MESSAGE FROM THE DIRECTOR

We are a dedicated, hardworking and diverse group of over 700 faculty members. I am inspired everyday by the commitment of staff and faculty to the shared purpose of advancing compassionate quality medical care for the people we serve. We in the Division have been making strides towards our core goal of improving the health of patients seen in diverse health care settings using strategies that are both practical to implement and translatable beyond our walls.

As teachers, we offer cutting-edge programs to train tomorrow’s clinicians, investigators and educators in the complex skills required to advance health. Programs offered range from innovative web-based initiatives for medical students, to a renowned residency-training program in primary care internal medicine, to innovative simulation for medical students, residents and faculty. Research meets education through our initiatives to improve the science of medical education by examining patient outcomes associated with medical education strategies and settings.

As clinicians, we deliver the highest quality of care to all patients across diverse urban practice settings that include our exceptional Tisch Hospital, NYU Langone Hospital-Brooklyn, the legendary Bellevue Hospital Center, the Veteran’s Affairs NY Harbor Healthcare System, and the magnificent array of affiliated practices and community based sites led by our talented faculty.

Our portfolio of funded research addresses challenges in improving medical education and prevention and chronic disease care among urban populations. We focus on critical issues ranging from obesity to alcohol dependence, social determinants of health, health literacy, and applications of information technology and behavior change strategies to improve health among diverse populations.

Many rich programs are represented here, which together should give you a fuller sense for our thriving Division of General Internal Medicine and Clinical Innovations.

Sincerely,

Sondra Zabar
Professor of Medicine
Director, Division of General Internal Medicine and Clinical Innovation
NYU School of Medicine
DGIMCI Leadership and Clinical Sites

### Tisch Hospital

- **Brian P. Bosworth, MD**
  - Chief of Medicine

- **Joshua A. Smith, MD**
  - Director
  - Hospitalist Program

- **Katherine Hochman, MD, MBA**
  - Section Chief
  - General Internal Medicine

- **Eric R. Goldberg, MD, FACP**
  - Medical Director
  - NYU Langone Internal Medicine Associates

### NYC Health + Hospital/Gouverneur

- **Morris S. Gagliardi, MD, MBA**
  - Chief Medical Officer
  - Ambulatory Care

- **James Schmidberger, MD**
  - Director
  - Department of Medicine

- **Karyn Singer, MD**
  - Associate Director
  - Department of Medicine

### VA NY Harbor Health Care System

- **David Stern, MD, PhD**
  - Chief of Medicine

- **Neil Shapiro, MD**
  - Assistant Chief of Medicine

- **Joseph Leung, MD**
  - Director
  - Outpatient Medicine
  - Section Chief, GIM

- **Seagram Villagomez, MD, FACP**
  - Chief
  - Section of Hospital Medicine

### NYU Langone Hospital – Brooklyn

- **Frank M. Volpicelli, MD**
  - Chief of Medicine

- **Katherine Hochman, MD, MBA**
  - Section Chief
  - General Internal Medicine

- **James Schmidtberger, MD**
  - Director
  - Department of Medicine

- **Yar Pye, MD, MBA**
  - Medical Director
  - Family Physician Health Center

- **Isaac Dapkins, MD**
  - Chief Medical Officer
  - NYU Family Health Centers
OUR EXPANDING COMMUNITY

Total Faculty by Clinical Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Faculty</th>
<th>Total Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC Health + Hospital/ Bellevue</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>NYC Health + Hospital/ Gouverneur</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>VA NY Harbor Health Care System</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Tisch Hospital</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>NYU Langone Hospital – Brooklyn</td>
<td>203</td>
<td></td>
</tr>
<tr>
<td>Faculty Group Practice Sites</td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>231</td>
<td></td>
</tr>
<tr>
<td>Other (e.g. non-clinical)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Total Faculty</td>
<td>736</td>
<td></td>
</tr>
</tbody>
</table>

With over 120 Internal Medicine physicians across 42 sites and growing!

Manhattan: 7
Queens: 9
Brooklyn: 13
Long Island: 7
Westchester: 2
Putnam: 2
Dutchess: 1
Florida: 1

"GIM offers the rare opportunity in current medical practice to integrate critically needed and timely interventions with the opportunity to establish long term care for those we treat. The spectrum of diseases we manage on a daily basis is both clinically and intellectually engaging and challenging. Retaining this variation has offered opportunities for professional growth that clinical specialization alone may limit."

- Soteri Polydorou, MD
  Clinical Associate Professor, Department of Medicine
  NYC H+H/Bellevue
EMBARKING ON INNOVATION IN CLINICAL PRACTICE

Diabetes Initiatives

Improving Diabetes Mellitus Management and Outcome at NYU Langone Internal Medicine Associates

The NYU Langone Internal Medicine Associates (IMA) goal was to improve HgbA1c to 7.5% or less, or decreased HgbA1c by 10% of patients’ initial measurement through regular and vigilant monitoring of IMA diabetic patients ages 18 and over. IMA tracked diabetic management performances from April 2016 to February 2017 with improvement and implementation of practice policy and procedure changes. In April 2016, about 30% of patients were above goal, and as of February 2017, 80% of the diabetic population were at goal.

