WORD ON THE STRIET

A newsletter of the Department of Medicine

Volume 1, Issue 4 **December 8, 2006**

DEPARTMENT of MEDICINE

Celebrating 100 years

UNIVERSITY of VIRGINIA HEALTH SYSTEM

Striet Talk

Dr. Robert M. Strieter, Chairman

The Department of Medicine's Executive Committee held its first retreat on November 28th. This meeting was a valuable opportunity for the Division Chiefs and the Vice and Associate Chairs to sit down and develop a cohesive strategic plan for each of the opportunities and challenges that face our department.

Each of our core missions of education, research, clinical affairs, faculty career development, and finance and administration were addressed during the afternoon, over the course of nine breakout sessions. The Vice and Associate Chairs have summarized the valuable input they received in their articles in this month's Word on the Striet. As Chair, I am particularly pleased by the ideas and initiatives that emerged from this meeting, and I am excited to have them shared with the whole department this month.

I strongly encourage everyone to send feedback to the V/ACs. None of the challenges that face us are insurmountable, but it is vital to our continued success and health that voices from all aspects of the department are heard.

Save the Date

Important upcoming dates in the DoM

Residency recruitment dates:
December 14, 18
January 4, 8, 11, 18, 22, 25, 29
Please contact Diane Farineau for more information

Carey, Marshall, Thorner Scholars' Research Day:
April 9, 2007
Please contact Cathy Keefe-Jankowski for more information

Next DoM Faculty meeting: January 30, 2007

Centennial Celebration:
May 4 and 5, 2007

DoM Research Day:
May 4, 2007

For more information on either the Centennial Celebration or Research Day, please contact Camilla Curnow or Cindy Smith

To be removed from our mailing list,
Please click here

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Clinical Affairs

Robert Gibson & Alan Dalkin

During the November 28th Executive Committee retreat, we sat down with the Division Chiefs to work on identifying specific areas that are either barriers or enablers to clinical practice.

In the area of *ambulatory practice* there were several issues raised:

- Improved access for referring physicians
- Increased awareness of outside physicians about our strengths and specialized programs (this will be aided By the upcoming University of Virginia Journal of Medicine)
- Better clinical organization, including scheduling and visit preparation
- Identification of Medical Center services that should be reexamined in terms of cost and availability.
- Recognition of the need for the Department's ongoing clinics to reach the Health System's goals for patient volumes and efficiency of practice

In the area of *inpatient practice*, there was endorsement of a need to change the culture in an effort to improve and increase the utilization of our consult services from both Medicine and Surgical services, and to avoid the "curbside" consultation. In addition:

- We need to work diligently to increase exposure of our third year medical students to the practice of Internal Medicine as a means to identify and recruit the best and brightest into our training program.
- A discussion of 'themed" General Medicine ward teams with specific subspecialty foci was explored.
- The addition of the Hospitalist service has been viewed as a significant success, and ways to expand the teaching of Hospitalist Medicine to students and residents was identified as a future goal.
- Also, the Division Heads recognized the importance of expanding our reach outward from Charlottesville including new practices at Augusta Medical Center as well as other surrounding communities that will benefit from improved access to our medical services.
- A long-term goal of establishing an inpatient medical service at AMC for both patient care and student/resident education could be an important step forward as well.

Guideline for Defining Clinical Excellence

In September, we announced that work on a new *Guideline for Defining Clinical Excellence* had begun. Significant progress has been made since then, and the draft was endorsed by the Division Chiefs at the retreat. Our ultimate goal is to use this evaluative tool in rewarding clinical excellence at the Divisional, Departmental, and Institutional levels.

This project came about as a result of departments being encouraged by the Dean's Office to have a robust faculty evaluation program that is consistent across Department faculty. In creating such a plan for our clinically active faculty, we envisioned a multi-step process with the purpose being to gain feedback, prior to implementation, on:

1) a proposed framework with explicit metrics and threshold criteria for evaluating practice performance at the Divisional and Departmental level in 6 different domains of clinical excellence; and
2) whether our tool might become an assistive means by which faculty can utilize these criteria to re-evaluate and improve their clinical performance on an ongoing basis (a new JCAHO standard).

The first step focused on establishing a set of philosophical tenets - principles that should guide us in the design and implementation phases. We then developed performance metrics based on current JCAHO standards, Virginia State Board of Medicine regulations, and documents internal to our own organization

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that were relevant (e.g., Decade Plan, Medical Center policies, etc.).

