



# Department of Medicine

"We are here to reward excellence"

## A Vision of Excellence — Bob Strieter

Since arriving to UVA, I have been meeting with our faculty and faculty from other departments, as well as attempting to see all of the facilities that the Department of Medicine occupies from an administrative, clinical, and research laboratory standpoint. I am currently prioritizing and working through all of our areas of interest. As I have traveled through these areas, I have been fortunate to see many of you in action. During my second week, I toured the inpatient services and met many of the residents and several fellows in the Department. I have attended morning report once per week since my arrival and have found our Residents to be outstanding young physicians who we should be very proud. I have been to the Digestive Health Center of Excellence and I have met with faculty and nurses, and I have found this center to be outstanding. I have now toured the Department Lab Space in MR4 and MR5, and I have had the opportunity to talk with several of the research faculty. Each of whom took a time to talk with me about their science, their labs, and space concerns. I have recently toured the Cardiology clinical space. Along the way, I met several of our faculty and many other dedicated staff - unit managers, nurses and allied support personnel. I was impressed with our Cardiology clinical programs and outstanding faculty. This week I went to the outpatient clinics of Rheumatology, Endocrine, and UPC. Our outpatient space at the new building (450) at Fontaine is spacious and patient care focused. This past week, I visited the Augusta Multispecialty clinic located at the Augusta Medical Center, which will serve as an outstanding opportunity for our department's multispecialty outreach program in the valley to grow. I plan to continue my visits to other Departmental areas of education, research, and clinical excellence. Moreover, over the next several months, I plan on meeting faculty during individual divisional meetings in order to have a "Town Hall" type of meeting with questions and answers session in order to increase the faculty's understanding of where we are currently and where we need to go in the future as an outstanding academic Department of Medicine. I am proud to be a member of the Department of Medicine, and I am proud to be your new Chairman. I look forward to getting to know you better, and seeing our outstanding Department in action.

Recently the Department leadership has focused on developing a strategy for creating excellence in the face of the "Perfect Storm". This storm is challenges our major academic missions of education, research and clinical activity. In the face of this storm, we must meet our current goals and plan for our future. On this basis, we have created a transparent Development Plan that that will require faculty investment and at the same time recognize faculty for their excellence. The details of this plan were presented at the Department of Medicine Faculty Meeting on September 5<sup>th</sup>, 2006. For those of you who were unable to attend the link will take you to the presentation. It will require your Department of Medicine

In the next 12 months will have laid the groundwork for new events to highlight our Department.

- This academic year (2006 to 2007) represents the anniversary of the Department's 100 years of excellence in medicine. We will celebrate our 100 years by having a Centennial event on May 5<sup>th</sup> and 6<sup>th</sup>, 2007 that will highlight our academic successes in education, research, and clinical programs. We have planned to initiate this day as a way to re-engage our trainee alumni to return and celebrate with us, and at the same time earn CME. We would like to see this become an annual event for our trainee alumni to return to UVA and interact with our faculty.
- Plan to launch a new journal entitled the "Proceedings of the University Of Virginia Department Of Medicine". This journal will focus on clinical excellence and education and provide the readers with the opportunity to receive CME.
- Plan to initiate a Department of Medicine Annual Report that will highlight the department and each of the divisions related to the five core missions of education, research, clinical program, faculty career development, and

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VOL 1, ISSUE 2  
SEPTEMBER 1, 2006

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# Department of Medicine

"We are here to reward excellence"

## A Vision of Excellence, Cont. — Bob Strieter

administrative excellence.

- Plan to highlight our trainees (Medical Students in Medicine, Residents, Fellows, Graduate Students, and Post-Doctoral Research Fellows) and their research (Case Reports, Clinical Research, and Basic Science). In order to achieve this goal, we will create a new Scholars Day that will be held on an annual basis. Since the Department of Medicine has three outstanding academicians that have held esteem administrative positions in the department and the SOM, and all three of these individuals are currently in the DOM, we have named the Scholars Day in their honor. The name of this annual event will be the "Carey, Marshall, and Thorner Scholars Day of the Department of Medicine".
- Plan to reformat the Department of Medicine Research Day to highlight the clinical and basic science research excellence in the department related to all of the faculty and trainees in their dry or wet laboratories. The new format will include presentations from each of the divisions and will include presentations related to specific areas of thematic research within the department. The purpose of the new format is the following: to enhance awareness of the DOM faculty about research conducted in the DOM; to encourage cross-divisional collaborations; and to catalyze the formation of faculty groups interested in specific areas of thematic research that could serve as a foundation to be more competitive for funding opportunities.

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### Defining, Measuring, and Rewarding Excellence Across Our Core Missions

**Education:** Vice Chair Jerry Donowitz and Associate Chair Michael Rein are focused on maintaining our credibility in graduate medical education, addressing resident and fellow concerns, and strengthening undergraduate medical education.

