Why the Seminar Room Still Matters; Vizient Award NYU Langone Health Is No. 1 for Quality for the Fourth Consecutive Year; Shared Success - Chairman's Circle Advisory Board Meeting; New Leadership in the Division of Infectious Diseases and NYU Langone Vaccine Center; New Division Director of the Holman Division of Endocrinology, Diabetes & Metabolism; Meet Our New Executive Chief Residents; Inpatient Protected Time; Innovations in Medicine featuring Morgan Grams, MD, PhD and Aristotelis Tsirigos, PhD; Residency Wellness Initiatives Supported by the House Staff Research and Wellness Fund; 10th Annual Colton Center Symposium and Philip K. Moskowitz, MD Lecture; Historian Is In - From Four Years to Three: NYU Grossman Led the Way; Beyond the White Coat featuring Harmony R. Reynolds, MD; The Book Report featuring Yonathan Daniel, MD on Amusing Ourselves to Death; Faculty QuickTake Video featuring Harmony R. Reynolds, MD; Featured Student Essay by Maria Adamitis

October 2025

INSIDE Medicine

The Newsletter of the Department of Medicine

A Message from the Chair, Steve Abramson

Why the Seminar Room Still Matters

Woody Allen once quipped, "Eighty percent of success is showing up." Yet in today's academic landscape, the opportunities to truly "show up" have diminished. The rise of online interactions—accelerated by the COVID-19 pandemic—has transformed many conferences and seminars into virtual experiences. While this shift was essential during the height of the pandemic, its continued dominance in certain settings reflects a broader trend: prioritizing convenience over connection.

Virtual formats offer undeniable benefits, including geographic flexibility and schedule accommodation. But these gains come at a cost. The seminar room, once a crucible for intellectual exchange, now competes with muted microphones, blank screens, and inbox distractions. The result? A transactional mode of engagement that lacks the nuance, spontaneity, and depth that in-person dialogue cultivates.

This shift also sends a subtle but troubling message to trainees and junior faculty. Physical presence at seminars has long been a cultural cornerstone of academic professionalism—a signal of commitment, curiosity, and respect for shared learning. When we devalue that norm, we risk eroding the very standards that shape academic identity.

Reinvigorating the tradition of in-person seminars—especially for core sessions—is more than nostalgia. It's a recommitment to the growth, connection, and creativity that define academic medicine. Virtual options should remain for those genuinely unable to attend, but let's make in-person engagement the expectation, not the exception.

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Inside Medicine Newsletter Archive

Vizient Award

NYU Langone Health Is No. 1 for Quality for the Fourth Consecutive Year

NYU Langone Health has once again been recognized by Vizient, Inc. as the No. 1 comprehensive academic medical center in the nation—marking the fourth consecutive year of this extraordinary achievement. This distinction underscores the institution's unwavering commitment to patient-centered care, safety, and excellence across every aspect of healthcare delivery.

In addition to the top ranking for the academic medical center, NYU Langone Hospital—Long Island and NYU Langone Hospital—Brooklyn were both ranked in the top ten in the large specialized complex medical center cohort. NYU Langone Hospital—Suffolk was elevated this year from the community hospital cohort to the complex care medical center cohort, a reflection of its expanding capabilities, and it placed in the top quartile of that group. Further highlighting the depth of excellence across the health system, NYU Langone's Faculty Group Practices were ranked the No. 1 physician practice network in the United States —an honor achieved in 10 of the last 12 years.

Vizient, the nation's largest healthcare performance improvement organization, measures academic medical centers on critical factors including safety, equity of care, effectiveness, efficiency, mortality, and patient-centeredness. NYU Langone's Vizient ranking, combined with its No. 1 specialties from *U.S. News & World Report*, top quality and safety grades from Leapfrog, and multiple Magnet designations for nursing excellence, reaffirms the institution's place at the forefront of healthcare.

Reflecting on this distinction, Fritz François, MD, MSc, Executive Vice President and Vice Dean, Chief of

Hospital Operations, shared: *"While being ranked No. 1 by Vizient is an incredible honor, our highest aim is even greater: to make every patient feel like they are our No. 1 priority. From our front-desk staff to our kitchen servers, nurses, and physicians, each of us plays a part in shaping a patient's experience, ensuring they feel seen, heard, understood, respected, cared for, and valued."*

With this latest recognition, NYU Langone Health continues to set the benchmark for delivering exceptional care across the country.

Shared Success

Chairman's Circle Advisory Board Meeting

On September 15, the Department of Medicine welcomed members and guests of the Chairman's Circle Advisory Board for an inspiring program that highlighted leadership, excellence, and innovation across the department and institution.