Interventions:
- Created IMA Diabetes registry in EPIC
- Medical Director monitored the IMA diabetic population via EPIC monthly
- Outreach to patient with HgbA1c above goal without follow-up within 3 months on a monthly basis
- Provider awareness and education about goals/quality metrics, medication management and titration, review and distribution of individual provider performance monthly reports
- Increase use and expedited access (scheduled appointments) with Endocrinology for patients not improving despite intervention

<table>
<thead>
<tr>
<th>Month</th>
<th>Registry Size</th>
<th>At Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2016</td>
<td>622</td>
<td>73%</td>
</tr>
<tr>
<td>August 2016</td>
<td>710</td>
<td>75%</td>
</tr>
<tr>
<td>October 2016</td>
<td>767</td>
<td>78%</td>
</tr>
<tr>
<td>December 2016</td>
<td>824</td>
<td>78%</td>
</tr>
<tr>
<td>February 2017</td>
<td>810</td>
<td>80%</td>
</tr>
</tbody>
</table>

Luke Hamilton
Practice Manager
NYU Langone Internal Medicine Associates
The MITI program at NYC H +H/ Bellevue and Gouverneur

Mobile Insulin Titration Intervention (MITI) is a program for type 2 diabetes patients who are starting once-daily basal insulin or need their existing basal insulin adjusted/titrated. MITI uses weekday morning text messages asking “what was your fasting blood sugar this morning?” and one weekly phone call from a registered nurse to advise on insulin titration.

Preliminary Findings: 83% of MITI patients have achieved their optimal insulin dose (OID), taking an average of 23 days to do so and there has been a notable lowering of A1cs for those patient that have follow up lab data thus far. Patients report that they feel encouraged to check their sugars, take their insulin, feel supported by their healthcare team, and feel empowered in their own self-care.

• Presented a symposium on the MITI Program at the American Diabetes Association (ADA) 77th Scientific Session held June 9th-13th in San Diego, CA.
• Presented an Oral Plenary Session at the General Internal Medicine 40th annual meeting held on April 19-22, 2017 in Washington, DC.
• Awarded the 2017 Stand Up Management Award from the National Patient Safety Foundation.

The Diabetes Shared Medical Appointment Clinic at the VA NY Harbor Health Care System

Due to the growing number of patients with uncontrolled diabetes, in 2008 The Diabetes Care Program (DCP) was created in the Primary Care Section at the VA NY Harbor Health Care System to improve the medical management of patients with this condition. In 2009, the DCP was transformed into the Diabetes Shared Medical Appointment (DM SMA) to better meet the needs of patients. In this Shared Medical Appointment (SMA) format, patients initially met as a group and learned about general diabetes topics from the nurse educator, the dietitian and then the psychologists. After the segment, each patient met with a provider to have an individual visit to review his or her fingerstick log and adjust medications as needed. A four week curriculum cycles every month. Due to the success of the program, a secondary session, the Continuing Education Program for Patients and Families was started in January 2017 to accommodate patients who found great utility in participating in weekly sessions but were ready to engage in a more in-depth discussion of diabetes management.

The second annual One Faculty Hospitalists Retreat was held at the Old Bellevue Library on Tuesday, November 8, 2016. The retreat included a Hospitalist Speed Mentoring session. Modeled after speed dating, Speed Mentoring focused on obtaining quick-hit information, time-efficient networking, within an informal structure. The hospitalist had the opportunity to talk with ‘seasoned’ faculty, and develop their own personal and professional development plan in the domains of education, clinical practice, quality improvement, research, advocacy and work-life balance.

“The belief that the field of general internal medicine is perhaps one of the few branches of medicine where one sees an amazing variety of patients with the most diverse problems. The learning curve is steep even in primary and preventative medicine. You are the first person to address the patient’s new as well as chronic problems. You set your patient on track when coordinating care between subspecialists and ensure their proper future care.”

- Noami A. Chaudhary MD
Clinical Assistant Professor, Department of Medicine
Hospitalist, Tisch Hospital

OUR GROWING HOSPITALIST PROGRAM

The Hospitalist Program’s goal is to apply inpatient medical expertise, to care for hospitalized patients and to advance academic hospital medicine.

114 Hospitalist across all clinical sites
41 NYC Health + Hospital/Bellevue
26 NYU Langone Hospital–Brooklyn
7 VA NY Harbor Health Care System
40 Tisch Hospital

Natalie Levy, MD with leadership from the National Patient Safety Foundation.

Vivian Hayashi, MD (middle) with Veteran Thomas Henry and Dr. Jade Yang

“I believe that the field of general internal medicine is perhaps one of the few branches of medicine where one sees a amazing variety of patients with the most diverse problems. The learning curve is steep even in primary and preventative medicine. You are the first person to address the patient’s new as well as chronic problems. You set your patient on track when coordinating care between subspecialists and ensure their proper future care.”