A draft document was produced and subsequently reviewed by senior administrators for the School of Medicine (including the Dean), as well as senior administrators in the Medical Center and HSF. Feedback from these reviews resulted in significant revisions to the proposal, refining the process we expect to implement. The proposal was then presented to all of the Department's Division Chiefs at the retreat. The proposal was endorsed, and moved forward for a final review by Department faculty. We hope to implement a pilot project beginning in January, 2007, with a goal of rolling this plan out for use throughout the Department by July 1, 2007.

Your feedback is vital to the success of this program. You can read our proposal, *Guideline for Defining Clinical Excellence* on the web, here. After reading it, we hope you will take the time to email us your suggestions.

Faculty Development

Coleen McNamara & Mitchell Rosner

At the Executive Committee retreat on November 28th, there were two primary Faculty Development breakout topics under discussion:

1. Educational tracks to foster the development of clinician-investigators
2. The development of a strategic plan to enhance mentoring of faculty and trainees in the Department of Medicine.

The Chiefs from each Division gave valuable insights and these are shared below.

Supporting Careers in Academic Medicine

One of the major initiatives in faculty development is to provide support for individuals wishing to pursue careers in academic medicine. During the retreat, division chiefs provided important insight in how this goal can be best accomplished. Overall consensus was provided in the following areas:

1. It is vital to attract candidates to both residency and fellowship training that have a strong interest in academic careers. Preferably, these candidates would have already demonstrated excellence in research. These candidates should be specifically recruited.

2. We need to be able to provide flexible training pathways that allow trainees the time to pursue their research. Given the ACGME duty hour restrictions, this is a difficult problem. Along with this, we need mechanisms that provide monetary support for these endeavors either through outside grants, training programs or internal funding. The recently introduced clinician-investigator pathway during residency is one such solution to this issue. The possibility of a PhD program for both residents and fellows was also discussed.

3. An important aspect to training is to provide appropriate role models and mentoring at all levels of training.

4. Transition periods during career development need to be supported. Specifically, key time periods are the application for K-awards and later the transition from a K-award to an R-award. In order to ensure success during these time periods, a

strong mentoring presence is needed and for those faculty who demonstrate great promise but may not be initially successful on their first grant submission, bridging support should be provided.

The development of a "junior faculty" work-group was suggested. This would be a select group of junior faculty and outstanding senior mentors which would meet regularly to discuss grant writing, review their own grants, and provide support during the early stages of their career.

Faculty Mentoring

1. In the Department of Medicine, we have excellent faculty with significant accomplishments and enormous potential. One key element to faculty success is mentoring. While mentoring is clearly felt to be important for faculty success, it was identified that there are barriers to effective mentoring.

- Mentoring takes time and effort on the part of the mentor and mentee.
- Some potential mentees do not see the need to be mentored or are concerned about the motives of their mentors.
- True mentoring relationships cannot be forced or proscribed.
- Mentors may not be sufficiently knowledgeable about the promotion and tenure process and other important aspects of the mentees career development.
- There may not be an ideal mentor for a given faculty within their Division.

2. Ways to enhance successful mentoring:

- The importance of mentoring for successful career development needs to be underscored to all faculty.
- Information should be provided to divisions about the promotion and tenure process and ideal pathways to successful faculty development.
- Faculty should be encourage to seek out appropriate mentors outside of their division and department.
- In addition to meeting with individual mentors, each junior faculty member should be afforded input from senior faculty in a study section like format.
- Time should be protected for mentoring.
- A policy and structure for mentoring expectations in the department should be established.

3. Evaluation of mentoring:

- There should be greater demonstration of the division and department's value for mentoring. There should be annual divisional and departmental awards (acknowledgement and monetary).
- The mechanisms for evaluating effective mentoring are challenging, but could include mentee evaluations and outcomes of mentees.

Trainee Mentoring

1. The above concepts also apply to the mentoring of trainees, but there are also additional concerns.

- Trainees frequently have inadequate protected time for academic development during their training period.
- Trainees are frequently not aware of or not exposed to potential outstanding mentors

2. Ways to enhance successful mentoring:

- Offering innovative programs such as the Clinician-Investigator Track that allow trainees protected time for research.
- Creating a forum for potential mentors to meet with trainees to discuss career pathways and research opportunities.

The retreat was highly productive. We will be working on several of the initiatives outlined above and welcome any further comments or questions.

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Research

Joel Linden & Sue Moenter

Two major issues facing our research community – space and interim funding – were the foci for the research chairs at the recent DoM executive committee retreat.

Space

There was universal agreement among the Chiefs that a cogent and fair policy for both awarding space and returning it to the DOM when it was no longer being productively used was needed. This is a draft policy to improve the efficiency of space utilization.

