

Chair Report

Catherine Goring, MD



In 2017 the Department of Internal Medicine had a year of growth and new beginnings. We expanded the curriculum by creating a new primary care track with skills enhancement clinics and a new geriatric inpatient consult service at Renown Regional Medical Center. We expanded the number of categorical residents by ten for the primary care track and we expanded the geriatric fellowship so fellows could rotate on the new consult service at Renown and at the Sanford Center of Aging. The department worked with James Kenyon, Senior Associate Dean of Research to provide residents with a research boot camp and worked with Renown to develop research opportunities for the residents, students and faculty. The Department successfully recruited six new faculty members and promoted four.

The department continues to work collaboratively with Renown in the clinical operations of our large ambulatory office which houses the resident continuity clinic. The second continuity clinic is housed at the Veterans' Administration Hospital. A new team has been added to Renown Regional Medical Center inpatient service so we now have 4 teams each training a senior resident, 2 interns, medical students, pharmacy students and some nurse practitioners. The Academic Hospitalists work in collaboration with the Renown Hospitalist group to fulfill the quality expectations of the hospital. Community partners remain a significant force in the education of our residents and students. Increased collaboration with Renown and the VA provides for additional educational opportunities. The department continues to reach out to other significant partners in the area of HIV care, hepatitis C treatment, and antibiotic stewardship and public health centers. The impact on the community is tremendous with a large number of our graduating residents staying in the community. The resident experience in Elko has convinced a graduating resident to join that community as a hospitalist. Residents that left to do fellowships are continuing to come back. Five residents were accepted into fellowships this year in the fields of Cardiology, GI, Pulmonary/Critical Care and Endocrinology.

This year marks 35 years of graduating residents in the field of Internal Medicine. This represents over 400 physicians. I see several of them every day when I am rounding in the hospital. The department will continue to strive to support the strategic initiatives of the School of Medicine, serve the community and provide the physician workforce so needed by Nevada.

ADMINISTRATION OF THE DEPARTMENT OF MEDICINE

- Catherine Goring, MD, Chair
- Gayle Halminiak, Director, Operations and Administration
- Nageshwara Gullapalli, MD, Residency Program Director
- Steven Zell, MD, Program Director of the Primary Care Track
- Neila Shumaker, MD, Geriatric Fellowship Program Director
- Kelly Conright, MD, Hospice and Palliative Medicine Fellowship Program Director
- Kirk Bronander, MD, Medical Director, Academic Hospitalists
- Darryll Patterson, MD, Medical Director, Ambulatory Clinic
- Alia Tuqan, MD, Geriatrics Division Chief
- Dawn Younie, Administrative Assistant, clerkships
- Jorge Pulido-Rubio, Administrative Assistant, department
- Ana Vega, Residency Program Coordinator
- Monica Oesterling, Residency Program Coordinator
- Sneha Sharma, Fellowship Program Coordinator
- Davit Aleksanyan, Primary Care Track Program Coordinator

INPATIENT INTERNAL MEDICINE

Faculty: Kirk Bronander, Brad Graves, Catherine Goring, Nageshwara Gullapalli, Lisa Calvo, Gurpreet Chahal, Sandesh Pokharel, Bishwas Upadhyay, Raheel Islam, Brian Callister

Service:

The inpatient academic hospitalist teaching teams at Renown Medical Center for the first 6 months of 2017 consisted of three teams. With the implementation of the primary care track, a fourth team was added beginning in mid-July 2017. The census on each team ranges from 10-16 patients. Each team is composed an attending physician, a senior level resident, two interns and one or two medical students.

Data For 2017

Leadership: Kirk Bronander, Hospitalist Director, Catherine Goring, Chairperson of Internal Medicine

Hospital Committees: Medical Executive Committee (Goring), Mortality Review Taskforce (Bronander) Residency Operations (Bronander, Gullapalli) Patient Safety Committee (Upadhyay), Quality Assessment and Performance Committee (Upadhyay), Renown Health IT Physician Interdisciplinary Committee (Chahal) Lab Utilization Committee (Graves)

University Committees: Year 1-2 Committee (Bronander, Calvo), Year 3-4 Committee (Bronander, Calvo), Simulation (Bronander), Medical Education Steering Committee (Bronander, Calvo), Interprofessional Education Committee (Calvo), Match Risk (Bronander), LEAN Group (Bronander)

Teaching:

Morning report is a major component of the teaching for the residents and is staffed by the attending physicians on service. This is a case based learning conference and it occurs Monday –Friday. One morning each month residents practice ACLS scenarios in teams in the Kelsey Simulation Center at Renown instead of morning report.

Bedside rounds are made by each team with bedside teaching conducted daily.

Hospitalists are involved in teaching in all phases of UNR Med’s curriculum.

Years 1-2: Several hospitalist faculty support the “case of the week” series including Dr. Bronander and Dr. Pokharel. Dr. Calvo is a director of Practice of Medicine, a year 1 doctoring course.

Years 3-4: Dr. Bronander is Curriculum Director and Simulation Director, Clinical Reasoning in Medicine Director. Dr. Calvo is Clerkship Director for Internal Medicine. All hospitalists are instrumental to medical education by teaching and evaluating students on internal medicine clerkship and sub-internships.

GME: Dr. Gullapalli is the Internal Medicine Residency Program Director and Dr. Upadhyay is an Associate Program Director. All the department hospitalists are full time educators and supervisors of

the residents at Renown Medical Center. Many are involved in noon lecture series to residents and all participate in Mortality and Morbidity Conference and Journal Club for residents.

Research/Quality Improvement:

The following are projects that hospitalist faculty are leading:

- Obstructive Sleep Apnea and Pancreatic Cancer/Disease: Using a retrospective database to explore the possibility that people with OSA have a higher incidence of pancreatic cancer/disease (Gullapalli).
- SVEAT Protocol: Comparison of 3 diff risk score systems (TIMI, HEART, SVEAT) in chest pain patients for early stratification (Gullapalli).
- Improving noon conference punctuality and attendance (Upadhyay)
- Improving incidence reporting among residents (Upadhyay)
- Chronic Disease Management using informatics (Chahal)

Quality

Renown Medical Center has been working on a physician scorecard with quality metrics. The metrics have not been sorted out completely. In December 2017 the UNR Med hospitalist were given a report with the following data.

Inpatient Mortality O/E Ratio	Calendar Year 2016 1.11	Calendar Year 2017, 1.12
Readmission Rate	Calendar Year 2016, 12.35%	Calendar Year 2017, 13.25%

Patient Survey Data	Efficiency (as of Dec 2017)
Communication with Doctors 82.4%	Discharges (INPT) 1,146
Doctors Treat you with Respect 88.9%	Discharged (OBS) 303
Doctors Listen Carefully to You 80.9%	Case Mix Index 1.64
Doctors Explain a way you Understand 77.8%	

The UNR Med group looks forward to working with Renown on quality indicators and on metrics in this coming year.



Kirk Bronander, MD
Professor of Medicine
Director, Academic Hospitalists

GENERAL INTERNAL MEDICINE AMBULATORY CARE

UNR Med – Renown medical office/resident continuity clinics

Faculty: Timothy Baker, Amanjot Kaur, Kirsten Lorenzen, Darryll Patterson, Sujatha Pitani, Steven Zell, Tanya Phares, Julia Ai, Alia Tuqan, Umanga Sharma, Mordechai Lavi, Charles Krasner

Overview

The ambulatory clinical operations for faculty practices in general internal medicine, infectious disease, geriatrics, dermatology and the resident continuity clinics have been under Renown operations for 18 months. The focus of the office is resident and medical student education in the context of providing patient care following all the care guidelines developed by Renown and following American College of Graduate Medical Education (ACGME) in regards to residency requirements. The faculty are also able to have some private clinics that allow for one on one medical student educational opportunities for first year continuity experiences and the third year clerkship in Internal Medicine.