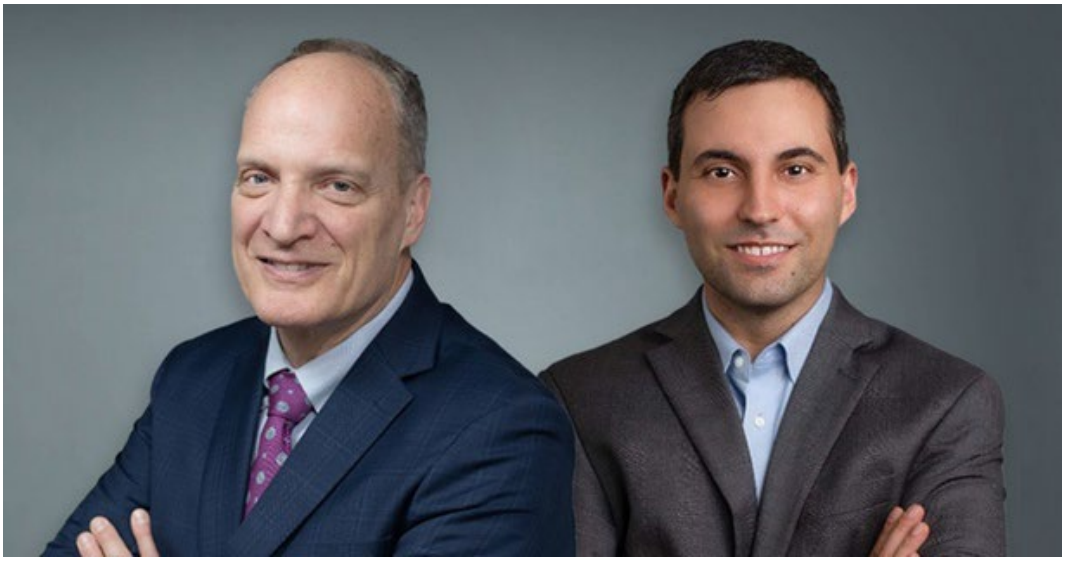
Alec C. Kimmelman, MD, PhD, Dean of NYU Grossman School of Medicine and CEO of NYU Langone Health, opened the meeting by expressing gratitude to the Chairman's Circle for its essential partnership in driving NYU Langone's mission forward. He expressed special gratitude to Steven B. Abramson, MD, for over 50 years of extraordinary service and leadership, and emphasized the vital role philanthropy plays in advancing patient care, education, and research.

Dr. Abramson followed with an overview of NYU Langone's national achievements, including being ranked the No. 1 comprehensive academic medical center by Vizient, Inc. for the fourth year in a row and earning top standings across multiple specialties. He emphasized how integrating basic science, clinical care, and education ensures that discoveries reach patients more quickly and effectively.

The program also showcased remarkable research and innovations from leaders in the Department of Medicine. John P. Leonard, MD, Interim Director of the Laura and Isaac Perlmutter Cancer Center, Division Chief of Hematology and Medical Oncology, Director of the Center for Blood Cancers at Perlmutter Cancer Center, and Senior Advisor to the Dean and Chief Clinical Officer for Enterprise Cancer Strategy & Operations, highlighted advances in cancer care and the importance of expanding clinical trials to provide patients with early access to promising therapies. Daniel H. Sterman, MD, Thomas and Suzanne Murphy Professor of Pulmonary and Critical Care Medicine in the Department of Medicine at NYU Grossman School of Medicine, Professor in the Department of Cardiothoracic Surgery, Division Director of Pulmonary, Critical Care & Sleep Medicine, and Director of the Pulmonary Oncology Program, presented remarkable progress in intratumoral therapy and gene therapy for lung cancer, approaches with the potential to extend survival and improve quality of life. Finally, Aristotelis Tsirigos, PhD, Professor in the Departments of Medicine and Pathology at NYU Grossman School of Medicine, Co-Director of the Division of Precision Medicine, and Director of both the Applied Bioinformatics Laboratories and Clinical Informatics in the Molecular Pathology Lab, demonstrated how artificial intelligence is transforming cancer diagnosis and treatment, making care faster, more precise, and more equitable.

The evening celebrated the impact of philanthropy in fueling transformative work at NYU Langone Health and reaffirmed the institution's commitment to shaping the future of medicine.

New Leadership in the Division of Infectious Diseases and NYU Langone Vaccine Center



(L-R) Michael S. Phillips, MD; Ramin S. Herati, MD

After 7 years of exceptional leadership, Mark J. Mulligan, MD, is retiring from his positions as Director of the Division of Infectious Diseases and Immunology as well as the Director of the NYU Langone Vaccine Center. A national search for a new Division Director is currently underway.

We are pleased to announce that Michael S. Phillips, MD, has been appointed Interim Director of the Division of Infectious Diseases, and Ramin S. Herati, MD, will serve as the new Director of the Vaccine Center. Dr. Phillips, Associate Professor of Medicine and Associate Director of the Division, will continue in his role as Chief Epidemiologist for NYU Langone Health. This marks his second time serving as Interim Director, having previously held the position in 2017 prior to Dr. Mulligan's recruitment. He has since played a pivotal role in building the division's clinical faculty at both NYU Langone and Bellevue.

Dr. Phillips earned his MD from Dartmouth Medical School and completed residency and infectious disease fellowship at Dartmouth-Hitchcock Medical Center. Before joining NYU Langone in 2006, he served in the U.S. Public Health Service Commissioned Corps. Widely recognized for his leadership during infectious disease outbreaks, including COVID-19, his research focuses on the patient and environmental factors that drive pathogen transmission.

Dr. Herati, Assistant Professor of Medicine and Microbiology, earned his MD from Washington University, completed residency at Johns Hopkins University, and pursued fellowship training at the University of Pennsylvania, where he remained on faculty before being recruited to NYU Langone. His research investigates the immune mechanisms that regulate antibody production, with a focus on T follicular helper CD4 T cells. At the Vaccine Center, he has developed innovative tools to study germinal centers and inform vaccine design.

These new appointments reflect a strong commitment to advancing research, education, and patient care within infectious diseases and immunology. We are fortunate to have Drs. Phillips and Herati assume these important positions. Please join in congratulating them both.