**Clinical Affairs:** Vice Chair Bob Gibson and Associate Chair Alan Dalkin are working to increase institutional awareness of quality monitoring and improvements. Expansion of clinical excellence within inpatient and outpatient areas is also a priority. The later will include a comprehensive outreach strategy focusing first on our programs in Augusta County and, subsequently, in Culpeper and the eastern portion of our primary service areas. Another priority will be the expansion and creation of medicine practices intended to serve the growing populations around Charlottesville.

**Research:** Vice Chair Joel Linden and Associate Chair Susan Moenter are looking for new ways to strengthen our research programs and increase our ability to provide bridge funding so that faculty research remains uninterrupted. Together, they are working to foster innovative thematic research, focus on new initiatives in regenerative medicine, increase the interactivity within the Department for collaborative research, increase interactions with basic sciences, and increase our presence in opportunities related to translational research. By focusing on these areas, we will be better able to differentiate ourselves from other academic medical centers. We have already established a new Division of Regenerative Medicine and are beginning a national search for a Division Chief.

**Faculty Career Development:** Vice Chair Coleen McNamara and Associate Chair Mitchell Rosner will develop strategies to help ensure the academic success of our faculty. Beginning with residents, fellows, and junior faculty, support will be provided through appropriate mentoring and training, including the knowledge of grant writing and funding opportunities. Mentorship is essential if faculty members are to make the transition to midlevel and senior faculty positions.

**Administration:** Vice Chair and Chief Operating Officer Bess Wildman will lead the effort to reduce disparities in administrative support that exist across the divisions while at the same time preserving the autonomy of the Division Chiefs. Continued support of the divisions will ensure consistency in practices and focus on the overall core missions.

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## Department of Medicine “We are here to reward excellence”

### Excellence in Research — Joel Linden, Sue Moenter

Excellence in research is an obvious and desirable goal. The key question from an administrative perspective is what can be done in the Department of Medicine to improve research? Availability of financial resources would provide one obvious solution. We could recruit and retain outstanding research faculty. The Board of Visitors recruitment program has allocated millions of dollars for the recruitment of very high-caliber scientists. An exciting recent success of this endeavor is the recruitment of the well-known geneticist Steve Rich. The philosophy that applies here is that “a rising tide lifts all ships.” We also are trying to build reserve funds that will be available for faculty retention. Although these are useful initiatives, the reality is that financial resources are very limited. For that reason we implemented a number of policies intended to improve research excellence through inexpensive initiatives. There are a number of steps being taken to improve the research environment in the Department of Medicine. These include protected research time for clinician scientists, better mentoring, return of indirect costs on PPG’s to project leaders (to encourage participation in Program Project Grants), intramural grant review, greater interim funding, and more equitable space distribution.

A new merit-based policy of space allocation is under development and will be implemented by the end of this year. In addition, we are working on a major new initiative to develop thematic research groups to work on interdisciplinary projects. The idea is that collaborative research is usually of higher quality and more competitive than “silo-based” research. The plan is to develop about a dozen research groups, each consisting 15-30 members including junior and senior faculty, graduate students, residents, and fellows. The goal will be to foster interactive teaching, collaborative and translational research, research opportunities, mentoring, and the generation of multidisciplinary large grants. These groups will cross Divisional and Departmental boundaries. The outcome of these programs will be to minimize attrition of our physician scientists, and to maintain the productivity and funding success of our research faculty in spite of diminishing NIH funding.

### The Department’s Newest Program — George Hoke

The DOM is pleased to announce the successful launch of the Academic Hospitalist Program. On July 3, the Program accepted its first admissions from the Night Float Service, helping to decompress the overburdened Internal Medicine Residency Training Program. The initial response from the house staff, ward attendings, and nursing staff has been overwhelmingly positive. The Hospitalists lead teaching rounds with the Night Float team each morning from eight to ten AM and then manage the newly admitted patients independently throughout the remainder of their stay. The group focuses on providing high quality, evidence-based care in an extremely efficient manner. Enhanced communication is emphasized among the attending, patient, family, nursing staff, consultants, and all members of the care team.

Other responsibilities include providing the majority of General Medicine consultations to the subspecialty and surgical services throughout the institution. Outpatient preoperative evaluations will be offered in the near future. Beginning in September, the Hospitalists will take over the Bed Center Attending role and will be involved in efforts to improve throughput so that we can better serve the community and referring physicians. The program’s six physicians will serve as “systems thinkers” identifying ways to improve patient outcomes, eliminate complications, reduce unnecessary resource utilization, and enhance patient and staff satisfaction.

George Hoke, a 1998 graduate of the Internal Medicine training program, returned to Charlottesville July 31<sup>st</sup> to direct the Hospitalist Group. Andrew Brock, Kyle Enfield, Steven Lommatzsch, and Brian Uthlaut, all top-notch graduates from 2006, are responsible for the successful launch of the Program. The team will soon be joined by Srikant Nannapaneni, a recent graduate from Strong Memorial Hospital in Rochester, New York. Please welcome this enthusiastic group of physicians to the DOM. Question or comments on the Program should be directed to Dr. Hoke by email ([gmh4s@virginia.edu](mailto:gmh4s@virginia.edu)) or by using PIC# 6688.