The office houses General Internal Medicine, Infectious Disease, Dermatology and Geriatrics. The residents have ample conference space for the presentations of patients and also didactics. The convergence of private patients and resident patients allows for increased collaboration and role modeling for the young physicians. This structure has increased resident interest in the practice of ambulatory medicine upon graduation.

Clinical Operations working to Improve Healthcare in Nevada

Renown provides the organizational infrastructure to the office. In keeping with clear collaboration there are regular meetings to discuss the operational issues between clinic management, Toby Hoaglund and the medical director, Darryll Patterson, MD and Renown Medical Group Leadership.

These include but are limited to:

- Renown / UNR Med Integrated Operations Meeting (once per month)
- Primary Care Provider Monthly Webinar
- Biweekly Primary Care Site Leadership Team Meeting (currently being retooled with new Renown Medical Group leadership)

The office has been successful in providing quality care while supporting the educational mission.

- The office ended FY17 \$417K better than budget
- The office had over 12,400 visits
- FY18 – tighter budget, but still favorable Year to Date
- December had 1348 visits and the office hasn't reached capacity yet
- The office provided over 1000 influenza immunizations since September

- Staff turnover is low – with 2 people leaving to move out of state and Employee Satisfaction is higher than benchmarks; the staff are dedicated to the educational mission
- The office achieved the 90 percentile mark in patient satisfaction three different times during the last 6 months

There have been several physical improvements to the office this year.

A retinal scanner was added

Multiple renovations to accommodate the increased residents with the primary care track

- addition of Primary Care Track home base – converting resident pod into 10 individual workstation areas
- previous chart/medical records area is now a classroom with seating for almost 40 and a 90” smartboard
- turned under-utilized space into additional resident pod with 4 workstations
- added 2 more patient rooms (total of 28 now)
- rejuvenation of new physician offices
- continuous improvement of facilities (ergonomic task chairs, window treatments, artwork)

The office provides exceptional patient care while educating medical residents and students. Having dermatology, geriatrics and infectious disease on site expands the educational opportunities for the residents during their continuity clinics as there is increased collaboration between the specialties. A supportive culture brings high satisfaction on the part of staff and faculty that maintain open communication to achieve the goal of supporting A Healthy Nevada.



Darryll Patterson, MD
Associate Professor
Medical Director Ambulatory Office

PRIMARY CARE TRACK

Faculty: Steven Zell, Kirsten Lorenzen, Sujatha Pitani, Darryll Patterson, Amanjot Kaur, Tanya Phares

Overview: The Primary Care Track (PCT) began its organizational efforts in early 2017 after receiving grant support from the state legislature to enhance the number of GME positions for primary care (PC). We seek through GME to help recruit and retain PC physicians within our local area. We are the newest and most recent addition to PCTs along the West Coast and boast of a new and an innovative curricula / structure designed to implement UNRSOM's strategic plan.

Expanding curriculum: our curriculum is innovative and newly designed to immerse medical residents immediately into the primary care setting with a minimum of inpatient activities, sufficient enough to allow graduates to sit for their ABIM certification. PCT residents spend roughly 60% of their time in the outpatient setting (HOME BASE: UNRMed). During such blocks, they are engaged in 6 half days in a shared, group practice model for which they are assigned responsibility to a patient panel. Realizing that not all educational experiences can occur within the latter setting, we have engaged our community partners (many graduates of UNRMed) to supplement key clinical experiences in a host of areas. Known as Skill Enhancement Clinics (SKC), residents rotate while at HOME BASE in each of the following areas: outpatient dermatology, office orthopedics, WCDHD STD clinic and rheumatology. Department faculty based at UNRMed have created additional SKCs in the areas of HIV / AIDS, Geriatrics, Women's Health and Chronic Opioid and Pain Management to supplement their clinical experiences. The SKCs we feel are critical to create a competent PC physician that is confident to deal with the latter problems on a day to day basis.

Expanding GME slots: In our first year (July 2017) we added 10 GME slots to the PCT. Five residents came into the program as transfers (PGY-2's) from other residency programs and the other 5 were obtained via the NRMP match at the PGY-1 level. By July 2018, we anticipate a full residency complement of 5 persons per year (15 GME slots in training).

Clinical and Translational Research Expansion: Unique to our PCT curricula, while at HOME BASE, all residents have a single day of protected time for research and development. By grouping all ten of our residents into a defined research project, this allows our program to have dedicated daily physician manpower to author clinical studies via our IRB and recruit patients. Dr. Amanjot Kaur, a new GIM faculty member, has taken on the position of directing resident research. We are currently writing two protocols: one dealing with the rapid high dose replacement of Vitamin D3 in conjunction with UVB exposure that will involve community

partners of Skin Cancer and Dermatology Institute. The second project involves the use of blue tooth devices to monitor in real time chronic disease management and will look at such efforts in the setting of hypertension. The latter project is one of classic inter-university translational research requiring require collaboration between the medical school and departments of engineering (software and IT).

Strategic Recruitment/diversity: In the spirit of this initiative, our first class of GME residents represents a solid array of diverse culture. We have currently 5 women and 5 men as post-graduates in our training program. Our GME residents come from diverse backgrounds globally. We have a single GME resident that is a graduate of UNRMed.

Overall vision: A Healthy Nevada: We have been extremely aggressive in working with the State of Nevada's PEBP to develop a new Enhanced Primary Care Plan. The PEBP has been extremely cooperative working with us to change their web site and identify UNR-MED as a distinct entity. Public Employees Benefit Program (PEBP) participants can now directly enroll to our site via this website. Additionally, UNRSOM developed a brochure in conjunction with Renown Health and this past spring after open enrollment ensued, roughly 6,000 brochures were mailed to state employees. Our new practice model via the PCT GME residents provides a new, unparalleled level of primary care within our community and so far in short time we have recruited over 140 new clients to our Enhanced Primary Care Plan.



Steven Zell, MD
Professor of Medicine
Program Director, Primary Care Track

DIVISION OF GERIATRICS

Faculty: Alia Tuqan, Neila Shumaker, Umanga Sharma, Mordechai Lavi, Jennifer Hagen

Overview: It is an exciting time for geriatrics at University of Nevada, Reno School of Medicine. With grant funds received from the State of Nevada, the Geriatrics Fellowship Program expanded from three to five fellows and the Department of Medicine hired three new geriatricians during academic year 2017-2018. With this expansion, the Department of Medicine created a Division of Geriatrics with Alia Tuqan, MD, appointed Chief September 1, 2017.

Strategic Recruitment

The Department of Medicine hired three new geriatricians who completed their fellowships summer 2017. Umanga Sharma, MD, started July 1, 2017. She is seeing geriatrics patients and supervising internal medicine residents in the Renown Partnered with UNRMed clinic. She also spends some time at the Sanford Center for Aging doing comprehensive geriatrics assessment as well as Medicare Wellness Visits. Jennifer Hagen, MD, is doing inpatient geriatrics consults at Renown and has taken an administrative role at Sanford in addition to continuing to fulfill her role as Associate Dean for Faculty Development at UNRMed. Mordechai Lavi, MD, started September 1, 2017. He is spending the majority of his time doing inpatient geriatrics consults. He also is seeing geriatrics patients in clinic. Dr. Tuqan continues to see geriatrics patients at the Renown Partnered with UNRMed clinic as well as Sanford. She also started doing inpatient geriatrics consults with Drs. Hagen and Lavi.