- Noami A. Chaudhary MD
Clinical Assistant Professor, Department of Medicine
Hospitalist, Tisch Hospital
OUR INPATIENT VALUE BASED MEDICINE/QUALITY INITIATIVES

Co-Management of Surgical Patients at Tisch Hospital

Started in July 2016 with general and neurosurgical departments, hospitalists were responsible for the co-management of patients with 2 or more pre-specified co-morbidities. Co-managing significantly reduced the variable direct cost per case in this patient population. General surgery: VDC reduced by 44.3% and O/E LOS 0.98; Neurosurgery: VDC reduced by 8.7% and O/E LOS 0.84. Expanding to vascular surgery in July 2017.

Co-Management of Surgical Patients at NYU Langone Hospital–Brooklyn

A pilot of co-management of patients with multiple medical co-morbidities or who have left the SICU by a medical hospitalist was launched on April 1st. In the first two months of this program there were 100 patients co-managed with 0 mortalities, with a concomitant reduction in O/E LOS, and variable direct cost per case. This service will look to expand to the entire department of surgery and other subspecialties this year.

Enhanced Care Management Team at NYU Langone Hospital–Brooklyn

A program focused on reducing length of stay outliers was launched in early June 2017. This team of is made up of a dedicated social worker and care manager, a point hospitalist and an outside doctor who is the Medical Director of a local SNF. Early returns are positive with many complex discharges completed and early indications of a reduction in LOS outliers.

Discharge Before Noon Challenge Program at Tisch Hospital and NYU Langone Hospital-Brooklyn

Discharge Before Noon (DBN) Challenge program is a comprehensive, sustainable, and portable team-wide intervention to improve patient flow in the hospital. The goal was to increase the percentage of patients who are ready to be discharged safely before noon from 7% to 30%. Results:
- Tisch Hospital: DBN rate increased from 7% to more than 40% and has been sustained for four years.
- NYU Langone Hospital-Brooklyn: DBN rate increased to 35% from 14% prior to intervention.

Discharge Before Noon (DBN) Challenge program received the Healthcare Association of New York State (HANYS) Pinnacle Award for Quality and Patient Safety. Dr. Katherine Hochman, MD, MBA, Associate Chair for Quality, Department of Medicine, and Assistant Chief of Medicine at Tisch Hospital accepted the award on behalf of NYU Langone at the 49th Annual Membership Conference Awards Luncheon held on June 22nd.

Tracheostomy Safety Program at NYC Health + Hospital/Bellevue

The Tracheostomy Safety Program was implemented at Bellevue in March 2017. This project focused on educating all providers involved in the care of patients with tracheostomies on how to manage emergent airways in these patients as well as ensuring the proper equipment and signage is at the bedside to aid in timely management of these patients. Data shows the success of program two months after implementation.

DRSIP High Utilizers Project at NYC Hospital + Health/Bellevue

This program was designed to specifically address the unique needs of high users at Bellevue and integrate services across the care continuum. The program targeted patients with 4 or more inpatient admissions in the past 12 months. The top 3 drivers of utilization were found to be homelessness, substance abuse, and health literacy.

Efforts included:
• conducting a multidisciplinary huddle during their inpatient admission to help identify the drivers of utilization
• establishing connections with transitions of care programs prior to discharge
• working with other relevant post-acute care agencies such as the department of homeless services

This program has had a significant impact on readmission rates in this population, the 90 day pre vs. post utilization decreased by 68% across the five month measurement period of the program.

Pre- vs. Post-Utilization

A comparison between the inpatient utilization of a high utilizer patient in the 90 days before and after the patient’s “index admission”. The index admission is the first admission for each HU after the program start date that meets HU criteria (e.g. fourth or higher admission).

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number of unique HUs included in calculation</th>
<th>90 Days Pre-Index Admission</th>
<th>90 Days Post-Index Admission</th>
<th>% Change (Pre vs. Post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admissions</td>
<td>290 (The total will include patients that have returned multiple times)</td>
<td>699</td>
<td>222</td>
<td>-68%</td>
</tr>
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</table>
ENGLISH IN RESEARCH AND SCHOLARSHIP

Research Funding

Total Funding: 2016 Research Activities
ACTIVE: $12,528,388
Obesity: $7,042,175
Transformation of Care: $2,647,232
Medical Education: $2,073,360
Patient Safety: $748,621
Humanities: $17,000

PENDING: $5,106,137
Obesity: $1,100,000
Transformation of Care: $1,945,585
Medical Education: $2,000,552
Humanities: $60,000

Newly Funded:

<table>
<thead>
<tr>
<th>PI</th>
<th>Funding Agency</th>
<th>Title</th>
<th>Funding Period</th>
<th>Amount</th>
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<tr>
<td>Jay, Melanie</td>
<td>NIH R01</td>
<td>Financial Incentive Strategies or Weight Loss in Obese Patients Living in Socioeconomically Disadvantaged Neighborhoods</td>
<td>9/27/2016 - 6/30/2021</td>
<td>$2,834,303</td>
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<tr>
<td>Jay, Melanie</td>
<td>NIH R01</td>
<td>The Impact of a Technology Assisted Intervention to Improve Weight Management for Obese Primary Care Patients within Patient Centered Medical Homes</td>
<td>9/20/2016 - 12/31/2021</td>
<td>$2,471,000</td>
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<td>Levy, Natalie</td>
<td>Aetna Foundation</td>
<td>Insulin Titration Using Text Messaging in Low-income Minority Patients: An Implementation Study in Two NYC Ambulatory Care Clinics</td>
<td>1/2/2018 - 1/1/2019</td>
<td>$250,000</td>
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<tr>
<td>Zabar, Sandra</td>
<td>NYU - CTSI</td>
<td>Strategic Teamwork for Effective Practice Mentor Development Program (STEP-MDP)</td>
<td>6/01/2017 - 5/31/2018</td>
<td>$25,000</td>
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<tr>
<td>Zabar, Sandra</td>
<td>HRSA Supplement</td>
<td>Primary Care Training and Enhancement Opioid Training: Transforming Health Care Systems through Interprofessional Training and Health Professional Team Development in Primary Care in Urban Underserved Settings</td>
<td>7/01/2017 - 6/30/2018</td>
<td>$80,000</td>
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<tr>
<td>Zabar, Sandra</td>
<td>AHRQ R18</td>
<td>Using Simulation (Unannounced Standardized Patients) to Assess Team Performance in Responding to Behavioral and Social Deterrents of Health</td>
<td>9/30/2016 - 7/31/2019</td>
<td>$749,051</td>
</tr>
</tbody>
</table>

NUTRITION RESEARCH

Dr. Beasley focuses on understanding the role of nutrition in chronic disease prevention, particularly in refining recommendations regarding the protein needs of older adults that was funded through a K99/R00 award from the National Institute of Aging (1 K99 AG035002/ 4 R00 AG035002) and CTSI’s Collaborative projects. The goal of the Intake of Protein Among Seniors Study (I-PASS) was to assess whether higher protein intake is related to improved physical function, muscular strength, and cognitive function within a community-based sample of older adults. Adults fluent in English were recruited from two senior centers in New York City.

Findings:
• Two-thirds of the NYC seniors (n=20) achieved the dietary recommendations for protein.
• Mean cognitive function scores were higher among individuals meeting the RDA for protein (p=0.02), and there were trends toward having higher physical function scores among those that met the recommendations.

Jeannette M. Beasley, MPH, PhD, RD
Assistant Professor, Department of Medicine

Dr. Beasley has a background in both nutrition and epidemiology, with specific training and expertise in developing and applying novel dietary assessment approaches. She has worked with several cohort studies (Nurses’ Health Study, Women’s Health Initiative, Cardiovascular Health Study, and the Hispanic Community Health Study/ Study of Latinos) to examine the relationship between dietary intake and health outcomes, particularly focusing on associations between protein intake with renal function and aging indicators.

“IAm delighted to have joined NYU Langone’s Ambulatory Care West Side and have infinite respect for my colleagues. My patients often comment on our wonderful staff who are dedicated, hardworking, skilled and compassionate. It is a real pleasure to come to work every day.”

- John K. Wang, MD
Clinical Assistant Professor, Department of Medicine
NYU Langone Ambulatory Care West Side
LGBT RESEARCH

Transgender Actors Effective in Teaching Residents to Provide Respectful and Effective Health Care

Dr. Richard Greene, Associate Professor of Medicine developed an OSCE focused on a transgender woman with health care needs specific to her transition in order to train 23 residents as part of a new study which focused on the benefits of using actual transgender actors. The goal of the case was to discuss the patient’s medical concerns while also taking into consideration her goals around her hormone therapy and surgical interests.

Findings:
• Overall communication score 89% and patient satisfaction score 85%
• 61%, 14 of 23 of the residents made the patient feel comfortable and or asked directly about her gender identity.
• 58%, 14 of 23 of the residents did effectively probe the patient for medically relevant information regarding her transition

Residents felt prepared for this case despite finding it challenging to discuss transgender identity and health issues. Faculty and SP feedback helped residents identify learning needs, including how to ask directly about transition, appropriate terminology, how to admit lack of knowledge to a patient, and putting aside preconceptions about a patient’s identity.

Richard Greene, MD
Associate Professor, Department of Medicine

Dr. Greene is the Associate Program Director of the Primary Care Residency Program at NYU School of Medicine and an Attending Physician at NYC H+H/Bellevue. He also serves as the Director of Gender and Health Education at NYU School of Medicine through the Office of Diversity Affairs and the Medical Director at the Center for Health, Identity, Behavior and Prevention Studies (CHIBPS) at NYU’s Global Institute for Public Health.

“I’ve been fortunate enough to be able to care for a panel of patients at Bellevue while working on public health projects in Africa and Asia through BRAC, an international development, global health and poverty alleviation non-profit. Since starting at NYU/Bellevue, I’ve had the opportunity to work on longitudinal projects in Bangladesh, Sierra Leone and Uganda.”