Marcus D. Goncalves, MD, PhD, Appointed

Division Director of the Holman Division of Endocrinology, Diabetes & Metabolism

Marcus D. Goncalves, MD, PhD

We are pleased to announce that Marcus D. Goncalves, MD, PhD, has been appointed Director of the Holman Division of Endocrinology, Diabetes & Metabolism. He also serves as the Clarissa and Edgar Bronfman, Jr. Associate Professor of Endocrinology and Director of Systemic Metabolism Research in the Department of Medicine, and Associate Professor in the Department of Radiation Oncology. A nationally recognized endocrinologist and physician-scientist, Dr. Goncalves brings dual MD and PhD training and a research program at the intersection of metabolism, cancer, and endocrine signaling. His work has advanced understanding of conditions such as cachexia, obesity, insulin resistance, and the metabolic effects of dietary sugars like fructose. Combining innovative translational research with a commitment to patient care, Dr. Goncalves is poised to lead the division into its next era of discovery and clinical excellence.

This leadership transition follows the distinguished tenure of Ira J. Goldberg, MD, who has served as Director of the Division and as the Clarissa and Edgar Bronfman, Jr. Professor of Endocrinology. Dr. Goldberg, a Harvard-trained physician and internationally respected authority on lipid disorders, has published more than 300 scholarly works and contributed to leading medical textbooks. His National Institutes of Health and American Heart Associationfunded research has shaped the field’s understanding of lipoprotein metabolism and cardiovascular risk in diabetes. We extend our deepest gratitude to Dr. Goldberg for his exceptional leadership and novel contributions.

Please join us in welcoming Dr. Goncalves to his new role and in thanking Dr. Goldberg for his years of service to the department and the field of endocrinology.

Meet Our New Executive Chief Residents

Introducing the Physicians Guiding Our Residents in the Year Ahead

Dalia Littman, MD
Executive Chief Resident
Internal Medicine

Dalia Littman, MD, grew up in New Rochelle, New York, studied History of Science at Harvard, and completed her pre-medical coursework at Bryn Mawr College. She earned her medical degree at NYU Grossman School of Medicine, where she also completed her residency before stepping into her role as Executive Chief Resident.

“I see myself as a resource for residents,” she says, “someone they can turn to for questions about clinical care, career development, or even personal challenges.” With an interest in hematology/oncology, Dr. Littman has expanded opportunities for residents to participate in case conferences, tumor boards, and faculty-led didactics.

She is also focused on building connections, recently launching a program pairing residents with faculty for informal meetings. To enrich education, she introduced “Game Day” reviews, a conference at the end of each block, in which the residents play games (Jeopardy, salad bowl, etc.) to review the content that was covered over the prior 2 weeks. Dr. Littman then follows this up by sending out a "What We Learned" document, helping to build up a library for residents that they can reference for teaching or choose topics to delve into further.

Stephanie A. Rasmussen, MD, MS, grew up in rural Northern California and first pursued basic science research, studying antimalarial drug resistance as an undergraduate and graduate student at Dominican University of California. Field work in eastern Uganda shifted her path: “I realized I wanted to become a physician so I could use my knowledge to directly help patients.” She earned her medical degree at the University of California, Davis, then completed her Internal Medicine Residency at NYU Grossman School of Medicine, where she is now applying for fellowship in Pulmonary & Critical Care Medicine (PCCM).

As Executive Chief Resident, Dr. Rasmussen brings “a curious spirit and love of learning” to her leadership role. She is strengthening Bellevue’s inpatient simulation curriculum, preparing residents to manage routine and high-acuity cases while leading Rapid Response and Cardiopulmonary Arrest Teams.

Dedicated to building community, she helped launch initiatives like end-of-block Roof Trips and Sweets Rounds, alongside educational projects such as a point-of-care ultrasound (POCUS) program.

Stephanie A. Rasmussen, MD, MS
Executive Chief Resident
Internal Medicine

Developed with residents Alaska Fierro, MD, and Peter Zhang, MD, under the mentorship of Nalinee C. Srisarajivakul-Klein, MD, the initiative features a weekly “POCUS Clip of the Week” to sharpen interpretation skills and expand clinical use.

Inpatient Protected Time

Residents Engage in Case-Based Learning Across Specialty Areas

At NYU Grossman School of Medicine, Inpatient Protected Time (IPT) was launched in 2024 under the leadership of Margaret R. Horlick, MD, MHPE, Director of the Internal Medicine Residency Program, to enhance residency education. This initiative, now in its second year, provides trainees with dedicated learning time twice a week to deepen clinical knowledge and refine decision-making skills. Held every Tuesday and Thursday, these structured half-day sessions focus on subspecialty teaching, emerging medical concepts, and clinical reasoning, allowing residents to engage in case discussions, review pivotal literature, and interact with expert faculty without competing patient care demands.

IPT fosters an immersive academic environment where trainees can step away from ward pressures and focus entirely on learning. With medical knowledge expanding and clinical demands increasing, protected educational time is vital. Through IPT, residents sharpen critical thinking, gain exposure to cutting-edge research, and refine clinical reasoning in a collaborative setting.

Sessions cover high-yield topics to prepare residents for exceptional patient care. On September 25, IPT featured a cardiology-focused session with two in-depth, case-based discussions. The first case explored the diagnosis and management of endocarditis, while the second examined myocardial infarction complicated by shock—a case designed with multiple critical decision points.

Faculty discussants guided residents through these complex scenarios, weighing management options and highlighting how recent literature informs real-world choices. The interactive format allowed trainees not only to refine clinical reasoning but also to observe expert faculty debate treatment strategies in challenging cardiovascular cases. Faculty in attendance included Jose A. Alvarez-Cardona, MD, Erin E. Flattery, MD, Gregory Katz, MD, and Brian Wayda, MD, who brought a wealth of expertise spanning amyloidosis and inpatient care.

By centering the session on both foundational cardiology concepts and advanced decision-making, IPT continues to provide residents with dedicated time to engage deeply with complex topics, strengthen evidence-based practice, and learn directly from leaders in the field.