## Department of Medicine “We are here to reward excellence”

### Defining & Rewarding Exemplary Performance in Patient Care — Bob Gibson, Alan Dalkin

The Department of Medicine is committed to supporting faculty attending physicians who help the UVA Health System establish a culture of high expectation around quality. To demonstrate this commitment, the Department has allocated a substantial sum of money to reward individuals whose practice performance is consistent with high professional standards. This month, the Office of Clinical Affairs will initiate a *Guideline Creation Project* with two purposes in mind: 1) to provide a framework with explicit metrics for evaluating clinical performance of faculty attending physicians at the Divisional and Departmental level; and 2) to communicate threshold criteria for acceptable and exemplary physician performance in six different domains of clinical excellence: professional competence, quality of service and patient relationships, personal productivity, resource utilization and practice efficiency, peer and co-worker relations, and contributions to the UVA Health System. We share a belief that all clinical staff members in the Department of Medicine are capable of delivering high quality patient care. The timeline for completing this work is 4 to 6 weeks. Some of the principles that will guide our work include:

1. Clear definitions of expected performance typically have one of two characteristics. They either describe a *specific observable behavior* or a *specific measurable outcome*.
2. Since the labor costs associated with direct observation of faculty attending physicians can be prohibitively high, *specific measurable outcomes* will be emphasized in the evaluative tool. Whenever possible, physician performance will be benchmarked to external groups.
3. Examples of acceptable performance will be provided with the intention of helping faculty understand the standards and requirements of the Virginia State Board of Medicine, and the requirements of both the UVA Health System (e.g., Medical Center and SOM patient care policies) and the Department of Medicine.
4. If faculty find themselves in a position that makes it difficult to meet current standards, requirements and/or expectations, the Department of Medicine will adopt an assistive or rehabilitative, rather than disciplinary, approach. This will be coordinated with appropriate Divisional, Departmental and Institutional resources.
5. Our Office will work with the Offices of Faculty Development and Education to identify and provide opportunities for learners to acquire the attributes (e.g., knowledge, skills, attitudes and values) that clinicians need to meet their professional responsibilities. These coordinated efforts will allow learners to shift the focus of their professional goals throughout the course of their careers.

### Faculty Career Development — Coleen McNamara, Mitch Rosner

We are pleased to announce that Dr. Mitch Rosner has agreed to join the Faculty Development office as Associate Chair. The Department of Medicine Office of Faculty Development works to facilitate the professional development needs of each of its individual faculty members and to foster the development of rewarding academic faculty careers in our trainees. We have defined faculty career development as encompassing:

1. Professional & Personal Growth
2. Leadership Development
3. Professional Advancement
4. Institutional Understanding
5. Instructional & Skill Enhancement
6. Recognition and Awards.

We are fortunate to have many resources and programs available to our faculty in both the Department of Medicine and the School of Medicine. These include new faculty orientation, faculty mentoring, guidance through the promotion and tenure process, leadership training, grant writing seminars, instruction for effective teaching, and physician wellness seminars. One clear measure of excellence in faculty development is outstanding mentoring both informally and formally. In the coming months we will be working on building programs for stronger, more formalized mentoring across all tracks. Clearly, as we strive for excellence in the office of Faculty Development, this excellence will be measured by the successes of our faculty and our trainees. We are here to serve you.

## Department of Medicine “We are here to reward excellence”

### Education—Jerry Donowitz & Michael Rein

Excellence in educational endeavors is one of the Department's underlying themes. The education of students, residents, and fellows is obviously central to the success of any academic Department of Medicine. Although it is difficult to define exactly which elements of teaching produce better physicians, the housestaff and students seem acutely aware of what is good and what is not. When asked in anonymous surveys about the quality of teaching on the wards, housestaff certainly make their views known.

It is the Department's goal to recognize educational excellence and help develop this area of academic pursuit. Several points should be emphasized. The knowledge and use of evidence-based medicine to guide the therapeutic and diagnostic plans for patients admitted to a given service are central to the teaching role. It suggests that the attending has something to teach concerning the patients on the service. Time to teach at both the housestaff and student level must be established independent of the patient numbers. Ward attendings must have patient care and teaching as their primary duties during the course of their attending time. Finally, learners need to be fully incorporated into the process by creating an atmosphere that is neither threatening nor judgmental. In addition, the elements of teaching as defined by the ACGME must be recognized and followed.

To encourage excellence in teaching, the Department will begin formal recognition of outstanding teachers. This will occur at the end of each year and will involve financial as well as other types of recognition. Criteria for these teaching awards are presently being developed by the Executive Committee. To those who are struggling in this aspect of their academic careers, guidance in how to improve teaching skills will be offered. This will represent a win/win situation for the learners, the teachers, and the Department.

We will make an additional effort to recruit our best students into our own residency program. Please encourage those excellent students with whom you have contact to consider the advantages of continuing their training at this institution.