- Adam Schwartz, MD
Instructor, Department of Medicine
NYC H+H/Bellevue

RESEARCH ON MEDICAL EDUCATION OUTCOMES (ROMEO)

Since 2005, with funding from the Health Resources and Services Administration (HRSA), Research of Medical Education Outcomes (ROMEO) has studied a key question: How do we know that medical education creates providers who deliver high quality care? The Primary Care on Medical Education Outcomes team was established and is an interprofessional, interdepartmental collaboration of 35+ faculty and staff members. ROMEO also develops innovative curricula to address areas such as health literacy, patient activation, obesity, substance abuse and professionalism.

Selected publications:
• Greene, Richard E; Hanley, Kathleen; Cook, Tiffany E; Gillespie, Colleen; Zabar, Sondra. Meeting the Primary Care Needs of Transgender Patients Through Simulation. Journal of graduate medical education. 2017:9(3):380-381
• Greenberg, Sherry A; Squires, Allison; Adams, Jennifer; Altshuler, Lisa; Oh, So-Young; Blachman, Nina L; Cortes, Tara A. A post-master’s advanced certificate in gerontology for NPs. Nurse practitioner. 2017
• Hanley, Kathleen; Zabar, Sondra; Altshuler, Lisa; Lee, Hillary; Ross, Jasmine; Rivera, Nicomedes; Marvili, Christian; Gillespie, Colleen. Opioid vs nonopioid prescribers: Variations in care for a standardized acute back pain case. Substance abuse. 2017:1-6
• Hochberg, Mark S; Berman, Russell S; Kalet, Adina L; Zabar, Sondra; Gillespie, Colleen; Pachter, H Leon. Professionalism Training For Surgical Residents: Documenting the Advantages of a Professionalism Curriculum. Annals of surgery. 2016:264(3):501-507
• Kalet, A; Song, H; Buckvar-Keltz, L; Monson, V; Hubbard, S; Crowe, R; Rivera, R; Yingling, S. Measuring professional identity formation early in medical school: Validity evidence. Journal of general internal medicine. 2017:39(3):255-261
• Tuchman, Ellen; Hanley, Kathleen; Naegle, Madeline; More, Frederick; Bereket, Sewt; Gourevitch, Marc N. Integration and Evaluation of Substance Abuse Research Education Training (SARET) into a Master of Social Work program. Substance abuse. 2017:38(2):150-156

ROMEO held 43 collaborative meetings and 3 Round Table discussions with visiting professors

September 21, 2016 - Collaboration in Assessment
Richard Hays, MD, PhD, MBBS, Professor of Health Professional Education and Dean of Medicine, University of Tasmania

November 16, 2016 - Discussing her work on the “Health Professions Education Scholarship Unit Leaders as Institutional Entrepreneurs”
Lara Varpio, PhD, Associate Professor, Department of Medicine and Associate Director of Research Division of Health Professions Education, Uniformed Services University of the Health Sciences

April 26, 2017 - Does Shared Decision Making Happen in Oncology Visits
Zackary Berger, MD, PhD, Assistant Professor of Medicine, Johns Hopkins School of Medicine
PATIENT EMPOWERMENT PROGRAM (PEP)

Funded by grants from NYU-Health and Hospitals Corporation Clinical and Translational Science Institute (CTSI) American Association of Medical Colleges, and by generous private philanthropy, we developed and evaluated this innovative intervention designed to empower patients to be active partners in their health and healthcare. Adult patients with Type 2 Diabetes from low income communities whose most recent hemoglobin A1c was between 6.5-11% were recruited from the Primary Care clinics at two public hospitals in NYC to participate in PEP, a two-session, performance-based communication skills workshop.

Findings: PEP changed patients’ expectations and skills about how to collaborate with their provider in order to improve their health and well-being.

UNANNOUNCED STANDARDIZED PATIENT (USP) PROGRAM

The Unannounced Standardized Patient (USP) program aims to assess the role of physician and health care system-level on patient behavior, clinical outcomes and patient safety through the use of Unannounced Standardized Patients in clinics. In addition to shedding light on how learners perform in the real world, USPs also provide feedback on how the medical team functions, and how responsive the system is to patient needs. Because they gather data from the time they walk into the clinic until they leave, they can offer a real “patient’s eye view” of the experience.

Activities:
- 78 USP visits at Bellevue and 35 visits at Gouverneur
- Provided clinical microsystem reports to 2 clinics, and visit report cards to 38 residents
- Documented substantial variation in resident physicians’ current opioid prescription practices to address the growing epidemic of prescription drug abuse in this country
- Worked on identifying how well physicians adhere to best practices in diagnosing and treating depression in primary care
- Established physicians' behaviors and skills that are associated with “activating” patients to be engaged, collaborative, empowered partners in care

Faculty Leadership:
- Colleen Gillespie, PhD
- Barbara Porter, MD
- Andrew Wallach, MD
- Sondra Zabar, MD
- Kathleen Hanley, MD

