's strategic initiatives to maintain its fiscal health while fostering a culture of excellence. Following this, Steven B. Abramson, MD, Chair of the Department of Medicine, addressed the department's forward trajectory with his talk *Exceptionalism Moving Forward*. Dr. Abramson emphasized ongoing efforts to enhance academic and clinical programs, aligning them with NYU Langone's long-term vision.

The meeting also featured an insightful presentation by Jonathan M. Gerber, MD, Chief Clinical Officer at the Perlmutter Cancer Center, and Jill Buyon, MD, Director of the Division of Rheumatology. They spoke on the topic of *Genetic Engineering of Patients' Immune System: From Cancer to Autoimmunity*, highlighting novel CAR-T Cell therapies in both disciplines.



Jill Buyon, MD, and Jonathan M. Gerber, MD, delivered a presentation to the Department of Medicine Chairman's Circle

Remembering Jeffrey S. Weber, MD, PhD



Jeffrey S. Weber, MD, PhD, was a visionary in the field of oncology and a trailblazer in melanoma research and immunotherapy. His work has shaped the landscape of cancer treatment, leaving an indelible mark on both the scientific community and the lives of countless patients. As the Deputy Director of the Perlmutter Cancer Center, Dr. Weber's innovative contributions included the use of dual checkpoint blockade for metastatic melanoma and the development of personalized neoantigen mRNA vaccines for high-risk patients.

His career was marked by an unwavering commitment to progress, having published over 150 peer-reviewed articles and leading numerous clinical trials that continue to influence the field today. But beyond his professional accolades, Dr. Weber was known for his generosity as a mentor, guiding and inspiring the next generation of physician-scientists.

In his care for patients, Dr. Weber's compassion was unparalleled. He approached each patient with empathy and humanity, creating a sense of comfort even in the most challenging of circumstances. His presence, both in the clinic and in the research lab, was one of kindness and dedication.

A memorial will be held in Dr. Weber's honor on Wednesday, November 13th, from 10am to 12pm at Tisch Hospital in the Murphy Auditorium.



World-renowned oncologist and clinician, Jeffrey Weber, MD, PhD, was a luminary in the field of melanoma research and a true pioneer in immunotherapy.

Merrin Master Clinician Fellowship

Welcomes Two New Fellows



NYU Langone's Division of General Internal Medicine and Clinical Innovation, in collaboration with the Program for Medical Education Innovations and Research, is excited to announce Ravi K. Kesari, MD, and Jessica Tanenbaum, MD, as the new Merrin Master Clinician Fellows. This two-year fellowship supports physician-educators committed to enhancing clinical teaching and patient care. Led by Michael P. Janjigian, MD, and Mitchell H. Charap, MD, the fellowship trains educators who develop innovative curricula to improve patient care and education. "Fellows are chosen for their ability to impact system-wide initiatives and strengthen NYU's teaching and clinical care strategies," said Dr. Janjigian.

Ravi K. Kesari, MD – Hospital Medicine, Focus on Health Equity

Dr. Kesari, a hospitalist focused on healthcare disparities, will develop a curriculum promoting health equity at NYU Langone. “This fellowship is an incredible honor,” said Dr. Kesari. “It allows me to ensure that all patients, regardless of background, receive the highest quality care.” His curriculum will emphasize health equity, culturally competent communication, and equity-centered decision-making, with a lecture series for hospitalists that offers certificates of competency and CME credits.

Jessica Tanenbaum, MD – General Internal Medicine, Focus on Advanced Type 2 Diabetes

Dr. Tanenbaum will refine her expertise in type 2 diabetes care. “I love teaching about diabetes, and this fellowship allows me to integrate new technologies and medications into clinical practice,” she said. Dr. Tanenbaum will focus on continuous glucose monitoring and GLP-1 receptor agonist therapies, addressing barriers to adoption and the psychosocial aspects of diabetes care. “Living with diabetes can be challenging, and I want to help patients achieve better outcomes while addressing its emotional toll.”

Both projects align with the Merrin Fellowship's goal of advancing clinical education and patient-centered care. “These fellows will elevate the quality of care across our institution,” added Dr. Janjigian.

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!



Important insights this morning from Dr. Mark Mulligan's Med #GrandRounds at @nyugrossman on Facing the Onslaught of Infectious Diseases. 🦠🦠 He covered systems for responding to emerging infections, COVID-19 vaccine advancements, RSV protection for infants, Mpox challenges, and H5N1 preparedness—both globally and here at @nyulangone.