Enhanced Clinical Services

With the expansion of the geriatrics fellowship and division, there are new clinical services. Starting in September, Drs. Hagen, Lavi and Tuqan started an inpatient geriatrics consult service at Renown. The goals of the service include providing comprehensive geriatrics assessments to frail elders to improve patient outcomes and contain costs as well as provide an inpatient geriatrics experience for UNRMed learners. Consults are available to UNRMed and Renown hospitalists. The geriatricians are targeting their efforts on patients 85 years and older with frailty, falls, polypharmacy, multi-morbidity, dementia with behavioral disturbances, and/or delirium. In September, the geriatricians participated in a weeklong Rapid Process Improvement Project sponsored by Renown's Transformational Care Team and Chris Kozlowski, MD, MHA, Renown Health Vice President and Chair of the Department of Medicine, to promote the geriatrics service and improve care to older adults. Geriatrics fellows started rotating on the service in October. Dr. Lavi is working on developing a medical student elective.

Expanding Curriculum

There is now a Community Geriatrics Rotation for geriatrics fellows that combines time at the Sanford Center, the Renown Partnered with UNRMed clinic as well as a Renown skilled nursing facility. This

rotation serves as an opportunity for fellows to gain experience seeing community-dwelling older adults in an outpatient setting as well as gathering insight into being a medical director for a nursing home. Fellows are also expected to participate in Project ECHO by leading a Geriatric ECHO clinic. The rotation is organized by Dr. Tuqan and Patricia Swager, Director of Nevada Geriatrics Center, with contributions from Drs. Sharma and Lavi. Anna Ferrera, MD, oversees the nursing home portion.

The Primary Care Track residents do five to six Geriatrics Skills Enhancement Clinics yearly. There, residents have the opportunity to complete histories and physicals with an emphasis on functionality, preventative health care and advance care planning. Dr. Tuqan organizes the rotation with contributions from Drs. Sharma and Lavi.

The geriatricians are contributing to resident didactics. For instance, Dr. Tuqan has been doing bi-annual geriatrics board review for the residents and Drs. Sharma and Tuqan are doing modified team based learning (mTBL) modules this academic year with the residents in clinic. In February 2017, Dr. Tuqan did an mTBL session on dementia.

Scholarly Activity

Dr. Tuqan published an original research article entitled “Development and Validation of a Geriatrics Knowledge Test to Evaluate Geriatrics Fellowship Programs” co-authored by Ming Lee, PhD, Nancy T Weintraub, MD, and David B Reuben, MD, in the November 2017 issue of the *Journal of the American Geriatrics Society*. In this paper, they developed and validated a geriatrics knowledge to evaluate geriatrics fellowship programs. This was significant, because, to their knowledge, there was no such validated instrument specifically for geriatrics fellows.

Dr. Sharma is working with Evan Klass, MD and Director of Project ECHO Nevada, as well as Patricia Swager, to become a physician lead for the geriatrics series of Project ECHO Nevada. She has started to attend and facilitate the monthly “tele-clinics.” The geriatric fellows continue to have posters accepted at the annual American Geriatrics Society Meetings.



Alia Tuqan, MD

**Assistant Professor
Division Chief**

ENDOCRINOLOGY, WELLNESS AND WEIGHT MANAGEMENT

Faculty: David Howard MD, Fadi Hendee MD, Veronica Brady, APN, PhD
Karmella Thomas RD, CDE, Karen Bain RD, CDE

Medical student / Resident education

Education of residents and medical students continues to be a primary mission of the Endocrinology, Wellness and Weight Management department at the school of medicine. With the expansion of the residency program, the education of residents has taken on a more prominent role in our clinic through the addition of rotation slots. In addition to having 1-2 Internal Medicine residents rotating in our outpatient clinic at all times, there were also several lectures provided to residents during their noon conference and in their primary care clinic. We are also taking a first-year psychiatry resident to rotate in our clinic along with our IM residents.

Our curricular support is substantial and has increased this year with the increased number of medical students. For the first-year medical students, we provide three lectures, three Case of the Week activities and a Team Based Learning activity in Block 3. For the second-year students, we provide two Case of the Week activities and a Team Based Learning activity in Block 10. This year, we have also taken on two first year medical students for preceptorships, and plan to add a third next year. Finally, in service of encouraging Clinical and Translational research, Dr. Howard organizes and moderates the Medical Student Research Day each year; an event which is also associated with the Dean's Healthy Nevada Speaker Series.

Increased Clinical Capacity

Per the Nevada Diabetes and Cardiovascular Report for 2017 the incidence of Diabetes in Nevada is 10% for whites, 16% for Afro-American and 6.8% for Hispanics. Over 80% of these patients are age 36-79. Medicaid represents 18% of this population. Over 50% of these individuals have at least one complication from their Diabetes with cardiovascular disease, renal disease and neuropathy being the highest. Due to this large number of patients with endocrine disorders and diabetes in need of care and the absence of providers accepting Medicare and all forms of Medicaid, we have recruited an additional endocrinologist to join our practice full-time. Dr. Fadi Hendee sees patients with a full-range of endocrine disorders, including diabetes, and also is one of the few endocrinologists in town who takes consults at Renown.



David Howard, MD, PhD

Assistant Professor

Director of Curricular Operations, years 1-2

DIABETES PROGRAM- WORKING TO IMPROVE HEALTHCARE IN NEVADA

Veronica Brady, APN, PhD

Medical student/Resident education

This year there was a marked increase in the number of medical students requesting education in the area of diabetes. There were several lectures provided to family medicine residents, medical students involved in the Diabetes Improvement through Management and Education(DIME) project... as well as contribution to the learning of several family practice residents who elected to do a month long diabetes elective rotation in the clinic.

Group Visits

Due to the large number of patients with diabetes in need of care and the declining numbers of providers accepting Medicare and Medicaid, we began having group visits to increase access to follow up care. The group visits were designed to bring together patients with similar needs as it relates to their diabetes management. The group visits that we offered included: pregnant patients, young adults, older adults and most recently those who are Spanish speaking. The visits are 2 hours in length with the first hour being dedicated to instruction provided by a registered dietician, (a service which is often not accessible) and the second hour is designed to allow patient to be seen by the provider on a 1:1 basis.

Diabetes self- management education (DSME)

In July of 2017 the department of Endocrinology, Wellness and Weight Management became an accredited provider of diabetes self-management education (DSME). Using the chronic care model developed by Dr. Kate Lorig as the basis for our program, and in collaboration with the Sanford Center for Aging, we completed our first workshop on November 3, 2017. It is our plan to conduct a workshop on a quarterly basis.

Research/Scholarly Activity

Dr. Brady submitted a book chapter (22) for Endocrine Toxicities-in Chemotherapy and Immunotherapy guideline and Recommendations for Practice (in review 11/2017). Dr. Brady also had an article published in the Nursing Clinics of North America titled "Insulin Therapy-The old, the new and the novel-An Overview (peer reviewed). There is tremendous potential for research in the area of diabetes.



Veronica Brady, APN, PhD

WELLNESS/WEIGHT MANAGEMENT

Karmella Thomas RD, CDE

Expanding curriculum

Nutrition has been playing an active role in providing 3 lectures for the first and second year students. The lectures provided are as follows: Nutritional Prevention and Management of obesity, Nutrition in Diabetes, Nutrition for Adults and the Elderly. The feedback on evaluations from the students have been positive.

In addition to the lectures provided, a significant recognition on the importance of understanding the role nutrition can play in the care of patients of these future physicians, is that the number of students that have chosen the Nutrition and Metabolic Disorders elective for 4th year has increased by 50% with 6 students that attended the elective in 2017. Many of the students have been engaged and proactive about their time with the Registered Dietitians and have provided very positive feedback. They have attended one-on-one counseling sessions, engaged in group dynamics, and have helped facilitate encouragement to patients in the clinic.