### Administrative Excellence — Bess Wildman

Despite what you all might think, administrative excellence is not about having a substantial bottom line, although having one doesn't hurt. Administrative excellence focuses on good management of resources. The best way to do this is to eliminate redundancies, improve processes, and maximize the return on our investment. Our goal in the coming months is a reorganization of the Department allowing us to capitalize on strengths, eliminate silos, and build models that span the Divisions. These models are intended to reap even better returns for the time and resources we devote to teaching, research, patient care, and faculty development.

Also important is to build better mechanisms for helping faculty operationalize and execute on new opportunities to create excellence across the four other core missions and corresponding revenue. Departmental Administration has also looked inward and identified several items key to ensuring excellence. Efforts now underway include automating the creation and distribution of reports, creation of a scheduling model to help with discharge scheduling and to answer concerns from attendings and residents about post-discharge care, and replication of the inpatient unit “blue sheets” into a model for coding in the outpatient and procedural areas. We are also working to revamp our website and, following feedback from administrators, are exploring the possibility of additional Department level services.

Feedback regarding how we can make the Department run more smoothly or help you in any way is always welcome.

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#### Under the Paduan Sun: Our International GME Rotation— Han-Na Kim, M.D., and Amy West, M.D.

In February 2006, during the last year of our internal medicine residency at the University of Virginia, we had a unique opportunity to complete a month-long cardiology rotation at the University of Padua, Italy. The University of Padua, founded in 1222, is one of the oldest universities in Europe along with such universities as Bologna, Paris, Oxford, Cambridge and Leuven. It is also one of the most respected modern medical centers with the latest technology and cutting-edge research.

Facing the completion of our residency in Charlottesville and looking forward to the next step in our career as cardiologists, we wanted an experience outside of the usual residency training. Our training at a tertiary medical center such as the University of Virginia Health Systems, afforded us a broad exposure to diverse disease processes and patients from all walks of life. However, we were beginning to think about health care challenges outside of our Charlottesville experience and even beyond the United States. This was especially relevant as we were both interested in the metabolic syndrome and atherosclerosis. How would those disease processes manifest in populations whose diet and lifestyle is vastly different from our own?

The Office of International Health (OIH) at the University of Virginia participates in active educational exchange programs all over the world. These complement the well-known Center for Global Health research collaborations with Brazil, Uganda, Tanzania, etc. Recently, the OIH has focused on the development of educational ties with Western European countries, Korea, and Japan. For example, hundreds of Italian cardiologists came to Charlottesville for interactive learning courses at UVA including some faculty members from the University of Padua ([www.interheart.virginia.edu](http://www.interheart.virginia.edu)). Additionally, there is an ongoing series of interactive videoconferences (“Ask-the-expert” sessions) between the University of Padua and UVA’s leading specialists in cardiology and diabetes. We were the first University of Virginia residents to study at the University of Padua.

We were welcomed into the University of Padua’s Cardiovascular department as colleagues and friends. We gained broad exposure to cardiology in Italy by attending daily teaching rounds in the hospital wards, learning the university’s chest pain protocol, observing procedures in the catheterization laboratories and attending ambulatory clinics both at the main hospital and at a satellite hospital about thirty minutes outside of the city. Our curriculum was also specifically designed to focus on noninvasive imaging. We attended cardiac MRI rounds during which we learned of the three-dimensional space of the heart inside the body and learned of the different planes that an echocardiogram would use.

Unlike in the United States where ultrasound technicians perform the echocardiogram and cardiologists interpret it, in Italy, the echocardiogram is done by the cardiologist with immediate interpretation. Taking advantage of that, we learned how to perform and to interpret a basic echocardiogram under direct cardiologist supervision everyday. As future cardiologists, we were thrilled by the acquisition of this skill. The experience fueled our interest in reviewing the pathophysiology, clinical presentations and treatment of the various diseases we encountered.

During the course of the rotation, our perspectives on what we considered “standard practice” changed. We learned that there are some clear variations in diagnostic methods and treatment strategies between Italy and the U.S. For example, in Padua, dobutamine stress echocardiography was the preferred non-invasive evaluation of ischemic heart disease, and cardiac catheterizations were performed using a radial artery approach – instead of the traditional femoral approach.

The allocation of procedures and the patients’ attitude towards the allocation of procedures in a nationalized health system were different. We learned to question our version of the “standardized” practice and to come to our own conclusions through education and research as to what truly is the better practice – or if they are equivalent. While

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at the University of Padua, we helped with the revision of one of their research publications and further enhanced our knowledge of different research methods. Our inquisitive natures were sharpened by having such experiences on a daily basis.

In Padua, we learned a tremendous amount of history. The University of Padua is the former academic home of Galileo Galilei and Nicolaus Copernicus. The University houses the oldest surviving anatomical amphitheater in Europe (built in 1494). The father of normal anatomy (Andreas Vesalius), the discoverer of blood circulation (William Harvey), the father of pathology (Giovanni Batista Morgagni), and other prominent medics worked in Padua, the cradle of Renaissance medicine. Elena Lucrezia Cornaro Piscopia was the first woman in the world to graduate from a university receiving a doctorate degree in 1678. Being surrounded by such history allowed us to appreciate our science in the context of the founding fathers.