Lisa Altshuler, PhD
Assistant Professor, Department of Medicine

Dr. Altshuler is the Associate Director of Evaluation & Assessment in the Program for Medical Education Innovations and Research (PMEIR) and Director of the Patient Empowerment Program. Dr. Altshuler focuses on the development, organization and management of data and data collections including the Database for Research on Education in Academic Medicine (DREAM). She collaborates with medical, nursing and other health professional educators to develop best practices for team communication and collaboration models that promote safety and improve patient outcomes.
The PrMEIR Innovation Grants Program is dedicated to building institutional capacity in medical education scholarship by providing faculty with funding and technical assistance to pursue new initiatives in education and research. Since 2006, 46 projects have received funds and assistance through the program. Former PrMEIR grantees have identified the program as a stepping stone in their careers, and some grantees have since received fully funded projects based on the pilot data collected from their PrMEIR project. The Dr. Anthony Grieco Medical Education Research Grant and Murray J. Berenson Patient Provider Communication Grant were established in 2014, through generous philanthropic contributions.

Dr. Sondra Zabar and Dr. Adina Kalet co-founded PrMEIR within the Division of General Internal Medicine to bring together physicians, medical educators, biostatisticians, and educational psychologists to investigate and develop the best educational practices necessary to create caring and effective clinicians.

PrMEIR would like to extend sincere appreciation to their 12-member grant review committee.

### 2016-2017 Awarded Grants

**Title:** Using Family Centered Rounds as a means of Improving Medical Student Communication with Patients, Families, and the Healthcare Team: Implementation of a 360 Degree Evaluation Program on the Pediatric Inpatient Unit  
**PI:** Chanda Bradshaw, MD  
**Co-PI:** Gabrielle Gold-von Simson, MD, MSc  
*Murray J. Berenson, MD Grant in Physician-Patient Communication  
Co-sponsored by the Offices of Medical Education and Student Affairs

**Title:** Evaluation of the efficacy of simulation-based versus clinician-led focused, transthoracic echocardiographic (ITTE) training on medical residents’ ability to accurately diagnose cardiac disease in patients: A Pilot Study  
**PI:** Brian Kaufman, MD  
**Co-PI:** Kevin Felner, MD & Jonathan Mendelson, MD  
*Anthony J. Grieco, MD Grant in Medical Education Research

**Title:** Transforming Pediatric Resident Education in Inpatient Discharge Practices through a Health Literacy-Informed Redesigned Curriculum and Discharge Plan Template.  
**PI:** H. Shonna Yin, MD, MS  
**Co-PI:** Alexander F. Glick, MD  
*Murray J. Berenson, MD Grant in Physician-Patient Communication

### 2017-2018 Newly Awarded Grants:

**Title:** Preparing Resident Physicians to Choose Wisely: Development of a Value-Based Perioperative Medicine Curriculum  
**PI:** Jeanna Blitz  
*Anthony J. Grieco, MD Grant in Medical Education Research

### 2017-2018 Newly Awarded Grants:

**Title:** Resilience Self-Efficacy Training for Medical Residents  
**PI:** Adam D. Brown, PhD  
**Co-PIs:** Roseann Tricome, MD, PhD, Carol Bernstein, MD, Christina Ahn, MD, Rebecca Lewis, MD & Charles R. Marmar, MD  
*Murray J. Berenson, MD Grant in Physician-Patient Communication

This research group has developed a novel coping self-efficacy training, Resilience Self-Efficacy Training (RE-SET). This proposal seeks to test the feasibility of RE-SET to the medical setting in order to enhance self-efficacy and reduce stress and burnout in first and second year residents. RE-SET training consists of four components: 1) recalling past mastery experiences of coping self-efficacy 2) learning coping self-efficacy skills through exposure to role modeling of self-efficacious behavior; 3) learning how to apply cognitive modification techniques to reduce stress and 4) practicing mindfulness techniques. The findings from this feasibility project will be used to guide the development of future planned RCT’s.

**Title:** Leave No Discharge Behind: A VA Transitions of Care Pilot Project  
**PI:** Seagram M. Villagomez, MD, FACP  
**Co-PI:** Neha Jindal, MD  
*Anthony J. Grieco, MD Grant in Medical Education Research

This project aims to study the implementation of a formal curriculum to train internal medicine residents in transitions of care from the inpatient discharge to the outpatient setting. The project will concentrate on Veteran patients admitted with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) to provide a setting for house staff to practice and reinforce these new skills. The goal will be to provide confidence to house staff in their discharge skills and ability to create a seamless return of discharged patients to primary care, while decreasing readmissions and rate of Ambulatory Care Sensitive Conditions admissions for this patient population.