Clinical and Translational Research Expansion

In addition to the nutrition programs offered here, we have successfully presented 2 posters from accepted abstracts in 2017 from our research with implementing resistance training in our clinical weight management program. The first was accepted by the American College of Sports Medicine in May, titled Mobility Outcomes From Resistance-training Delivered via Flash Drive to Overweight/obese Patients in a Clinical Setting. The second abstract, with poster presented at the national conference, was titled Impact of Adding Resistance Training to a Clinical Weight Management Program. Both of these posters were presented at national meetings this year with positive feedback. The next step is to move forward with submitting a paper on the work we did with this study.

Our efforts with shared group visits will be collected and submitted for abstract to the American Association of Diabetes Educators next year.

Overall Wellness Vision: A Healthy Nevada

The nutrition programs have recently expanded to include more comprehensive diabetes self-management education courses. We have formally trained 2 staff members with plans to train more to facilitate group educational classes.

The first series of classes were provided in September with 7 people considered completers. The next group series is expected to start in January as we currently have 50 active patients that have never received Diabetes Self-Management Education before.

We have also added an additional faculty member who has been certified as a Diabetes Educator. This is a huge benefit that our patients need available to them in order to have qualified medical staff to support education and patient care.

An effort is being spent to position the nutrition section of our department to be a resource for more than just weight management. This is being represented by our change in name to Division of Endocrinology, Metabolism, and Nutrition that will take effect in 2018. The intention is to be available to more patients that need Medical Nutrition Therapy and allow for residents, medical students, and fellows have a more comprehensive population for observation with the dietitians.

In addition, the dietitians have collaborated with Veronica Brady on developing curriculum for high risk groups that have limited or no coverage for nutrition services. This year we were able to expand the number of shared group visits to the following: Diabetes and Pregnancy, Older Adults with Type 1 Diabetes, and Type 1 and Type 2 Diabetes Patients. The feedback has been substantial and have support these patients with access to quality nutrition education and more frequent medical appointments that are needed. The next step is to review the data we have collected from the pregnancy and diabetes group to present at the American Association of Diabetes Educators next year.

Collaboration efforts with athletics and Sports Medicine department have also begun in 2017 with emphasis of having medical nutrition therapy services available to the athletes as well as team education talks to support health and performance of the athletes. We often have at least 2-4 sports medicine fellows come in for rotations with the dietitians, so this collaboration will also support the education for the fellows as well.



Karmella Thomas, RD, CDE

DIVISION OF INFECTIOUS DISEASE

Faculty: Charles Krasner (joint appointment with the Veterans Administration).

Community Faculty:

Kevin Murphy, MD – private practice
Jasmine Dhindsa, MD – Renown Medical Group

Curriculum:

Dr. Krasner is responsible for the majority of the teaching of residents and students so we have called on community faculty to also participate in the medical education of students and residents. Dr. Krasner works directly with pharmacy at the VA and Renown Regional Medical Center to provide truly outstanding education to residents and students in the appropriate treatment of infectious diseases.

Community Involvement/A Healthy Nevada:

Dr. Krasner's interests lie in the treatment of HIV, hepatitis C and antibiotic stewardship. He has lead the VA to become one of the most successful VA's in the screening for Hepatitis C in the at risk population with nearly a third being successfully treated and cured. That represents over 600 veterans in the last 3 years. At the VA he has been the director of the antibiotic stewardship program and has saved the VA hundreds of thousand dollars with the better utilization of antibiotics. Dr. Krasner also treats HIV and hepatitis C patients at Northern Nevada Hopes. He also runs the antibiotic stewardship program at Northern Nevada Medical Center and has lead that hospital to be the number 2 performing hospital in their network. Dr. Krasner also provides Infectious disease consults to rural Nevada through project ECHO. He is also the TB medical director for Washoe County and recently has become the director for several rural communities.



Charles Krasner, MD
Assistant Professor
Infectious Disease Specialist

DIVISION OF CARDIOLOGY

Faculty: Theodore Berndt, Thomas Davee, Jerry Zebrack, Michael Newmark

Community Faculty: Anu Agarwal, John Evans, Tony Field, Richard Ganchan, John Williamson, Chanwit Roongsritong, David Smith, Frank Kelley, Ivan Anderson, Chris Wilson, Thomas To, Troy Weidenbeck, Eric Chuang, Laura Sullivan , Jayson Morgan, Richard Seher, Leticia Anderson , Jake Ichino, Anisha Mandava

Overview

Cardiology is one of the key subspecialty experiences necessary for the training of a qualified Internal Medicine Resident. Renown Medical Group Cardiology are the faculty for the resident experience. Some recently retired cardiologists wanted to continue to contribute to the educational mission so a new concept was developed for the educational experience of the residents.

Expanded Curriculum

The department recognized the need to develop a more robust cardiology experience for the residents. Four senior cardiologists with recent retirement from active practice that were excited about creating a consult service dedicated to providing directed curriculum to the residents. The Renown Medical Group Cardiologists also recognized their practice obligations made “teaching on the fly” was less than optimal so a collaboration began to create a new model. The four cardiologists are part-time employees of UNRMed IM with revenues directed to Renown Medical Group. The physician involved as well as the dedicated academic physicians at Renown Medical Group developed a new curriculum to provide a comprehensive experience. The consult service started on a part-time basis July 2017. The service will be expanded to additional weeks and 2 other recently retired cardiologists would like to join the model.

Research/Scholarly Activity

The Renown Cardiology Group has been extremely supportive of residents participating in research projects. Several have been able to join ongoing projects and increased participation is being encouraged. The residents were successful at having some publications and poster presentations.

RESIDENCY ANNUAL REPORT

Expansion of GME Positions

We have had a tremendous increase in the number of residents, faculty and services over the last couple of years.

The number of residents (GME slots) have increased in a phased manner from 38 in 2010 to 74 in 2017. From 2016 to 2017 we added 12 more residents (10 in the Primary care track (PCT) and 2 on the categorical side). Further phased expansion is planned over the next couple of years by increasing the PCT residents to their full complement of 15 and taking advantage of the Veterans Access, Choice and Accountability Act (VACAA) residency positions in the VA. The main purpose for the increase and starting of the new track are to meet the needs of Northern Nevada population where there is documented shortage of primary care and Internal Medicine physicians.

Recruitment and Diversity

We have strategically been working on recruiting a diverse class and have made a number of changes to our recruitment since last year. The changes/strategy worked and we matched a very diverse class with greater than 50 % American Medical Graduates (AMGs) and other residents from all over the world. In the current class we have 4 Hispanics and 1 African-American, 2 rural and 1 first generation with higher education resident. In total this has increased our diversity and fulfilled the strategic mission of UNRMed.

Expanded Curriculum

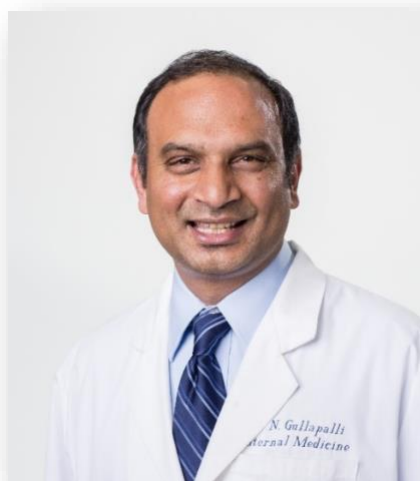
To meet the expanded educational needs of the program we have started a 4th ward team, expanded ICU coverage at Renown and the number of residents rotating on specialty services has increased. To further increase the educational value of cardiology rotation a cardiology teaching service has been created. This service has been a great success as they have the dedicated time and resources to concentrate on teaching. We are hoping to emulate this model on other services. To meet the changing needs of the population a new ultrasound curriculum has been added as more and more procedures continue to be done under ultrasound. An inter-professional code simulation has been started which involves residents, medical students, nursing students, pharmacy and other ancillary staff. Our X + Y block scheduling has reduced the conflict between the inpatient and outpatient services and has been a tremendous success. Teleconference was started between Renown and VA hospital to make the didactics available to all residents and it is working well. A comprehensive didactic teaching conference schedule has been implemented and is in its second iteration. This has contributed to our high ABIM board pass rates of around 90%.