The impact of the cultural exchange was multifold – we learned about the dolce vita, the Mediterranean diet, and the wonderful interactions of the Italian people. Each night after dinner, the town of Padua was alive with people of all ages walking around arm in arm, talking and laughing – perhaps this is part of the secret of the Mediterranean life style. We also had the chance to experience Venetian culture by going to the opera during Carnevale.

The opportunity to participate in an educational and cultural exchange through the University of Padua was truly a gift. Standing on the solid base of knowledge gained from our residency training at the University of Virginia, our experience in Italy has forever enhanced our perspective on medicine, cardiology and life. We are excited to take the wonderful knowledge, insights, friendships and memories to the next step in our lives.

### Save the Dates

New Faculty Orientation. September 28th  
Jordan 2 A,B & C, 12-2 PM

Centennial Celebration.  
May 4-5, 2007, SAVE THE DATE

Buchanan Applications  
September 5th, 2006 is the UVa deadline, please let Bess Wildman know if you are going to submit a proposal.

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### Awards, Honors, & Recognitions, Continued

#### Allergy

##### **Recently Published:**

- **Barekzi, E., Roman, J., Hise, K., Georas, S. and Steinke, J.W.** Lysophosphatidic acid stimulates inflammatory cascade in airway epithelial cells. *Prostaglandins, Leukotrienes & Essential Fatty Acids* 74:357-363 (2006)
- **de Alarcón, A., Steinke, J.W., Caughey, R., Barekzi, E., Hise, K., Gross, C.W., Han, J.K., and Borish, L.** Expression of leukotriene C4 synthase and plasminogen activator inhibitor 1 gene promoter polymorphisms in sinusitis. *American Journal of Rhinology* (accepted)
- **Steinke, J.W., Negri, J., Enelow, R., Baramki, D.F., and Borish, L.** Pro-inflammatory effects of interleukin-4 antagonism. *Journal of Allergy and Clinical Immunology* (accepted)
- **Steinke, J.W., Baramki, D., and Borish, L.** Opposing actions of (R,R)- and (S,S)-isomers of formoterol on T cell function. *Journal of Allergy and Clinical Immunology* (accepted)
- **Borish, L., Rosenwasser, L. and Steinke, J.W.** Fungi in chronic hyperplastic eosinophilic sinusitis: reasonable doubt. *Clinical Reviews in Allergy & Immunology* 30:195-204 (2006)
- **Borish, L., and Steinke, J.W.** Chronic sinusitis. *Clinical Asthma* accepted (2006)
- **Steinke, J.W.** The relationship between rhinosinusitis and asthma. *Current Allergy and Asthma Reports* 6 accepted (2006)

#### Cardiovascular Medicine

##### **Grants:**

- **Brian Wamhoff** received a Partner's Fund
- **Brian Wamhoff** received Notice of award for a new R01

##### **Recently Published:**

- **Kwame Akosah** had two manuscripts recently accepted, they are:
  - Carotid Ultrasound for Risk Clarification in Young to Middle-Aged Adults Undergoing Elective Coronary Angiography - *American Journal of Hypertension*.
  - Metabolic Syndrome and Coronary Heart Disease Equivalent Conditions in Predicting Cardiovascular Events in Young to Middle-Aged Adults - *Journal of Cardiometabolic Syndrome*
- **Chordia MD, Zigler M, Murphree LJ, Figler H, Macdonald TL, Olsson RA and Linden J.** 6-aryl-8H-indeno [1,2-d]thiazol-2-ylamines: A1 adenosine receptor agonist allosteric enhancers having improved potency. *J Med Chem* 48: 5131-5139, 2005.
- **Nikolakopoulos G, Figler H, Linden J and Scammells PJ.** 2-Aminothiophene-3-carboxylates and carbox-amides as adenosine A(1) receptor allosteric enhancers. *Bioorganic & Medicinal Chemistry* 14: 2358-2365, 2006.
- **Toufektsian MC, Yang Z, Prasad KM, Overbergh L, Ramos SI, Mathieu C, Linden J and French BA.** Stimulation of A2A-adenosine receptors after myocardial infarction suppresses inflammatory activation and attenuates contractile dysfunction in the remote left ventricle. *Am J Physiol Heart Circ Physiol* 290: H1410-H1418, 2006.
- **Bhattacharya S, Youkey RL, Ghartey K, Leonard M, Linden J and Tucker AL.** The allosteric enhancer PD 81,723 increases chimeric A 1/A 2A adenosine receptor coupling to Gs. *Biochem J* 2006.
- **Awad AS, Huang L, Ye H, Duong ET, Bolton WK, Linden J and Okusa MD.** Adenosine A2A receptor activation attenuates inflammation and injury in diabetic nephropathy. *Am J Physiol Renal Physiol* 290: F828-F837, 2006.