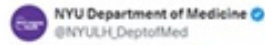
Key takeaways:

- ▶ Annual COVID-19 vaccinations aim to prevent severe disease and Long COVID.
- ▶ 4 New RSV tools are now available to protect infants and older adults.
- ▶ Mpox Clade 1 remains a concern; we have effective vaccines, but inequities persist.
- ▶ H5N1 influenza is a pandemic threat; preparedness is essential.
- ▶ The NYU Langone Vaccine Center (@NYULH_Vaccine) leads trials and research for universal influenza and coronavirus vaccines.

#MedTwitter #PublicHealth #InfectiousDiseases #VaccineResearch



Proud to announce the class of 2028! 🎓 A total of 106 aspiring doctors began their medical school journey at the White Coat Ceremony on Sept. 12. This diverse and ambitious group is united by their goal to make a lasting impact in medicine. nyulangone.org/news/future-me...



For the 3rd year in a row, @nyulangone is ranked the #1 comprehensive academic medical center in the U.S. for quality care by @VizientInc. 🏆 Our locations in Manhattan, Long Island, and Brooklyn are also recognized among the best in the nation.



You reposted
NYU Langone Health @nyulangone · Sep 18
For the third consecutive year, NYU Langone Health has been named #1 in the U.S. for quality care by @VizientInc. This ranking reflects our commitment to excellence in safety, equity, effectiveness, efficiency, and patient satisfaction.

For more: nyulangone.org/news/nyu-langone...



Follow our social channels by clicking the icons above!

The Book Report

Adam Faye, MD - *Project Hail Mary* by Andy Weir

If you are looking for a fantastic science fiction book, look no further than *Project Hail Mary* by Andy Weir. I selected this book for some light summer reading (at the recommendation of a friend), and could not put it down. It begins with a lone astronaut, Ryland Grace, who wakes up millions of miles from Earth with no

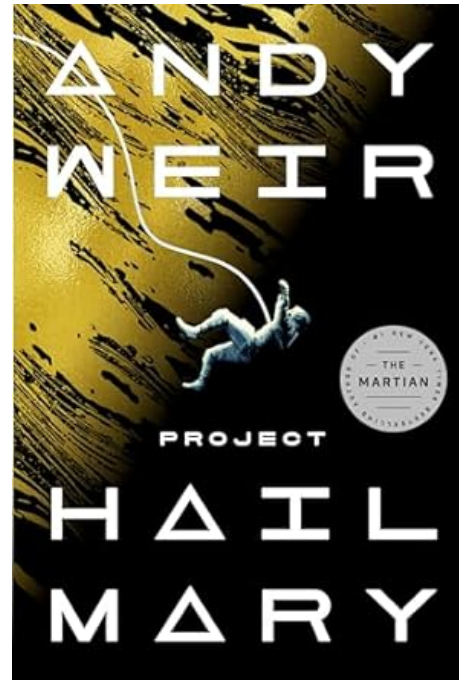
memory of what has transpired and a mission to save humanity. As he slowly regains his memories, he uncovers the urgency of his task—and encounters an intelligent life form with whom he must learn to communicate. The book's blend of problem-solving, high-stakes science, and human ingenuity resonates, as life-or-death decisions often hinge on the ability to adapt, think critically, and rely on collaboration. Reading this novel offers fascinating parallels to our medical practice—how we confront the unknown, use evidence to guide treatment, and ultimately work together to overcome impossible odds. It's a gripping reminder of how science, mentorship, and hope go hand in hand, much like in healthcare, and I highly recommend it for your next read!



Adam Faye, MD, MS

Assistant Professor, Department of Medicine

Assistant Professor, Department of Population Health



Featured Student Essay

When you choose to become a doctor, you know you're signing up for long hours and hard work and sleep deprivation, and perhaps you have some sense that this privilege of a job will also sometimes take a hefty emotional toll. But I think maybe all of us did not realize, before we started clerkships, how deeply it could hurt.

I knew that I would see people suffer on medicine and I felt as ready as you could ever really be—I was no stranger to sad stories from years of volunteering on the suicide lifeline, and I prepared myself to empathize with patients without letting it affect me too much. Despite those skills, though, I was still swept away when I first met Mr. W, a patient in his forties admitted for complications from his metastatic hepatocellular carcinoma, which originated from a chronic hepatitis infection that perhaps could have been treated, had he been born in a country with better healthcare access. I helped care for him for a while, and learned he had

young kids, saw a picture of one of them as his phone background. I could see him deteriorating in front of my eyes and yet also understood why he insisted on every possible intervention that might extend his life.