A revamped and standardized sign-out curriculum was launched which has led to a smoother transition between residents and services. A whole curriculum involving quality improvement and patient safety has been launched on the inpatient and outpatient side to meet ACGME's Clinical Learning Environment Review (CLER) requirements. Now all our residents are involved in these activities. Overall for curriculum and teaching we have continued to receive commendation by ACGME for the last five years.

Research Initiatives

A whole new research infrastructure was launched to promote research. All residents have been given protected time regularly in clinic week and as a research rotation. Basic bio stats and research curriculum have been incorporated in the didactic sessions. Institutional Review Board (IRB) has been demystified. A number of researchers (basic and clinical) have talked about their work and how residents can be a part of it. We have purchased a few databases to conduct clinical studies. Research training has been provided to residents. Overall this has led to large number of presentations and publications which are detailed separately.

Overall, with the increasing number of diverse residents which mirror our northern Nevada population plus robust training and resources we are providing, we feel we are well poised to meet our overall vision of a Healthy Nevada.



Nageshwara Gullapalli, MD

**Associate Professor
Residency Program Director**

RENOWN UNR MED RESIDENT CLINIC

A Healthy Nevada

We implemented X+Y block system in July 2016 which allowed residents to work one week at a stretch in the clinic during their Y block. All our Residents have clinics every fifth week. This system allows them to be completely focused on the outpatient clinic during their clinic week. After completing one year, we have noticed an increase in the number of clinics due to this particular system, allowing more outpatient training for the residents as well as an influx of more patients into the clinic. The clinic is seeing about 1250 patient visits a month. We service the Medicaid population of Nevada in addition to Medicare and private insurance.

Expanding curriculum

We implemented a wellness session during the clinic block which allows residents to take care of their health issues with their doctors' appointments. We have dedicated mindful meditation, hiking and other health-related and fun activities during this session to help with overall well-being of our residents. All the outpatient attending faculty are involved in these wellness sessions with our residents. Dr. Pitani is in charge of the yearly schedule.

In this last academic year we have a dedicated didactic session in regards to ambulatory topics for our residents. This is now a great opportunity for attending faculty to have teaching sessions with residents without interruptions from patients. Our residents very much enjoy these teaching sessions as they are very interactive with a team based learning approach. They also have set time to do Johns Hopkins modules during their clinic week so they have a strong knowledge base in regards to ambulatory curricula.

Research/Scholarly Activity

Residents are actively involved in quality improvement projects to help in overall improvement in patient care. They have a team approach incorporating the medical assistants in some of their projects. They're actively involved in Institute for Healthcare Improvement (IHI) modules to help them with their ongoing projects. Dr. Pitani handles all the outpatient quality improvement projects in the Renown resident clinic. Research time is dedicated for our residents for half a day in their clinic week. This encourages scholarly activities and growth of our residents overall.



Sujatha Pitani, MD

**Associate Professor
Resident Clinic Director
Associate Program Director**

RESIDENCY RESEARCH AND QI PROJECTS

Praneeth Kudaravalli, MD Chief Resident/Clinical Instructor

Htun Latt, MD Chief Resident/Clinical Instructor

Quality Improvement

1. IMPROVE NO SHOW RATES in UHS Clinic by implementing text messages via phone.
2. Increasing HIV screening between age 13 and 64 according to CDC.
3. Evaluate Compliance with aspirin for primary prophylaxis based on ASCvd score.
4. Limiting PPI misuse by dot phrase for patients on chronic therapy.
5. DAPT project – Appropriate discontinuation of antiplatelet agents.
6. Streamlining VA View Alerts.
7. Improvement of advance directive documentation.
8. Improving communication and work flow between attendings/residents and the MAs in UNRMed Renown group clinic.
9. Appropriateness of follow up lab orders.
10. Improving Zoster Vaccine compliance

LIST OF PUBLICATIONS/ PRESENTATIONS BY UNR MED RESIDENTS

PGY4.

Praneeth Kudaravalli

1. Efficacy, safety and pharmacokinetics of biosimilars of anti-tumor necrosis factor- α agents in rheumatic diseases; A systematic review and meta-analysis.
Komaki Y, Yamada A, Komaki F, **Kudaravalli P**, Micic D, Ido A, Sakuraba A.
J Autoimmunology. **2017 May**; 79:4-16. doi: 10.1016/j.jaut.2017.02.003. Epub 2017 Feb 13.
Review.
PMID: 28209290

Htun Latt

1. A Case of Right-Sided Direct Carotid Cavernous Fistula: A Diagnostic Challenge.
Latt H, Kyaw K, Yin HH, Kapoor D, Aung SSM, Islam R.
Am J Case Rep. **2018 Jan 12**; 19:47-51.
PMID: 29326418
2. Coronary artery ectasia presenting with acute inferior wall myocardial infarction in a young adult.

Latt H, Aung S, Kyaw K, Seher R.

J Community Hospital Intern Med Perspectives. **2017 Sep** 9; 7(4):262-264. doi:

10.1080/20009666.2017.1369376. eCollection 2017 Oct.

PMID: 29046758 Free PMC Article

3. A Case of Diffuse Alveolar Hemorrhage as a Possible Complication of Bivalirudin Therapy.

Latt H, Aung S, Kyaw K, Aung TT, Roongsritong C.

Am J Case Rep. **2017 Oct** 10; 18:1081-1085.

PMID: 28993605 Free PMC Article

4. A classic case of arrhythmogenic right ventricular cardiomyopathy (ARVC) and literature review.

Latt H, Tun Aung T, Roongsritong C, Smith D.

J Community Hospital Intern Med Perspectives. **2017 Jun** 6; 7(2):115-121. doi:

10.1080/20009666.2017.1302703. eCollection 2017 Mar.

PMID: 28638576 Free PMC Article

5. Compartmentalized cAMP responses to prostaglandin EP2 receptor activation in human airway smooth muscle cells.

Agarwal SR, Miyashiro K, **Latt H**, Ostrom RS, Harvey RD.

Br J Pharmacology. **2017 Aug**; 174(16):2784-2796. doi: 10.1111/bph.13904. Epub 2017 Jul

12. PMID: 28603838

PGY3

CY Hsu

1. ALBI Score as a Novel Tool in Staging and Treatment Planning for Hepatocellular Carcinoma: Is It Sufficient?

Huo TI, Liu PH, **Hsu CY**.

Liver Cancer. **2017 Nov**;6(4):375-376. doi: 10.1159/000481211. Epub 2017 Oct 19. No abstract available. PMID:29234640

2. Impact of tumor burden on prognostic prediction for patients with terminal stage hepatocellular carcinoma: A nomogram study.

Hsu CY, Liu PH, Ho SY, Huang YH, Lee YH, Chiou YY, Hsieh TH, Fang T, Tsai YJ, Hou MC, Huo TI.

PLoS One. 2017 **Nov** 10;12(11):e0188031. doi: 10.1371/journal.pone.0188031. eCollection 2017. PMID:29125877

3. Performance status in patients with HCC: New kid on the block.

Huo TI, **Hsu CY**, Liu PH.

J Hepatology **2017 Dec**; 67(6):1352-1353. doi: 10.1016/j.jhep.2017.06.036. Epub 2017 Aug 10. No abstract available. PMID:28803954

4. A New Treatment-integrated Prognostic Nomogram of the Barcelona Clinic Liver Cancer System for Hepatocellular Carcinoma.

Hsu CY, Liu PH, Hsia CY, Lee YH, Nagaria TS, Lee RC, Ho SY, Hou MC, Huo TI.