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### Awards, Honors, & Recognitions, Continued

- **Day YJ, Huang L, Ye H, Li L, Linden J and Okusa MD.** Renal Ischemia-Reperfusion Injury and Adenosine 2A Receptor-Mediated Tissue Protection: The Role of CD4+ T Cells and IFN- $\gamma$ . *J Immunol* 176: 3108-3114, 2006.
- **Kiesman WF, Zhao J, Conlon PR, Petter RC, Jin X, Smits G, Lutterodt F, Sullivan GW and Linden J.** N-*ribo*bornyllactone-substituted xanthines as adenosine A(1) receptor antagonists. *Bioorg Med Chem* 2006.
- **Li Y, Oskouian RJ, Day YJ, Kern JA and Linden J.** Optimization of a mouse locomotor rating system to evaluate compression-induced spinal cord injury: correlation of locomotor and morphological injury indices. *J Neurosurg Spine* 4: 165-173, 2006.
- **Odashima M, Otaka M, Jin M, Komatsu K, Wada I, Horikawa Y, Matsushashi T, Hatakeyama N, Oyake J, Ohba R, Watanabe S and Linden J.** Attenuation of gastric mucosal inflammation induced by aspirin through activation of A(2A) adenosine receptor in rats. *World J Gastroenterol* 12: 568-573, 2006.
- **Okonkwo DO, Reece TB, Laurent JJ, Hawkins AS, Ellman PI, Linden J, Kron IL, Tribble CG, Stone JR and Kern JA.** A comparison of adenosine A2A agonism and methylprednisolone in attenuating neuronal damage and improving functional outcome after experimental traumatic spinal cord injury in rabbits. *J Neurosurg Spine* 4: 64-70, 2006.
- **Reece TB, Okonkwo DO, Ellman PI, Maxey TS, Tache-Leon C, Warren PS, Laurent JJ, Linden J, Kron IL, Tribble CG and Kern JA.** Comparison of systemic and retrograde delivery of adenosine A2A agonist for attenuation of spinal cord injury after thoracic aortic cross-clamping. *Ann Thorac Surg* 81: 902-909, 2006.
- **Zhu R, Frazier CR, Linden J and Macdonald TL.** N6-ethyl-2-alkynyl NECAs, selective human A3 adenosine receptor agonists. *Bioorg Med Chem Lett* 16: 2416-2418, 2006.
- **Cavalcante IC, Castro MV, Barreto ARF, Sullivan GW, Vale M, Almeida PRC, Linden J, Rieger JM, Cunha FQ, Guerrant RL, Ribeiro RA and Brito GAC.** Effect of novel A(2A) adenosine receptor agonist ATL 313 on *Clostridium difficile* toxin A-induced murine ileal enteritis. *Infection and Immunity* 74: 2606-2612, 2006.
- **Li Y, Oskouian RJ, Day YJ, Rieger JM, Liu L, Kern JA and Linden J.** Mouse spinal cord compression injury is reduced by either activation of the adenosine A(2A) receptor on bone marrow-derived cells or deletion of the A(2A) receptor on non-bone marrow-derived cells. *Neuroscience* 141: 2029-2039, 2006.
- **Linden J.** Adenosine metabolism and cancer. Focus on "Adenosine downregulates DPPIV on HT-29 colon cancer cells by stimulating protein tyrosine phosphatases and reducing ERK1/2 activity via a novel pathway". *Am J Physiol Cell Physiol* 291: C405-C406, 2006.
- **Linden J.** New insights into the regulation of inflammation by adenosine. *J Clin Invest* 116: 1835-1837, 2006.
- **Naganuma M, Wiznerowicz EB, Lappas CM, Linden J, Worthington MT and Ernst PB.** Cutting Edge: Critical Role for A2A Adenosine Receptors in the T Cell-Mediated Regulation of Colitis. *J Immunol* 177: 2765-2769, 2006.
- **Reece TB, Kron IL, Okonkwo DO, Laurent JJ, Tache-Leon C, Maxey TS, Ellman PI, Linden J, Tribble CG and Kern JA.** Functional and cytoarchitectural spinal cord protection by ATL-146e after ischemia/reperfusion is mediated by adenosine receptor agonism. *J Vasc Surg* 44: 392-397, 2006.
- **Cavalcante IC, Castro MV, Barreto AR, Sullivan GW, Vale M, Almeida PR, Linden J, Rieger JM, Cunha FQ, Guerrant RL, Ribeiro RA and Brito GA.** Effect of novel A2A adenosine receptor agonist ATL 313 on *Clostridium difficile* toxin A-induced murine ileal enteritis. *Infect Immun* 74: 2606-2612, 2006.

### Endocrinology and Metabolism

#### **Honors:**

- **Mary Lee Vance, Ed Laws** —America's Top Doctors for Cancer

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#### Gastroenterology

##### *Grants:*

- **Peter Ernst** just received his NGA for his UO1
- **Steve Caldwell** received notice of his funding of his R21

#### General Medicine, Geriatrics, and Palliative Care

- **John Schorling** will serve as the Director of the Mindfulness Center which works to support the integration of mindfulness-based practices into the clinical, educational and research programs of the UVA Health System and the central Virginia community. Upcoming courses are listed below.