After a week in the hospital, it started to become clear that Mr. W might never leave. The conversations I'd had with him about a future—oncology follow-ups, when he could eat again, how to manage his cancer pain as an outpatient—would never come to fruition. We had all clung to a little hope for him when he was first wheeled into the ER, thinking that he might have weeks or months or even years left. It was jarring when I realized what the reality of his condition had become—how quickly my assumptions about his path had to change.

The day my rotation ended, he was still there, still asking for us to try anything we could to give him more time despite that he couldn't stop vomiting, then fell, then became sedated on the opioid dose he needed. I meant to stop by and let him know I would not see him again, but I hoped the best for him and his family, whatever that might look like now. But at the end of the day, I could not bring myself to say goodbye, because I knew it would really be goodbye. He would never leave the hospital again. His two-year-old might only have scant memories of the short time they had together. His wife would be raising their children alone.

The next day, I found out that he had died overnight, from an Epic notification that I was trying to open the chart of someone now deceased. He had even less time left than I had thought.

Supposedly, people are less empathetic when they graduate med school compared to when they start, which in many ways, unfortunately, makes sense. If I felt like this every day, I certainly would not be able to focus enough to give my patients the care they deserve. When you see people endure the greatest kind of pain, day in and day out, you have to learn how to protect yourself. You cannot physically collect it all and try to make it your own. You would be paralyzed and then ultimately incapable of doing this thing that we all love so much.

For most times when I feel like the extent of someone else's suffering might overwhelm me, I know what to do. I felt like this all the time when I first started volunteering on the suicide lifeline, which felt so impossible at first because I only had two choices: get caught up in the heaviness of everything this person has endured, or protect myself by failing to embrace all that was hurting them. After each of my first few shifts I came away exhausted, and aware I wasn't doing myself or my callers any favors by falling so deeply into their sadness. I saw that I could serve them better if I could manage to bring my best self into each call, rather than wallowing in others' stories. But it felt so wrong, to hear someone talk about every tragedy that had brought them to this point where they felt like life wasn't worth living anymore, and to choose to not let it make me sad. At the start, it felt like I was dishonoring their pain if I didn't despair alongside them.

Over time, knowing that it was unsustainable if I couldn't compartmentalize, I built up a third space for my sadness. Instead of keeping my emotions right next to my callers', I made a new place between us. In this in-between, I could see the shape of their emotions, the hardness of it all—with practice, I could understand as deeply as before, but without having to hurt so much. I used this skill every day on my medicine rotation,

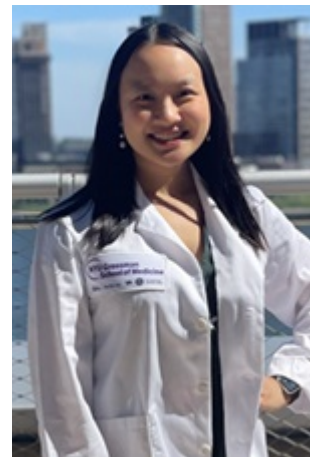
and most of the time, it worked. Usually, I could feel for my patients in a cognitive and practical sense, without sublimating their situation into my own visceral sadness.

Even with all this practice, though, I don't really have any answers for what our role as future physicians should be, or how to deal with it. I have thought about Mr. W every single day since I met him. I couldn't put him into my third space and I don't think I really want to, either.

I have spent a lot of time thinking about how I can best serve my patients, and I realize that one of the things I need to do is not let this work hurt me so much that I cannot see their suffering anymore. But sometimes you can't build walls around everything you feel for your patients, and I think the marks they leave are a gift, even if they hurt. We learn to live with the pain, just a small fraction of what they have to go through, and we get to remember them. We let them teach us to do our best to alleviate any suffering we see.

I think I will remember Mr. W the rest of my career, and that is an honor.

Allison Tu is a second-year medical student at NYU Grossman School of Medicine planning to pursue a career in emergency medicine. Originally from Louisville, KY, she graduated from Harvard in 2023, where she studied psychology and global health. During medical school, she has co-directed NYU Langone's Asylum Clinic, engaged in quality-improvement research, and volunteered for the suicide prevention lifeline. She is particularly passionate about sharpening her clinical skills to be able to provide the best possible care to a diverse patient population, no matter their ability to pay. She is also interested in teaching and hopes to pursue a medical education fellowship in the future. Outside of medical school, she enjoys social dance, baking, and long-distance running.