5. Comment on 'Transarterial chemo-embolisation of hepatocellular carcinoma: impact of liver function and vascular invasion'.
Huo TI, Liu PH, **Hsu CY**.
Br J Cancer. **2017 Nov 7**;117(10):e5. doi: 10.1038/bjc.2017.211. Epub 2017 Aug 3. No abstract available.PMID:28772280
6. Prognostic role of noninvasive liver reserve markers in patients with hepatocellular carcinoma undergoing transarterial chemoembolization.
Ho SY, Liu PH, **Hsu CY**, Hsia CY, Lee YH, Lee RC, Huang YH, Lee FY, Hou MC, Tsai YJ, Huo TI.
PLoS One. **2017 Jul 3**;12(7):e0180408. doi: 10.1371/journal.pone.0180408. eCollection 2017.PMID:28672011
7. Prognostic impact of diabetes mellitus on hepatocellular carcinoma: Special emphasis from the BCLC perspective.
Su YW, Liu PH, **Hsu CY**, Lee YH, Hsia CY, Ho SY, Hou MC, Chen HS, Huo TI.
PLoS One. **2017 Mar 23**; 12(3):e0174333. doi: 10.1371/journal.pone.0174333. eCollection 2017.PMID:28333991
8. ALBI and PALBI grade predict survival for HCC across treatment modalities and BCLC stages in the MELD Era.
Liu PH, **Hsu CY**, Hsia CY, Lee YH, Chiou YY, Huang YH, Lee FY, Lin HC, Hou MC, Huo TI.
J Gastroenterol Hepatol. **2017 Apr**; 32(4):879-886. doi: 10.1111/jgh.13608.PMID:27696519

Jahnavi Chandrashekar

1. Title: A Twisted Tale: Intestinal Malrotation in an Adult
Date: **03/2017**
Poster at National ACP Conference

Tsung-Hsien Justin Lin,

1. Title: "Ulcerations in striae distensae in a glioblastoma patient on bevacizumab and corticosteroid."
Nevada ACP Chapter Abstract, **September 2017**

Hafiz Mahboob

1. Double bolus tissue plasminogen activator (t-PA) therapy during cardiopulmonary resuscitation (CPR) for cardiac arrest (CA) due to massive pulmonary embolism (PE) guided by bedside echocardiography.
Mahboob, H.B., Denney, B.W.
Journal of Case Reports in Critical Care. 2017, Jul; Pub Status: Submitted
Presented and won Oral poster in regional **ACP 09/2017**
2. Creutzfeldt-Jakob Disease (CJD) presenting with expressive aphasia and non-convulsive status epilepticus (NCSE).

Mahboob, H.B., Kaokaf, H.K. Gonda, J.M.
Journal of Case Reports in Critical Care.
2017, Sept; Pub Status: Submitted

3. Zinc Chloride Smoke Inhalation Induced Severe Acute Respiratory Distress Syndrome: First Survival in the United States with Extended Duration (Five Weeks) Therapy with High Dose Corticosteroids in Combination with Lung Protective Ventilation.
Mahboob H, Richeson III R, McCain R.
Case Rep Crit Care. **2017**; 2017:7952782. doi: 10.1155/2017/7952782. Epub 2017 Jul 26.
PMID: 28815092 Free PMC Article

Nikhil Reddy

1. Title: Advanced case of Retroperitoneal fibrosis causing complete Aorto-Iliac Occlusion, with serious post-angioplasty complications
Nikhil Reddy MD.
The ACP Nevada – Northern Nevada Regional **9/27/17**

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PGY2

Jaafar Al-Khafaji

Posters

1. TRANSAPICAL TAVR IS ASSOCIATED WITH HIGHER MORBIDITY AND MORTALITY COMPARED TO TRANSFEMORAL TAVR IN MEN BUT NOT IN WOMEN
Arain, Salman. Zhao, Yelin. **Al-Khafaji**, Jaafer. Lambeth, Kaleb. Dhoble, Abhijeet. Nguyen, Tom. Loyalka, Pranav. Kar, Biswajit. Smalling, Richard. Balan, Prakash
Journal of the American College of Cardiology, March 2017
2. Recurrent unilateral transudative pleural effusion due to low flow, low gradient severe aortic stenosis
Jaafar Al-Khafaji MD, Mohamed Taha MD, Christopher Rowan MD. FACC
Medical **Resident**, Department of Medicine, University Of Nevada, Reno, NV. September 27, 2017
3. Takotsubo cardiomyopathy in a patient with coronary artery - left ventricular fistula and Coronary AV Malformation.
Mohamed Taha MD, **Jaafar F Al-Khafaji MD**, Christopher R Wilson MD Ph.D. FACC
ACP Northern Nevada Regional, September 27, 2017

Manuscript

Can Magnetic Resonance Imaging Help Assess Aggressiveness of Endometrial Cancer?
Submitted in October 2017 to Journal of computer assisted tomography (JCAT)

Tarik Hussein

1. Title: An Unusual Case of Unilateral Spontaneous Idiopathic Adrenal Hemorrhage

Tarik Hussein MD, Asem Mutasher, MD, Dr. Bishwas Upadhyay MD, Dr. Evan Klass MD, Dr. David Howard MD
ACP abstract competition in VA hospital. **September 27th, 2017**

Mokshya Sharma

1. Significantly Higher Mortality Following Liver Transplantation Among Patients Aged 70 Years and Older.
Prog Transplant. **2017 Sep**; 27(3):225-231. doi: 10.1177/1526924817715468. Epub 2017 Jul 4.
2. **Sharma M**, Ahmed A, Wong RJ. PMID: 29187098 Pembrolizumab induced collagenous colitis.
Sharma, Mokshya
The Nevada Oncology Society. **November 2017**

Mohit Rishi

1. A peculiar case of asymptomatic spontaneous pneumomediastinum.
Irwin T, **Rishi M**, Upadhyay B.
Respiratory Med Case Rep. **2017 Sep** 6; 22:228-231. doi: 10.1016/j.rmcr.2017.09.001.
eCollection 2017. PMID: 29201633
2. A Case of Spontaneous Intracranial Hypotension
Mohit Rishi
Presented on Northern Nevada Regional ACP **9/27/2017**