Innovations in Medicine

Conversations with Our Expert Faculty

Morgan Grams, MD, PhD (right)
Susan and Morris Mark Professor of Medicine, Department of Medicine
Professor, Department of Population Health
Co-Director, Division of Precision Medicine

Aristotelis Tsirigos, PhD (left)
Professor, Department of Medicine
Professor, Department of Pathology
Co-Director, Division of Precision Medicine
Director, Applied Bioinformatics Laboratories
Director, Clinical Informatics, Molecular Pathology Lab

In the rapidly evolving landscape of healthcare, precision medicine is reshaping how clinicians approach patient care, tailoring prevention, diagnosis, and treatment to each individual's unique characteristics. The Division of Precision Medicine is led by co-directors Morgan E. Grams, MD, PhD, and Aristotelis Tsirigos, PhD, with a multidisciplinary team of clinicians and computational scientists who translate innovative research into meaningful improvements for patients.

By leveraging data from electronic health records, clinical trials, research cohorts, and biorepositories—along with advanced technologies such as AI-assisted imaging, single-cell and spatial multiomics, and digital health tools—they enhance disease risk prediction, identify new therapies, and optimize patient-specific care strategies. In this interview, Drs. Grams and Tsirigos explore how precision medicine integrates with Learning Health Care Systems, allowing continuous feedback from clinical practice to drive better outcomes, more personalized interventions, and a healthcare system that learns and evolves alongside its patients.

1. How do you define precision medicine, and why is it such a transformative approach in patient care?

Dr. Grams: Precision medicine means moving away from a one-size-fits-all approach to care. Instead, we integrate information about a patient's genetics, environment, lifestyle, and clinical history to tailor prevention, diagnosis, and treatment. It's transformative because it allows us to match the right intervention to the right patient at the right time, ultimately improving outcomes and avoiding unnecessary treatments.

Dr. Tsirigos: What excites me most is that precision medicine is disease-agnostic—it applies whether we're talking about cancer, autoimmune conditions, cardiovascular disease, or kidney disease. By combining molecular, imaging, and clinical data, we can uncover patterns that simply weren't visible before. This is shifting medicine from reactive to predictive and proactive.

2. What role does precision medicine play within a Learning Health Care System (LHCS)?

Dr. Tsirigos: A Learning Health Care System relies on continuous feedback between care and discovery. Precision medicine makes that cycle possible: we generate detailed molecular and clinical data from patients, apply advanced computational methods, and rapidly return insights that can improve care.

Dr. Grams: Importantly, LHCS also requires scale. By harmonizing and centralizing data—through shared resources like biobanks, registries, and wearable data streams—we ensure that every patient encounter contributes to knowledge that benefits the next patient.

3. Can you share examples of how data science, genomics, or other tools are being applied withing the Department of Medicine and NYU Langone Health to advance precision medicine?

Dr. Grams: We are using single-cell and spatial omics combined with digitized pathology and imaging to better classify diseases and guide personalized therapies. For example, in lung cancer, this has allowed us to refine how we think about disease subtypes and prognosis.

Dr. Tsirigos: On the computational side, we're applying AI in multiple areas—modeling gene regulation to identify new drug targets in cancer and autoimmune disease, and developing AI-based interventions in the electronic health record (EHR). We're also incorporating wearable data—continuous glucose monitors, accelerometry, and sleep data—to detect disease earlier and provide real-time decision support for clinicians.

4. What are the biggest challenges to integrating precision medicine into everyday clinical practice?

Dr. Tsirigos: Integration is the keyword. We need to make genomic, imaging, and wearable data flow seamlessly into the EHR, so that clinicians don't face extra burden. That requires infrastructure, secure data governance, and tools that translate complex datasets into actionable insights.

Dr. Grams: Another challenge is ensuring equitable access. Precision medicine cannot just be for those who can afford advanced testing. A Learning Health Care System must deliberately scale innovations so that all patients benefit, and we're committed to building that infrastructure.

5. How does the collaboration between clinicians, researchers, and data scientists support the goals of both precision medicine and LHCS?

Dr. Grams: Collaboration is the foundation of our division. We started with two faculty in 2022 and now have seven faculty and more than 25 staff with expertise spanning data science, bioinformatics, biostatistics, and clinical research. This breadth is intentional: it allows us to collaborate broadly across cardiology, oncology, rheumatology, nephrology, endocrinology, pediatrics, and more.

Dr. Tsirigos: By design, our team is disease-agnostic. That means we can take lessons learned in one field—for example, AI tools in oncology—and adapt them for kidney disease or pulmonary medicine. This cross-pollination accelerates discovery and helps the Department of Medicine and NYU Langone Health overall remain at the forefront of both research and clinical care.

6. Looking ahead, what innovations in precision medicine do you think will most impact patient outcomes over the next 5–10 years?

Dr. Tsirigos: One is the concept of the "digital twin"—a computational model of an individual patient that integrates genomics, imaging, wearables, and clinical history to predict health trajectories and simulate outcomes. This will enable proactive, personalized interventions at scale.

Dr. Grams: I would add AI-driven clinical interventions—risk calculators, real-time dashboards, and predictive models embedded directly into the EHR. These tools will reduce clinician burden while improving patient outcomes. And on the discovery side, AI-powered analysis of multi-modal data will accelerate drug repurposing and the identification of new therapeutic targets.

Together: The future of precision medicine lies in integration—bringing together diverse datasets, cutting-edge computational tools, and interdisciplinary teams. At NYU Langone, we are building the infrastructure and expertise to make this vision a reality and improve the lives of our patients.