News & Awards

Faculty Honors

Division of Gastroenterology & Hepatology



Adam S. Faye, MD, MS, was awarded a 5-year National Institutes of Health / National Institute on Aging K76 Paul B. Beeson Emerging Leaders Career Development Award to study optimal preoperative care for older adults with inflammatory bowel disease.



Tamas A. Gonda, MD, is first author of an article entitled “Pancreatic Cysts,” published in the *New England Journal of Medicine* on September 5, 2024.



Nikhil A. Kumta, MD, MS, a distinguished national leader in advanced endoscopy, has joined the Division of Gastroenterology & Hepatology as Chief of Endoscopy at Tisch Hospital / Kimmel Pavilion.



Aasma Shaukat, MD, MPH, was awarded a SCOPY MVP Award, by the American College of Gastroenterology, for her project “Busting Myths and Raising Awareness about Colon Cancer in South Asian Communities in the US.”



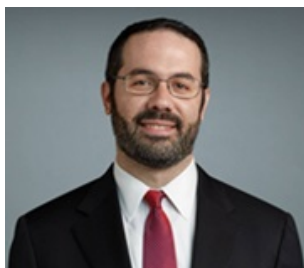
Renee Williams, MD, MHPE, was awarded a SCOPY Best Community Collaboration Award, by the American College of Gastroenterology, for her project “Your Guide to Screening for Colorectal Cancer,” submitted in collaboration with the NYC Citywide Coalition on Colorectal Cancer Control and Memorial Sloan-Kettering Cancer Center.

Division of General Internal Medicine & Clinical Innovation



Verity Schaye, MD, MHPE, was selected as a National Academy of Medicine [Scholar](#) in Diagnostic Excellence. Information of the announcement can be found [here](#).

Division of Pulmonary, Critical Care, and Sleep Medicine



Mark H. Adelman, MD, was selected as Vice Chair of the blog “Voices in #MedEd” for the Association of Pulmonary and Critical Care Medicine Program Directors.



Jeremy R. Beitler, MD, has joined the Division of Pulmonary, Critical Care, and Sleep Medicine as the Director of the Acute Respiratory Failure & Sepsis Precision Interventions Research (ASPIRE) Program.



Sophia Kwon, DO, MPH, was awarded a Centers for Disease Control and Prevention K01 grant for her work on "Microbiome Targeted Treatment of WTC – Lung Injury."



Mandana Mahmoudi, MD, PhD, MPH, was selected by the Department of Medicine to attend a leadership conference for women in medicine and become part of the Department of Medicine ongoing leadership program.



Anna Nolan, MD, was awarded a Centers for Disease Control and Prevention U01 grant for her work on "Aerodigestive Disease in the World Trade Center Exposed FDNY Cohort: Validation of Biomarkers and Defining Risk to Tailor Therapy."

Promotions

Division of Gastroenterology & Hepatology



Violeta B. Popov, MD, PhD, Associate Professor of Medicine

Division of Pulmonary, Critical Care, and Sleep Medicine



Ronald M. Goldenberg, MD, Professor of Medicine

Upcoming Events & CME

CME: Annual Focus on Men's Health 2024

October 19, 7:45am – 4:10pm

Details and registration link [here](#)

CME: 4th Annual NYU Langone Critical Care Cardiology Symposium

October 25-26, 7:00am – 6:00pm

Details and registration link [here](#)

CME: Interstitial Lung Disease: Progress in Fibrotic and Autoimmune Lung Diseases

November 12, 8:00am – 4:35pm

Details and registration link [here](#)

Memorial Honoring Dr. Jeffrey Weber

November 13, 10:00am – 12:00pm in the Murphy Auditorium

Please RSVP to Danielle.Thomas2@nyulangone.org.

CME: 9th Annual Dietary and Lifestyle Strategies for Cardiovascular Risk Reduction

November 14, 7:00am – 6:00pm

Details and registration link [here](#)

CME: Respiratory Care for Children and Adults with Neuromuscular Disease

November 15, 7:30am – 5:00pm

Details and registration link [here](#)

CME: 1st North American Bronchiectasis and Non-Tuberculous Mycobacteria Symposium

December 9-10, 7:30am – 3:00pm

Details and registration link [here](#)

CME: Tenth Annual NYU Langone Advanced Seminar in Psoriasis and Psoriatic Arthritis

December 13, 7:30am – 4:40pm

Details and registration link [here](#)

CME: Big Gut Seminars: Focus on Complex Pancreatic Disease

January 10, 7:30am – 4:45pm

Details and registration link [here](#)

Select Publications

Leon H. Charney Division of Cardiology

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