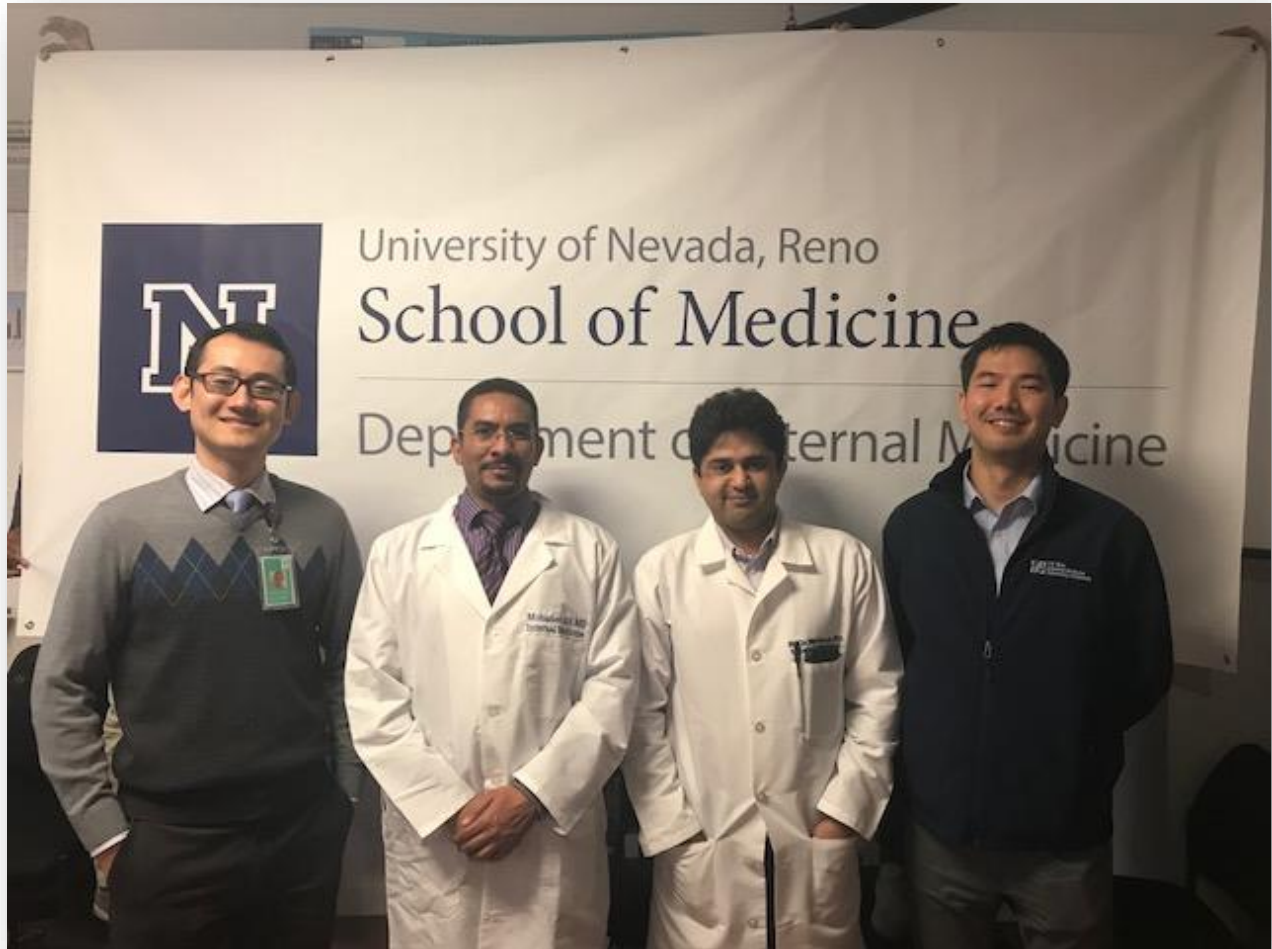
Mohamed Taha

1. An elderly with a Coronary Artery-Left ventricular fistula and AV Malformation presenting with Takotsubo Cardiomyopathy.
Mohamed Taha, Jaafar Al-Khafaji, Abubaker O Abdalla, Christopher R Wilson
ACP 2017. Estimated publication date: **May 2018**.
2. A case of Spontaneous coronary artery dissection presenting with acute anterior wall myocardial infarction in a young adult male.
Mohamed Taha, Htun Latt, Jaafar Al-Khafaji, Mohamed S Ali, Richard Seher
Estimated publication date: **April 2018**.

Mark Ulanja

1. The relationship between depression and sexual health service utilization among men who have sex with men (MSM) in Cote d'Ivoire, West Africa.
Mark B Ulanja, Carrie Lyons, Sosthenes Ketende, Shauna Stahlman, Daouda Diouf, Abo Kouamé, Rebecca Ezouatchi, Amara Bamba, Fatou Drame, Ben Liestman, Stefan Baral
Submitted September 2017

FELLOWSHIP RECIPIENTS



**Htun Latt MD, Mohamed Ali MD, Hafiz Mahboob MD, Chia-Yang Hsu MD
Not pictured David Kwon, MD**

Htun Latt – Texas Tech University Cardiology Lubbock

CY Hsu – University of Michigan Gastroenterology

David Kwon – UC Irvine Pulmonary/ Critical Care

Hafiz Mahboob UNLV Pulmonary/ Critical Care

Mohammed Ali – University of Texas Health Center Endocrinology Houston

GERIATRIC MEDICINE FELLOWSHIP

1. Expanding curriculum

- a. In this academic year a new Acute Inpatient Consults rotation at Renown has been added.
- b. The Sanford Center experience has been enhanced through the involvement of our growing Department of Medicine geriatrician faculty.
- c. The fellows and faculty are well integrated within the VA and are contributing to the teaching of resident physicians and students from a variety of disciplines
- d. With more fellows there is additional opportunity to work on more Systems Redesign/Quality Improvement projects

2. Expanding GME slots

- a. This is year 2 of the Governor's Task Force Geriatric Medicine Expansion Grant. In AY17 an increased number of fellow positions (5) were filled and the program is currently recruiting for AY18.

3. Clinical and Translational Research Expansion

- a. Scholarly activity emphasis is on presenting and sharing the most unique cases and the program's quality improvement initiatives.

4. Strategic Recruitment/diversity

- a. Fellowship applicants are highly diverse, including age, gender, country of origin etc.
- b. Many of the diverse group of graduated fellows remain in the area after training, working at the university, Renown, the VA, FQHCs (about 13 at last count)

5. Overall vision: A Healthy Nevada

- a. There is an increasing need for physicians trained specifically in Geriatric Medicine in all settings (outpatient, acute care, skilled nursing, long term care, home care etc.) The Geriatric Medicine fellowship program actively strives to help address this need.
- b. Recruiting and retaining local graduates is a strong goal for the future. Barriers such as loan repayment, salaries and a better understanding by students and trainees of the wide range of opportunities provided by certification in Geriatrics will help us move toward this goal.



Neila Shumaker MD

Program Director
Geriatric Medicine Fellowship
Attending Physician
VA Sierra Nevada Health Care System

HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP

Veterans Administration Based

Faculty: Kelly Conright, Neila Shumaker, Ivan Correa, Jonathan McCaleb

Overview:

The program continues to thrive under the direction of Dr. Kelly Conright with expansion of fellows, curriculum and retention of graduates. The program primarily based at the Veterans Administration hospital continues to reach into the community to offer a broader experience. Dr. Conright has summarized below how the program strives to support the strategic plan of the school.

Expanding curriculum

HPM has collaborated with community partners to create new educational rotations / experiences to include:

- a) Radiation Oncology
- b) Pediatric Oncology
- c) Pain Integrative Medicine (to start July 2018),
- d) Expanded Didactics Curriculum with HPM fellow graduate lectures) Medical Marijuana, Integrative Medicine, Grief and Bereavement, Pediatric Palliative Care, Home Hospice Medical Directorship...),

Pending: New collaborative relation with a community hospice agency, with the intention to collaborate on a completely funded competitive grant related to the provision of concomitant palliative care and oncology

Expanding GME slots

HPM fellowship doubled GME slots from 2 to 4 fellowship positions between 2012 and 2017

Clinical and Translational Research Expansion

- a) QI projects occur yearly to include implementation of POLST policies and practice into local Federal VA system, & Implementation of Life Sustaining Treatment Initiative (LSTI) into the local Federal VA system

Strategic Recruitment/Diversity

HPM fellowship joined the NRPM Match in 2015

Slots filled in program since inception in 2008

- a) filled completely (3 of 3 positions) through the match for the 2016-2017 cycle
- b) filled all 4 positions in the 2017-2018 cycle

Marked diversity in recruits

- a) Early career, mid- career, late career fellows have completed the fellowship: Internal Med, Family Med, Anesthesiologists, Emergency Med physicians are represented among fellows
- b) Additional features of diversity include fellows who were also military veterans, integrative medicine practitioners
- c) Ethnic cultural backgrounds of fellows include US Caucasians, US African Americans, and Fellows from India, Pakistan, Egypt, Jamaica, and Germany
- d) Balanced mix of men and women represented

Overall vision: A Healthy Nevada

HPM fellowship has trained TEN physicians that now practice and provide care in the state of Nevada (Drs. Dopf, Mahadeva, Sanousi, McCaleb, Waqar, Clark, Rohlen, Chang, Zinati, and Biondi)



Kelly Conright M.D., CMD

Program Director
Hospice and Palliative Medicine Fellowship
University of Nevada School of Medicine
Attending Physician
VA Sierra Nevada Health Care System
Geriatrics and Extended Care

COMMUNITY PARTNERS

Renown Regional Medical Center/ Renown Medical Group and the Veterans Administration serve as the two leading educational partners for the residency.