Residency Wellness Initiatives

Supported by the House Staff Research and Wellness Fund



We are pleased to share an update presented by Executive Chief Resident Dalia Littman, MD, at the recent Department Leadership Group meeting, highlighting the impact of wellness activities funded through the House Staff Research and Wellness Fund, which has raised over $64,000.

Thanks to generous donations from our faculty and leadership—including $25,000 allocated to the residency—the fund supports a variety of initiatives aimed at enhancing residents' well-being and professional growth. Activities have included workout classes, post-rotation team outings, APD cohort dinners, retreats—with mini-golf proving a favorite among the +2 cohorts—and multicultural dinners, creating engaging and enriching experiences for residents.

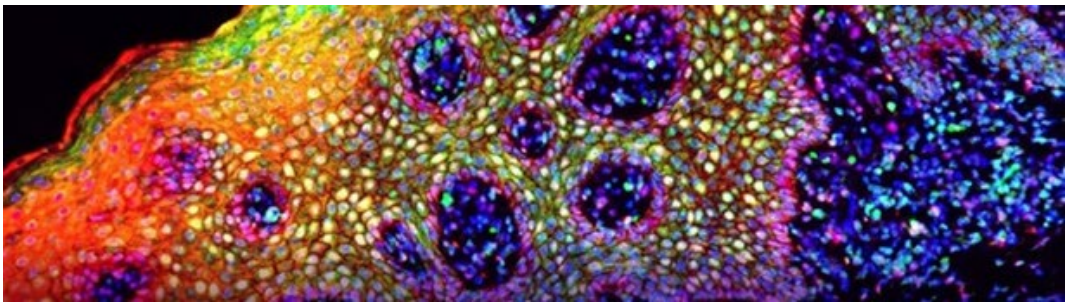
Residents also benefit from culture-enriching opportunities, including free museum admissions with an NYU ID to venues such as the Brooklyn Museum, the Museum of Modern Art, and the Whitney Museum. The quick uptake of available tickets demonstrates residents' enthusiasm for connecting with arts and culture outside the hospital setting.

The ongoing success of these programs underscores the importance of continued support and innovation in wellness initiatives, positively impacting both the personal and professional lives of our residency community.

We extend our gratitude to all leadership, faculty, and staff who have contributed to this fund and continue to make the Department of Medicine a nurturing environment that prioritizes both medical excellence and holistic development.

CME Highlight

10th Annual Colton Center Symposium and Philip K. Moskowitz, MD Lecture



On Friday, September 19, 2025, the Division of Rheumatology hosted the 10th Annual Judith and Stewart Colton Center Symposium on Autoimmunity alongside the Philip K. Moskowitz, MD Lecture, bringing together leading researchers and clinicians to discuss the latest advances in autoimmune disease research. The event celebrated the Coltons' longstanding commitment to fostering fundamental discoveries that translate into improved patient care for families living with autoimmune conditions.

Course Director Jose U. Scher, MD, the Director, Psoriatic Arthritis Center, alongside Steven B. Abramson, MD, Chair of the Department of Medicine, and Jill P. Buyon, MD, Director of the Division of Rheumatology, the symposium showcased cutting-edge science spanning preclinical research, translational studies, and clinical applications. Keynote speaker Judith James, MD, PhD, from the Oklahoma Medical Research Foundation presented on “Preclinical Autoimmunity to SLE Disease Prevention: Where We Are and What’s Next?” Other presentations included David A. Hafler, MD, (Yale School of Medicine) on “The Gut-Brain Axis in Homeostasis and Disease,” Jeffrey A. Hubbell, PhD, (NYU) on “Molecular Engineering to Retrain Immunity toward Tolerance,” and Bas van der Woning, PhD (argenx) on the "Colton Center–argenx Partnership in Co-Creating Anti-MUSK Therapies from Discovery Toward Commercialization."

The symposium also recognized Rebecca Haberman, MD, Assistant Professor of Medicine at NYU Grossman School of Medicine, Associate Director of the Psoriatic Arthritis Center, and Assistant Director of the Orthopedic Hospital Arthritis Clinic, as the recipient of the Philip K. Moskowitz Scholar Grant Award. Dr. Haberman’s research exemplifies the Center’s mission to translate scientific discoveries into therapies that improve outcomes for patients living with autoimmune disease.

The event highlighted how NYU Langone’s Colton Center continues to advance understanding of immune system function and translate discoveries into therapies for conditions such as lupus, inflammatory arthritis, Crohn’s disease, and multiple sclerosis, while fostering collaboration across researchers and clinicians.

Historian Is In

From Four Years to Three: NYU Grossman Led the Way

In 2013, Drs. Steven Abramson and Robert Grossman, together with other NYU Langone colleagues, co-authored an opinion piece in the New England Journal of Medicine (NEJM) recommending that four years of medical school be shortened to three. The pushback was intense because it challenged a tradition more than a century old. In 1910, the Carnegie Foundation published a revolutionary document aimed at reforming the abuse of a largely unregulated profession. Its author, Abraham Flexner, had visited 174 “medical colleges” in just over a year. Using vivid language, he described the great bulk of them as “foul,” “disgraceful,” “a plague upon the nation.”

Their measuring stick for excellence was Johns Hopkins. Founded in 1893, it mimicked the German model with a four-year curriculum, a major laboratory component, practical bedside training, and a college degree required for admission. Hopkins could afford to be picky: the medical school was attached to the university’s hospital, and its operating expenses were covered by an endowment. It was rich, selective, and demanding.