##### *Honors:*

- **Khalil Amir** received Certificate of Appreciation for Outstanding Contribution to the UVA Summer Medical Dental and Education Program (UVA SMDEP) in July 2006.

##### *Recently Published:*

- **Amir, Khalil A., Bobba, Ravia B., Clarke, Bridger, Nagy-Agren, Stephanie, Arsura, Edward L., Balogun, Seki A., Evans Jonathan M** Tongue Discoloration in an Elderly Renal Transplant Patient: Complication of Medication?

#### Hematology Oncology

##### *Honors:*

- **William Grosh, Maureen Ross, Geoffrey Weiss, Michael Williams** were named America's Top Doctors for Cancer

#### Infectious Diseases and International Health

##### *Honors:*

MSTP student, **Laura Adang**, won a Scholar Award from the International Society of Analytical Cytometry (June, 2006) (Kedes lab)

##### *Grants:*

- **Eric Houpt**, R21, "Multiplex bead-PCR diagnosis for AIDS diarrhea"
- **Eric Houpt**, R41 with IDX Labs
- **William A. Petri, Jr.**, Japan Health Sciences Foundation
- **William A. Petri, Jr.**, Gates Foundation, subcontract to University of Maryland
- **William A. Petri, Jr.**, R01, "Structure and Function of E. histolytica Adherence Lectin",
- **William A. Petri, Jr.**, R41 with TechLab, Inc
- **Molly Hughes**, New Opportunities Supplement to the Mid-Atlantic Regional Center of Excellence for Biodefense
- **Erik Hewlett**, R01, "Bordatella Cyclase- Structure & Biological Activities
- **W. Michael Scheld**, R41 with Adenosine Therapeutics
- **Rebecca Dillingham**, Partners In Health
- **Christopher Moore**, K08, "The effects of A2A adenosine receptor agonists in sepsis"

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## Department of Medicine "We are here to reward excellence"

### Awards, Honors, & Recognitions, Continued

#### Recently Published:

- **Sullivan JT, Jeffery EF, Shannon JD, Ramakrishnan G.** Characterization of the siderophore of *Francisella tularensis* and role of fslA in siderophore production. *J Bacteriol.* 2006 Jun;188(11):3785-95.
- **Qin A, Mann BJ.** 2006. Identification of transposon insertion mutants of *Francisella tularensis* strain Schu S4 deficient in intracellular replication in the hepatic cell line HepG2. *BMC Microbiology* 6:69.
- **LeBlanc, J. J., R. Davidson, and P. S. Hoffman.** 2006. Compensatory Functions of Two Alkyl Hydroperoxide Reductases in the Oxidative Defense System of *Legionella pneumophila*. *J. Bacteriol.* 188:6235-6244.
- **Ewann, F., and P.S. Hoffman.** 2006. Cysteine Metabolism in *Legionella pneumophila*: Characterization of a L-Cystine-Utilizing Mutant. *Appl. Environ. Microbiol.* 72:3993-4000.
- **Shinjiro Hamano, Amon Asgharpour, Suzanne E. Stroup, Thomas A. Wynn, Edward H. Leiter, and Eric Houpt** Resistance of C57BL/6 Mice to Amoebiasis Is Mediated by Nonhemopoietic Cells but Requires Hemopoietic IL-10 Production
- **J. Immunol., Jul 2006; 177: 1208 - 1213.**
- **Parsons, C.H., Adang, L.A., Overdevest, J., O'Connor, C., Camerini, D., and Kedes, D.H.** KSHV targets multiple leukocyte lineages during long-term productive infection in NOD/SCID mice. *J. Clin. Invest.* 2006, 116:1963-1973.
- **Adang, L.A., Parsons, C.H. and Kedes, D.H.** Asynchronous progression through the lytic cascade and variations in intracellular viral loads revealed by high-throughput single cell analysis of Kaposi's sarcoma-associated herpesvirus infection *Journal of Virology* 2006, 80 (in press, October). (JVI will feature the paper in its "Spotlight" section)
- **O'Connor, C. and Kedes, D.H.** Rhesus monkey rhadinovirus: A model for the study of KSHV. In *KSHV*, ed. Boshoff, C. and Weiss, R. Springer Press (in press, September, 2006).
- **Cavalcante IC, Castro MV, Barreto ARF, Sullivan GW, Vale M, Almeida PCR, Linden J, Rieger JM, Cunha FQ, Guerrant RL, Ribeiro RA, Brito GAC.** Effect of A Novel A2A Adenosine Receptor Agonist (ATL 313) on Clostridium Difficile Toxin A-Induced Murine Ileal Enteritis. *Infection and Immunity*, 2006 ;74(5):2606-12.3.
- **Lorntz B, Soares AM, Moore SR, Pinkerton R, Gansneder B, Bovbjerg VE, Guyatt H, Lima AAM, Guerrant RL.** Early Childhood Diarrhea Predicts Impaired School Performance. *Ped Inf Dis J.* 2006 ; 25(6) 513-520.
- **Guerrant RL.** New England Journal of Medicine Editorial. Cholera: Still teaching hard lessons. *NEJM*, 354:23, 2500-2502, 2006.
- **Steiner TS, Samie A, Guerrant RL.** Infectious Diarrhea: New Pathogens and New Challenges in Developed and Developing Areas. *Clin Infect Dis.* 2006 15;43(4):408-10.
- Editorial Commentary on Nataro et al (Diarrheagenic *E. coli* in Baltimore and New Haven, *Clin Infect Dis* 2006 this issue) and Brooks et al (Surveillance for Bacterial Diarrhea and Antimicrobial Resistance in Rural Western Kenya, 1997-2003. *Clin Infect Dis* 2006 this issue).
- **Tarleton JL, Haque R, Mondal D, Shu J, Farr BM, Sack RB, Petri WA Jr.** The cognitive effects of diarrhea, malnutrition, and *Entamoeba histolytica* infection on school-age children in Dhaka Bangladesh. *Am J Trop Med Hyg* 2006, 74:475-81.
- **Okada M, Huston CD, Oue M, Mann BJ, Petri WA Jr, Kita K, Nozaki T.** Kinetics and strain variation of phagosome proteins of *Entamoeba histolytica* by proteomic analysis. *Molec Biochem Parasitol* 145:171-183, 2006.
- **Gilchrist CA, Houpt E, Trapaidze N, Fei Z, Crasta O, Asgharpour A, Evans C, Martino-Catt S, Baba DJ, Stroup S, Hamano S, Ehrenkauser G, Okada M, Singh U, Nozaki T, Mann BJ, Petri WA Jr.** Impact of Intestinal Colonization and Invasion on the *E. histolytica* Transcriptome. *Molec Biochem Parasitol* 2006, 147:163-176.
- **Solaymani-Mohammadi S, Rezaian M, Babaei Z, Rajabpour A, Meamar AR, Pourbabai AA, and Petri WA Jr.** Comparison of a Stool Antigen Detection Kit and PCR for Diagnosis of *Entamoeba histolytica* and Enta-