Renown Regional Medical Center and Renown Medical Group

Renown restructured its leadership to coalesce all of Internal Medicine functions under Dr. Chris Kozlowski with Bethany Sexton as his administrator. The clinical operations of the ambulatory UNR Med IM clinic and the academic hospitalists were rolled into this new organizational structure. This reorganization has allowed the development of a more collaborative interaction in supporting the educational goals of the resident and medical student education. The clinical operations operate under the same guidelines and expectations of the Renown employed physicians in addition to following all the ACGME and LCME educational guidelines.

Under this integration the department has been able to generate excess revenues to support faculty development conferences, resident scholarly projects, overloads in compensation for the faculty and expand curriculum. A new cardiology rotation with dedicated teaching was developed. Renown employed physicians allowed residents to collaborate on research projects and residents and faculty have joined a variety of committees at Renown Regional Medical Center and collaborated on some clinical care committees of the Medical Group.

Recently Dr. Kozlowski has developed monthly leadership meetings to address the mission of Renown Health in regards to quality and supporting the Accountable Care Organization (ACO). The Renown Internal Medicine department is rolling out the new quality compensation model which will be adopted by the medical school IM group as well. Regular meetings occur between Renown Administration and the physician leaders of the clinic and the hospitalist group. There are also regular meetings to discuss the educational needs of the residency with Renown Internal medicine leadership.

Contacts:

Chris Kozlowski, MD
Renown Health Vice President, Chair of Medicine Administration

Bethany Sexton
Renown Health VP Administrator Department of Medicine Administration

Toby Hoaglund, Practice Manager, Renown – UNRMed Ambulatory clinic

Karla Pambogo, Director of Hospitalist Services

Doug Merrill, MD
Executive VP Chief Medical and Academic Officer

Paul Sierzenski, MD
Renown Health VP and CMO Acute Services

Veteran's Administration

Lisa Howard, Director
Ivan Correa, Chief of Staff
Omar Canaday, Interim Internal Medicine Chief (recently stepped down)


I serve as Associate Program Director for the IM residency program as well as an Academic Internist at the affiliated VA Sierra Nevada Health Care Systems. One of my main roles at the VA is that of collaboration with leadership regarding ongoing strategic recruitment of qualified faculty at the VA who not only function to provide care to our veterans, but also to educate our residents and medical students.

We have excellent physicians that belong to our VA's Medical Service, who can function as an academic attending for these learners in many of the core internal medicine specialties and subspecialties, including but not limited to cardiology, gastroenterology, pulmonary/critical care, rheumatology, neurology, emergency medicine and hospitalist medicine. These physicians are dedicated faculty who enjoy teaching residents – including some that have even won the annual “Outstanding Faculty for Resident Teaching” award which is an honor bestowed at the annual UNRMed IM graduation ceremony.

As the subspecialist roster becomes more robust, options for expanding the curriculum can become a viable option at the VA. It is also our hope that with the expansion of faculty, there will be more room to accommodate expanding GME slots. Having more internal medicine residents will also ultimately graduate more physicians here in Nevada, where there is a shortage of physicians in general, and many will choose to stay and work here. The success of our program can be defined via a programmatic basis that can include: 1) ongoing resident evaluation of the program and faculty via New Innovations and 2) Overall in-training exam results of said specialties.

The advocacy of clinical and translational research has been one role of mine over the past several years, by means of assistance and coordination of the annual “Northern Nevada” Regional ACP with Nevada's ACP Governor, Dr. Klass and executive director Jeanne Tremaine. The VA has been willing to host the annual event at their Tahoe Room, with a successful attendance rate. This past competition on September 27, 2017 featured roughly 15 medical resident presentations as well as 10 medical student presentations, in categories that include Clinical Vignette, Basic and Clinical Research.

In addition, the VA has an active Clinical Research department that has been very supportive and collaborative with our Medical Service physicians. Lastly, the VA provides a continuity clinic experience for 24 residents. These opportunities provide a wealth of education and experience for our ever growing population of learners.



Omar Canaday, M.D., FACP

VA Academic Internist, VASNHCS
Assistant Professor
Associate Program Director

NOTABLE HONORS AND ACHIEVEMENTS

Promotions:

- Kirk Bronander, MD was promoted to Full Professor
- Kirsten Lorenzen, MD was promoted to Associate Professor
- Notification was received for 2018:
- Neila Shumaker, MD will be promoted to Full Professor
- Nageshwara Gullapalli, MD will be promoted to Full Professor
- Lisa Calvo, MD will be promoted to Associate Professor
- David Howard, MD will be promoted to Associate Professor

Elected Positions:

Dr. Thomas Brian Callister was elected as the new Governor – elect for the Nevada Chapter of American College of Physicians as well as becoming a senior fellow to the Society of Hospital Medicine

Awards:

Northern Nevada Chapter of the American College of Physicians awarded:

- Lisa Calvo, MD - outstanding teacher
- Bishwas Upadhyay, MD - outstanding young physician
- Catherine Goring, MD - women physician of the year

VA Sierra Nevada Medical Center Awarded:

Charles Krasner, MD - I-CARE for Outstanding Hepatitis C Clinic service to Veterans

Achievements:

The Endocrinology Division became the first certified program in Nevada in Diabetes Self-Management Education

SERVICE

Community

- Renown Hospital Committees
 - Residency Operations Committee
 - Mortality Working Group
 - Information Technology - Physician Interdisciplinary Committee
 - Sepsis committee
 - Pharmacy and Therapeutics committee
 - Medical Executive committee
 - Peer Review Committee
 - Quality Improvement and Process Improvement Committee
 - Patient Safety Committee
- Chair, Infection Control committee, Northern Nevada Medical Center (NNMC)
- Medical Director, NNMC Antibiotic Stewardship Committee
- Medical director, Veterans Administration Antibiotic Stewardship
- HIV Conference Organization
- Participants in Student Outreach Clinic
- Free Infectious Disease phone consultation to rural hospitalists
- Volunteer, American College of Physicians, Nevada Chapter, Early Career Physicians
- Veterans Administration Research Committee
- Washoe County Medical Society Participants

SERVICE

UNR and School of Medicine

- Faculty Council, committee member
- Student Promotion and Conduct Committee, member
- Medical Education Steering Committee, members
- Integrated Clinical Services Committee, members
- Compliance Committee, members
- Mentorship for Medical Student Recruitment
- Clinical Competency Committee for Residents, Chair and members
- Standing Search Committee, member
- Department Search Committees, members
- Standardized Patient Educator, Chair of Committee
- Medical Student Interviews
- Year 3&4 Medical Education Committee, Chair and members
- Year 1 and 2 Block Medical School Education Committee, member
- IRB Review board, committee member
- Admissions Executive committee, member
- Graduate Medical Education Committee, member
- Community Faculty Advisory Board, committee member

Statewide/Regional/National

- Nevada Chapter of the American College of Physicians – Governor and Governor elect
- Officer, Other Officer, American Academy of Medical Ethics
- Board of Directors, Holy Rosary International Medical Missions
- Volunteer, Holy Rosary International Missions
- ECHO clinics
- Media spokesperson for American Association of Diabetic Educators
- Committee Member, American College of Physicians.
- National Academy of Medicine Collaborative on clinician Well-Being and Resilience, Committee member