New York City's top medical schools—Cornell and Columbia—were among Flexner's favorites. Both required two years of college from their applicants, and both had fair-sized endowments. NYU required only a high school diploma, while relying on tuition and fees to cover its costs. It ranked lower on Flexner's scale, but high enough to win his tepid approval.

Flexner's four-year curriculum became the standard—and largely remains so today. The problem is that medical school graduates in 1910 didn't spend a decade or more on further training, and the cost of medical school was relatively modest. Tuition at Harvard, Yale, and Columbia averaged about $175 per year. With room, board, and incidentals, the full cost was $550, the equivalent of $14,000 today.

Abramson and Grossman's NEJM piece called for a more flexible timeline. Students who could handle an accelerated curriculum should be encouraged to do so. "One benefit of shortened training," it noted, "is to help reverse the trend of physician age creep." The percentage of practicing doctors below the age of 35 had fallen from 28% to 15% in recent decades. Knocking a year off the front end of the pipeline made good sense when the back end was constantly expanding. The public would benefit by having doctors treat more patients over their extended careers. And doctors would benefit by saving a year of tuition while adding a year of earnings.

In 2013, sixteen students entered NYU's inaugural three-year program. It was a gamble, to say the least. Only two other U.S. medical schools, Texas Tech in Lubbock and Mercer in Savannah, Georgia, had a three-year option in place, and both were geared to producing primary care physicians.

The timing could hardly have been worse. The group began its journey in the shadow of Superstorm Sandy, with limited classroom space and a flooded library. But the results were comforting. A study of graduating classes at NYU Grossman from 2013 to 2019 showed almost no difference between the 136 three-year pathway students and the 681 four-year students in terms of "knowledge assessment" and "clinical reasoning." Even the percentages of those accepted into Alpha Omega Alpha, the medical student honor society, and those who went on to become chief residents, were almost identical. And a larger survey by the American Association of Medical Colleges strongly endorsed these conclusions. "Our findings," it said, "support accelerated programs as potentially important [instruments] for addressing workforce shortages and rising student debt."

The success of the program led to a decision by Drs. Abramson and Grossman to establish a new medical school on the Mineola campus, the first in the country to be entirely three years, focused on primary care disciplines. Today, NYU Grossman has fully embraced the three-year curriculum. And more than thirty other medical schools now provide a three-year option, the numbers slowly increasing. Credit is due to the road map supplied by Drs. Abramson and Grossman. Combined with free tuition provided to every entering student, NYU Grossman stands as the nation's leader in quality and innovative medical education.

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

Beyond the White Coat

Scrubs, Vows, and Bellevue

Many people know I'm an NYU lifer, but you may not know that I was married at Bellevue Hospital.

One late June morning my now husband, Tim, proposed over the Times crossword puzzle. Next question—when should we tie the knot? Tim at that time was the Associate Director of the Bellevue Chest Service and I was finishing up my first year as a cardiology attending. We looked at our schedules and saw that we could either get married in 3 weeks or in 6 months. We each had a big family affair with our first weddings and didn't see the need to do that again. Just our closest family and friends this time. So we decided to go with 3 weeks. Finding a restaurant for the reception was easy. It's not that easy to find a wedding venue on 3 weeks' notice in the summer, it turns out. Fortunately, Bellevue has beautiful chapels on the first floor of the C and D buildings (check them out sometime if you haven't).

Our wedding took place on a Thursday evening in July. People came down in scrubs to take part in the ceremony. Here is our wedding photo—notice the man on crutches!

Harmony R. Reynolds, MD

Joel E. and Joan L. Smilow Professor of Cardiology, Department of Medicine

Director, Center for Women's Cardiovascular Health

Director, Cardiovascular Clinical Research Center

Harmony R. Reynolds, MD, and her husband Tim outside the Bellevue Hospital Center on their wedding day

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The Book Report

Yonathan Daniel, MD - Amusing Ourselves to Death

Neil Postman's *Amusing Ourselves to Death* may have been written in 1985, but it reads today like prophecy. Postman's central warning—that television had not merely altered but flattened public discourse into shallow entertainment—feels startlingly relevant in today's age of TikTok, Instagram, and other bite-sized media ecosystems.

Postman's most powerful idea is that the medium itself determines the shape of our thought. In the "Age of Typography," print culture demanded patience, sustained attention, and logical reasoning. Arguments

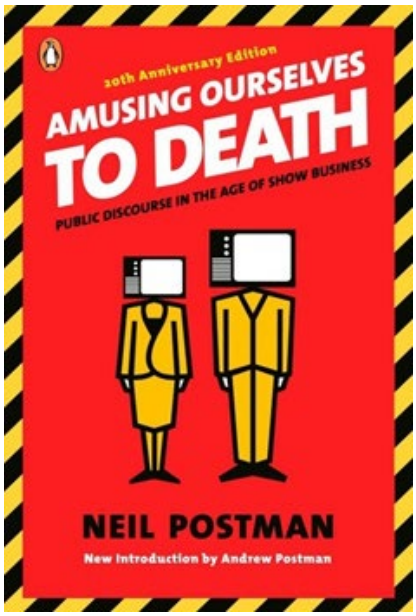
were carefully built, debated, and understood in their full complexity. But when television became the dominant medium, messages had to conform to its grammar of entertainment: fast, colorful, emotional. Serious discourse was hollowed into performance. Today's short-form content pushes this trend even further.

The result is a flattening of culture and information. On a scrolling feed, everything looks the same: a dance challenge, a joke, a news headline about climate change, a snippet of political commentary. The distinctions between serious and trivial collapse because all are packaged with the same cadence and urgency. This collapse makes it easy to consume but hard to prioritize, contextualize, or think critically. Over time, this cultivates a mindset that favors binary judgments—good/bad, true/false, for/against—rather than the slow wrestling with ambiguity and subtext that real understanding requires.