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## Department of Medicine "We are here to reward excellence"

### Awards, Honors, & Recognitions, Continued

moeba dispar Infections in Asymptomatic Cyst-Passers in Iran. J Clin Microbiol 2006, 44:2258-61.

#### Nephrology

##### *Honors:*

- **Mitchell Rosner's** teaching portfolio was selected for competition for the 2007 State Council of Higher Education for Virginia (SCHEV) Award
- **Robert Lockridge, Jr.** was named to the Renal Solutions Advisory Board
- **Kline Bolton** was named Chair NIH Special Emphasis Study Section Sept 2006 NIDDKD
- **Ross Isaacs** appeared on PBS Jim Lehrer show and local TV news re RAM clinic

##### *Grants:*

- **Mark Okusa** was awarded a new T-32 Grant
- **Mitchell Rosner** received grant to host Mid-Atlantic Nephrology Young Investigator's Forum

#### Pulmonary

##### *Grants:*

- **Y. Michael Shim** was awarded a American Lung Association, Biomedical Research Grant "Role of 5-LO and Leukotrienes in the Pathogenesis of Emphysema"

##### *Recently Published:*

- **Shim YM, Zhu Z, Zheng T, Lee CG, Homer RJ, Ma B, Elias JA.** Role of 5-lipoxygenase in IL-13-induced pulmonary inflammation and remodeling. [Journal Article] Journal of Immunology. 177(3):1918-24, 2006 Aug 1.
- **Vinayak AG, Gehlbach B, Pohlman AS, Hall JB, Kress JP.** The relationship between sedative infusion requirements and permissive hypercapnia in critically ill, mechanically ventilated patients. Crit Care Med. 2006 Jun;34(6):1668-73.
- **Vinayak AG, Levitt J, Gehlbach B, Pohlman AS, Hall JB, Kress JP.** Utility of the Jugular Vein Examination in Detecting Abnormal Central Venous Pressures in Critically Ill Patients. Accepted in Arch. of Int. Med. (In Press)
- **Zaman K, Carraro S, Doherty J, Henderson EM, Lendermon E, Liu L, Verghese G, Zigler M, Ross M, Park E, Palmer L, Doctor A, Stamler JS, Gaston B.** A Novel Class Of Compounds That Increase CFTR Expression And Maturation In Epithelial Cells. Mol Pharmacol. 2006 Jul 31; [Epub ahead of print] PMID: 16857740
- **Verghese G, Gutknecht MF, Caughey GH.** Prostaticin Regulates Epithelial Monolayer Function: Cell-specific Gpld1-mediated Secretion and Functional Role for the GPI Anchor. Am J Physiol Cell Physiol. 2006 Jul 5; [Epub ahead of print] PMID: 16822939

#### Rheumatology