**Title:** Studying the Impact of an Enhanced Resiliency Curriculum at NYU School of Medicine  
**PI:** Kelly J. Crotty, MD, MPH  
**Co-PIs:** Verity Schaye, MD, Linda Tewksbury, MD, Lynn Buckvar-Keltz, MD & Katie Grogan, DMH, MA

In an effort to bolster the wellness amongst its medical students and mitigate the harmful impact of burnout, the New York University School of Medicine (NYUSOM) is launching a longitudinal resiliency curriculum this upcoming academic year. This project aims to study the impact of this curriculum on the adoption and use of resiliency skills amongst the students as well as on the overall rates of burnout amongst the student body.
ENGAGING IN SCHOLARSHIP AT NATIONAL AND LOCAL CONFERENCES

Society of General Internal Medicine 40th annual meeting was held on April 19-22, 2017 in Washington, D.C.
50 presentations – 41 poster, 5 oral, 4 workshops
• David Levine, MD, NYU alumni received the Mack Lipkin Sr. Award
• Helen Ma, MD, 3rd Year Resident received the 2017 Young Scholars in GIM Award

Society of Hospital Medicine meeting was held on May 1-4, 2017 in Las Vegas, Nevada.
25 presentations – 24 posters, 1 oral, 1 moderator

Annual American College of Physicians meeting held on April 1, 2017 in San Diego, California
• Oral session by Ann R. Garment, M.D., F.A.C.P. The title of her session was: Multiple Small Feedings of the Mind - General Medicine, Addiction Medicine and Hematology.
NYU Department of Medicine Annual Research Day was held on Thursday, May 25, 2017
45 presentations
- Natalie Levy, MD received the Chairman’s Circle Award
- Melanie Jay, MD received the Gerald Weissmann Young Scholars Society Inductees Award

NYU Quality & Safety Day was held on Thursday June 1, 2017
18 presentations
- Unit Based Project Award: Complex Care Rounds – Caring for our Sickest Patients; Katherine Hochman, MD; Anne Meara, RN; Regina Presa, RN; Thomas Sedgwick, MSW; Ramon Jacobs, MD
- Meritorious Project Award: An Interdisciplinary Strategy for Improving Hand Hygiene on an Inpatient Medicine Unit; Katherine Hochman, MD; Nicole Adler, MD; Lisa Gumbretch, RN; Brian Bosworth, MD

INNOVATIONS IN EDUCATION

Onboarding Faculty Simulation
On Friday July 14, 2017, the Division of General Internal Medicine and Clinical Innovation held its first Onboarding Simulation at the NYSIM (a simulation center run jointly by the City University of New York and NYU Langone Health and is located in NYC Health + Hospitals/Bellevue). The purpose was to familiarize new faculty to NYU Langone and DGIMCI, especially in understanding the patient-physician communication skills expected of our entire faculty. There were three simulations using trained actors as standardized patients in scenarios important to clinician-educators. In attendance were hospitalists from Tisch and Bellevue.

Bellevue’s Mock Code Program
On May 26, 2017, a Mock Code kicked off on the 17N telemetry unit. A collaborative effort between IMSAL (H+H simulation center), Bellevue nursing, NYU residents Andrew Lehr and Oscar Mitchell, led by Michael Janjigian, MD these in-situ mock codes will occur regularly throughout Bellevue with the goal of improving the quality of clinical response teams in a variety of settings.

“I would advise all students and medical residents to first and foremost take the time to listen carefully to their patients, which is key to accurate diagnosis and management. And know that by listening, you have already started healing them.”
- Marwa M. Moussa, MD
Instructor, Department of Medicine
Hospitalist, NYU Langone Hospital–Brooklyn
The goal of Education for Educators (E4E) is to enhance teaching confidence and skill, improve the ability to assess your learners, increase exposure of residents to inpatient subspecialty faculty, promote an environment of academic inquiry with trainees of different levels and ultimately create a community of educators.

This year 22 faculty committed to a year-long, 24 hour, faculty development, teaching certificate program taught by Master Physicians and content experts.

Program Components

• Group Observed Structured Teaching Exercises (GOSTE) – Provides learners with an opportunity to have their teaching skills objectively observed, receive feedback and identify personal learning goals.
• 3 Workshops – The workshops combine both clinical and educational skill learning and utilize multiple learning formats: interactive large group discussions, small group sessions, case-based discussions, role plays and simulation.
• Personalized Development Plan – After each workshop, participants complete Commitment to Change statements, to set personal learning goals and facilitate reflection in order to promote behavior change and adaptation of new skills.
• Peer to Peer (P2P) – Following each workshop, E4E program faculty and/or peers observed participants teaching and practicing new skills in their individual educational setting. These sessions reinforced and facilitated integration of new skills.

Directors: Anne Dembitzer, MD & Sondra Zabar, MD

DGIMCI Master Physicians: Kevin Hauck, MD; Michael Janjigian, MD; Verity Schaye, MD; Neil Shapiro, MD; Daniel Becker, MD; Adam Skolnick, MD; Elizabeth Weinshel, MD

2016-2017 Participants: General Internal Medicine Hospitalists (1D)

Ian Fagan, MD (Bellevue)
Monica Gupta, MD (Bellevue)
John Hwang, MD (Bellevue)
Neha Jindal, MD (VA)
Nyla Khetarpal, MD (Bellevue)
Steven Liu, MD (Bellevue)
Charles Madeira, MD (VA)
Ben Milgrom, MD (Bellevue)
Anand Viswanathan, MD (Tisch)
David Wei, MD (Bellevue)

Graduate Medical Education

The DGIMCI faculty are leaders in residency education. The Internal Medicine Residency Program offers superb clinical exposure at several state of the art hospitals and outpatient practices. Serving diverse and complex patient populations, our supportive and dedicated faculty teaches Residents how to provide culturally appropriate, evidenced-based, patient-centered care. Fostering a supportive community with a focus on intellectual curiosity, patient advocacy, research and state of the art medical care, our Residents are uniquely prepared to become leaders within the healthcare field. Moreover, they are trained to practice cutting edge, high-value medical care.