The implications are profound. A generation raised in this environment risks losing intellectual stamina to parse complexity, to hold multiple truths in tension, or to appreciate layered arguments. In politics, this encourages polarization; in culture, it rewards oversimplification; in personal life, it erodes patience for the complexity of real relationships. The flattening of culture does not censor ideas—it makes them trivial, stripping them of weight until we treat all knowledge as interchangeable content competing for attention.

Postman's concern wasn't just that we would be lied to, but that we would lose the very capacity to care about truth. Reading his book feels unsettling because it feels like Postman's warnings have been fulfilled beyond what even he may have expected. If television amused us to death, social media might end up burying us

Yonathan Daniel, MD
Internal Medicine Resident, PGY-2



Faculty QuickTake Video

A brief glimpse into the journeys of those who make our department exceptional.
In each QuickTake video, a Department of Medicine member answers a few rapid-fire questions about their path to medicine, their passion for the work, and the advice that's stuck with them.

Featured: Harmony R. Reynolds, MD | Specialty: Cardiology

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 photo or icons above!

Featured Student Essay

Wrist-Worn Telemetry:
The Efficacy of Smart Watch Blood Pressure Monitoring

A patient visit is a photograph—a snapshot of their life outside the clinic. By taking a thorough history, this still-life becomes a story. We get an idea of patient symptoms, how they change, what aggravates, and what alleviates. We understand their life situation, the health of their family, and the pills they take each morning with breakfast. Through open-ended questions and guided conversation, twenty minutes with a patient can create a film of the past few months of their life.

In contrast, our physical exam findings, vital signs, and laboratory tests symbolize the transient state of our patient on that specific day. Their fever has subsided, their rash cleared up, or their heart is not fluttering like it was last Tuesday. The long-term dynamics of these measurements is difficult to assess based on conversation alone. Telemetry monitors, in many ways, have opened a new door for us.

Going to the doctor can be anxiety-inducing for many patients. This idea is central to the theory of “white coat hypertension.” The stress of navigating the hospital and fears of what a visit may uncover causes understandable sympathetic activation. For this reason, an isolated increase in blood pressure in the clinic is not enough to make the diagnosis of chronic hypertension. To combat this, patients can track their blood pressure at home, in a more neutral setting to determine if a hypertension diagnosis is truly warranted. Additionally, patients can continue to track their blood pressure after intervention to determine treatment efficacy. This helps avoid inaccurate diagnoses, unnecessary medications, and allows patients to play an active role in their healthcare management. Much simpler than a traditional auscultatory blood pressure measurement, automated blood pressure cuffs can take a blood pressure with the push of a button. These machines, however, must be purchased separately and are not convenient to take on the go.

Smart watches have allowed miniature computers to sit on the wrists of people around the world. Watches are no longer for time keeping, but rather function to track workouts, assess sleep quality, send text messages, and pay at checkout. Furthermore, they have a variety of health features across different brands and models, including heart rate, EKG taking, blood oxygen levels, and blood pressure measurement.

Why purchase an automatic blood pressure cuff when your smart watch can measure your blood pressure whenever, and wherever, you are? While a traditional blood pressure cuff uses basic physics to measure systolic and diastolic pressures, a smart watch does not have the same pressure mechanism. This begs the question: how do these smart watches read blood pressures and are they accurate enough to monitor our patients?

Photoplethysmography (PPG) assesses the volume of blood inside a vessel through analyzing light absorption and reflection. By nature of its design as an external and nonspecific sensor, the measurements include blood flow through both veins and arteries. PPG readings are divided into pulsating and non-pulsating measurements, associated with the heartbeat and baseline blood volume respectively. By correlating the volume and associated distention of an artery to the pressure within that vessel, PPG technology can be used to measure blood pressure. In addition to smart watches, this technology has also been employed in smart phone cameras and belt monitors to measure blood pressure.[1]

More important than knowing how it works is an assessment of how well it works. A 2022 study from Falter et al. compared smart watch blood pressure measurements with an automated upper-arm cuff in a group of forty patients. They took measurements at fifteen-minute intervals during the day and thirty-minute intervals at night. They allowed 28 days for the smart watch to calibrate before beginning data collection. The study found that this watch calibration period establishes a set point. From there, the watch has difficulty with measurements differing drastically from that set point, underestimating high blood pressures and overestimating low blood pressures. Additionally, two patients were excluded from the study because

their blood pressures were too high for watch calibration, demonstrating another limitation.[2]

While the Falter et al. study directly compared smart watch and automated cuff measurements, there have been other studies exploring cuffless blood pressure monitoring. A 2023 study from Lee et al. investigated Heartisians, a watch designed specifically for tracking blood pressure. This watch was found to pass on only two of the six criteria necessary from the International Organization for Standardization, an organization ensuring quality and safety in technology, management, and manufacturing.[3] Van Helmond et al. in 2019 tested two cuffless devices including Everlast Smartwatch and BodiMetrics Performance Monitor, finding that neither of them provided accurate tracking.[4] These studies show that while cuffless monitors are on the horizon, they are not yet ready for reliable use in the healthcare setting. One study, however, did show potential. Jiayu et al. in 2022 used a smart watch integrating both ECG and PPG signals, alongside a personal calibration phase, that achieved an accuracy that complied with the Association for the Advancement of Medical Instrumentation.[5] As technology continues to improve, there is certainly a potential for smart watches to play a key role in blood pressure tracking and clinical decision making.

In diabetes, a hemoglobin A1c measurement gives us an accurate summary of the patient's disease state over the past few months. For blood pressure, the aggregate of these watch measurements could create a similar picture. Blood pressure monitoring is important for diagnosing and managing hypertension; however, smart watches are not quite ready to be a part of the process. For now, the Korean Society of Hypertension makes an interesting point regarding these smart watch readings – while their accuracy may be compromised, these blood pressure readings help raise awareness for the importance of blood pressure monitoring and regulation.[6]

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Maria Adamitis is a second-year medical student at NYU Grossman School of Medicine. She is originally from St. Louis, Missouri and graduated from the University of Florida in 2024. At NYUGSOM, she is a member of Student Council and is involved in the Healthcare Career Collaborative, a club that partners with a local high school to provide education and mentorship. Maria is interested in Otolaryngology but is excited for new experiences as she embarks on her clerkship year. In her free time, Maria loves trying new activities with friends around the city.

News & Awards

Faculty Honors

Leon H. Charney Division of Cardiology

Adam Small, MD, has been named Associate Medical Director of the Adult Congenital Heart Disease Program.

Brian Wayda, MD, received the NIH K08 Mentored Clinical Scientist Research Career Development Award for his work: *More Heart Transplants Through Informed Donor Selection*.

Division of Gastroenterology & Hepatology

Daniel Marino, MD, MBA, has been named recipient of an American College of Gastroenterology (ACG) Outstanding Research Award in the Biliary/Pancreas Category (Trainee) at the ACG Annual Scientific Meeting and Postgraduate Course this October.

Mark B. Pochapin, MD, will be honored as a Master of the American College of Gastroenterology (ACG) at the ACG Annual Scientific Meeting and Postgraduate Course this month.

Aasma Shaukat, MD, MPH, and colleagues will be honored with an American College of Gastroenterology SCOPY Award this October, for their project; *Targeted Video Educational Tool Approach to Improving Colorectal Cancer Screening Preparation and Health Disparities.*

Renee L. Williams, MD, MHPE, and colleagues will be honored with an American College of Gastroenterology SCOPY Award this October, for their project; *A Single-Center, Nonrandomized, Single-Arm Investigation to Assess Colorectal Cancer Screening Rates Among Incarcerated Patients.*

Division of General Internal Medicine & Clinical Innovation

Ann R. Garment, MD, was awarded Mastership in the American College of Physicians.

Michael P. Janjigian, MD, was selected to be part of the Society of Hospital Medicine POCUS Special Interest Group Executive Council.

Marc M. Triola, MD, founding director of the Institute for Innovations in Medical Education (IIME) was appointed senior associate dean for medical education. He will succeed Melvin G. Rosenfeld, PhD, who served with distinction in that position since 2007. Dr. Triola has served in numerous roles across our education mission and is a past recipient of the NYU Grossman School of Medicine Master Educator Award.

Division of Geriatric Medicine & Palliative Care

Oluwaseun Adeyemi, MD, PhD, has received an award through the Alzheimer's Association's expanded National Alzheimer's Coordinating Center's New Investigator Award Program (NIAP). His project, *Role of Social Determinants of Health on AD/ADRD Health Outcomes,* was among the highly ranked and competitive applications selected from the 2025 NIAP cycle.

Nina Blachman, MD, has been appointed Interim Service Chief of Geriatrics at Tisch Hospital.

Division of Nephrology

Morgan Grams, MD, PhD, received the 2025 Editors' Choice James S. Kaufman Early Career Award for her work on *Extreme Humid-Heat Exposure and Mortality Among Patients Receiving Dialysis* by the *American Journal of Kidney Disease*s.

Division of Pulmonary, Critical Care & Sleep Medicine

Ashwin Basavaraj, MD, received the 2025 Distinguished CHEST Educator Award by the American College of Chest Physicians.

Jeremy R. Beitler, MD, MPH, was invited to join the National Heart, Lung, and Blood Institute Multi-Study Critical Care Trials Data and Safety Monitoring Boardknown as "POST" (PEEP, Oxygen saturation, and Sedation Trials).

Radu Postelnicu, MD, received the 2025 Distinguished CHEST Educator Award by the American College of Chest Physicians.

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INSIDE Medicine

The Newsletter of the Department of Medicine

Upcoming Events & CME

CME: The 5th Annual NYU Langone Critical Care Cardiology Symposium
October 17-18, 7:00am – 6:00pm
Details and registration link here

CME: NYU Langone Health's Annual Focus on Men's Health 2025
October 18, 7:45am – 4:05pm
Details and registration link here

CME: Tenth Annual Medical Education Innovations & Scholarship Conference
October 27, 8:0am – 5:30pm
Details and registration link here

CME: 2nd North American Bronchiectasis and NTM Symposium
December 2-3, 7:00am – 6:00pm
Details and registration link here

CME: 21st Annual The Irwin D. Mandel Advances in Cardiovascular Risk Reduction: Optimizing Therapies for Cardiometabolic Health
December 4, 7:30am – 5:00pm
Details and registration link here

CME: Eleventh Annual NYU Langone Advanced Seminar in Psoriasis and Psoriatic Arthritis
December 19, 8:15am – 6:00pm
Details and registration link here

Select Publications

Leon H. Charney Division of Cardiology

Tompkins R, Venkatesh P, **Small AJ**, **Halpern DG**. Lifelong care of females with congenital heart disease. *Circ Res*. 2025 Mar 14;136(6):553-565. doi: 10.1161/CIRCRESAHA.124.325596. Epub 2025 Mar 13. PMID: 40080536.

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Holman Division of Endocrinology, Diabetes & Metabolism

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Division of Nephrology

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Division of Pulmonary, Critical Care, and Sleep Medicine

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