The Internal Medicine Residency has three distinct Internal Medicine tracks, as well as a Preliminary Medicine Track. The traditional Categorical, the Tisch-Kimmel Categorical and the Primary Care Track, each of which are each tailored to fit the goals of individual Residents. Our Primary Care Residency is a unique and focused program that trains Residents to study, practice, work, lead and teach outpatient general medical care for the underserved. Innovations over the last year have included adapting our curriculum to emphasize innovative methods of caring for patients outside of the hospital and the addition of comprehensive substance abuse training. Televisits and home visits have become integral parts of our residents practice models with an emphasis on keeping patients within their homes. 94% these graduates go on to careers in primary care. With the integration of NYU Brooklyn into our system, learners will have additional opportunities to further their skills in caring for a community and population based care.

Our Program and Site Directors

Patrick Cocks, MD
Program Director

Jennifer Adams, MD
Co-Director, Primary Care Internal Medicine Residency Training Program

Mack Lipkin, MD
Co-Director, Internal Medicine Residency Training Program

Kevin Hauck, MD
Associate Program Director, Tisch Hospital

Margaret Horlick, MD
Associate Program Director Outpatient, VA NY Harbor Healthcare System

Kathleen Hanley, MD
Associate Program Director, Primary Care Residency Program

Barbara Porter, MD
Associate Program Director Outpatient, NYC H+H/Bellevue

Neil Shapiro, MD
Assistant Program Director, VA NY Harbor Healthcare System

Richard Greene, MD
Assistant Program Director, Primary Care Internal Medicine Residency Program

Kelly Crotty, MD
Associate Program Director, VA NY Harbor Healthcare System

Sarah Moore, MD
Outpatient Site Director, VA NY Harbor Healthcare System

David Kudlowitz, MD
Inpatient Site Director, Tisch Hospital
Faculty Promotions

Clinical Professor
Joseph Leung, MD

Associate Professor (Clinical)
David Allard, MD
Katherine Hochman, MD
Natalie Levy, MD
Michael Janjigian, MD
Richard Greene, MD

Clinical Associate Professor
Ramon Jacobs, MD
Stuart Lewis, MD
Sofie Polytiou, MD
Asa Radix, MD

Clinical Assistant Professor
Noam Chaudhary, MD
Ian Fagan, MD
Greg Pitaro, MD
Regina Janick, MD
Rajiv Kinkhabwala, MD

Assistant Professor (Clinical)
Catherine Constable, MD
Joshua Smith, MD
Robert Fakheri, MD
Jennifer Lee Dong, MD
David Wu, MD
Isaac Holmes, MD
Rachel Shur, MD
Vincent Santillo, MD

Faculty Achievements

Jennifer Adams, MD  • Co-Director of Primary Care Residency Program
Nicole Adler, MD  • Appointed to Society of Hospital Medicine (SHM) Academic Committee
Robert Fakheri, MD  • Tisch Hospital Clinical Lead for Value-based Medicine
Ann Garment, MD  • Vice-President of the NYC/Westchester regional chapter of SHM
Eric Goldberg, MD  • Senior Medical Director, DOM FGP
Kevin Hauck, MD  • Associate Program Director of Tisch Kimmel Track Program
Katherine Hochman, MD  • Teacher of the Year, Trisch
Isaac Holmes, MD  • DGIMCI Section Chief, Tisch Hospital
Margaret Horlick, MD  • Associate Program Director - Residency at VA
John Hwang, MD  • Distinguished Teacher in the Clinical Sciences Award
Michael Janjigian, MD  • American Board of Internal Medicine (ABIM) - Hospital Medicine Standard Setting Committee
Melanie Jay, MD  • Chair of Bellevue CPR/Coda Committee
Robert Fakheri, MD  • Fellow for the 2017-18 class of the Clinical Quality Fellowship Program (CQFP) by the Greater New York Hospital Association (GNYHA) and the United Hospital Fund (UHF)
Katherine Hochman, MD  • Distinguished Teacher in the Clinical Sciences Award
Claudia Lyon, DO  • New York Academy of Medicine Medical Education Award
Andrew Wallach, MD  • Chair of Bellevue CPR/Coda Committee
Sondra Zabar, MD

Administrative Staff

Stephanie Mejia, Administrative Coordinator; Mara McCrickard, Administrative Assistant; Sondra Zabar, Director; Lauren Soneira, Division Administrator; Deborah Cooke, Clinical Project Manager

“I love the diagnostic dilemmas of general internal medicine. I enjoy taking a case with a broad differential from the beginning and working it through with my colleagues. Additionally, I relish the ability to work with and coach house staff.”

- David Kudlowitz, MD
Instructor, Department of Medicine NYU Internal Medicine Associates