Initial space assignment: The majority of chiefs (8 of 9) favored a plan in which junior faculty with K awards would begin in their mentor's laboratory, moving on to a small independent space when it is necessary for them to demonstrate independence. Upon receipt of independent funding, space will be increased to reasonably accommodate research needs (~ 600-800 square feet).

Base and Flex space: Each Division will be assigned a total amount of space on an annual basis based on research funding and productivity. Each Division's space will be divided into two categories, base and flex space. Base space (2/3 of the total) can be reassigned but is considered to be relatively stable over the short term – (1-2 years). Flex space (1/3 of total) can be reassigned on short notice (3 months). Possible uses for flex space include providing extra space for productive faculty or for new recruits. The assignment of these spaces will be determined by the Division Chiefs. Faculty should be made aware of the category of spaces they occupy and the implications of occupying flex space.

Comments: Please send comments on space to Sue Moenter.

Interim Funding

The number of applications for NIH funding increased from 24,141 in 1998 to approximately 49,000 in 2007. The success rate of grant funding was changed from >30% between 1998 and 2001 to < 20% today, with no increase anticipated for several years.

University Interim Funding: $1,000,000 total in interim funding is available from the provost/school/department (50/25/25 %) for the entire University this year for interim funding in increments up to $100,000 per application. We anticipate that only a few such awards will be available to the DOM this year – probably for unfunded NIH grants scoring < 1.6.

Department Interim Funding: The DOM is committed to preserving research to the extent possible. For investigators to qualify for interim funding from the Department: 1) applicants must apply for University funding first if they qualify; 2) their application must undergo an internal review process prior to submitting a revised grant application; and 3) the Division must cover salary for research activities during the interim funding period. Given limited funding available from the DOM, the Division Chiefs will be asked to rank applicants within their Divisions and to write supporting letters. The DOM may request matching funds from Divisions.

Comments: Please send comments on interim funding to Joel Linden.

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Education

Jerry Donowitz & Michael Rein

Undergraduate Medical Education

The Department of Medicine faces a new challenge in teaching the medical subspecialties to medical students. The inpatient subspecialty rotation that was part of the third-year clerkship has been eliminated and moved to the fourth year. These inpatient rotations have now been supplemented by a range of selectives, which need not include rotations with primary responsibility for patient care. There was discussion of plans to improve the teaching of the medical subspecialties within this new curricular structure.

Creative Instructional Approaches

Innovative Selectives: Many of the attendees expressed enthusiasm for the development of interdivisional *problem-oriented selectives*. Such electives have not been offered at UVA in the past. They might include such electives as:

- *Shortness of Breath*, which would involve rotating through Pulmonary and Cardiology clinics.
- *Hypertension*, which might involve rotations through Nephrology, Cardiology, and Endocrinology.

Enthusiasm was also expressed for developing more interdepartmental selectives/electives. For example, one might consider selectives devoted to:

- *Hepatic Failure*, which could involve an experience with Hepatology and the Liver Transplant Team.
- *Inflammatory Bowel Disease*, which might involve experience with Gastroenterology and Colorectal Surgery.

Other multidepartmental selectives could involve combinations of Hematology/Oncology, Clinical Pathology, and Tumor Board. Another might involve combining rotations on Hematology/Oncology, Transplant Surgery, and Infectious Disease. As we now have ten months to prepare new electives, Rein will consult with Dr. Keely regarding an approach to developing interdepartmental selectives. It was felt that such combined selectives might appeal to those students who had already decided on surgical careers.

Research-Oriented Selectives: There was some enthusiasm for the development of selectives based on clinical research. It was felt that a one-month rotation was probably too short for medical students without prior experience to develop a bench project, but chart reviews are certainly a possibility. It was noted that students interested in participating in such electives would probably have to take the course offered by the Human Investigation Committee.

New Acting Internships: We will plan to develop Acting Internships on the Geriatrics/Palliative Care and Hospitalist Services. Neither of these services currently has housestaff, and the acting intern would relate directly to the faculty. Considering both of these as medical subspecialties, these rotations would provide additional exposure in the fourth year.

Basic Science Teaching: Exposure of the medical subspecialties in the basic science courses could be increased. There is an obvious relationship between Infectious Disease and Microbiology, and relationships between other basic science courses and other Department of Medicine Divisions could be exploited through increased participation in clinical correlations.

Ambulatory Internal Medicine: It may be possible to introduce rotations through subspecialty clinics as part of the Ambulatory Internal Medicine rotation. Dr. Heald has begun to investigate this possibility.

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Departmental Support for Teaching

It was noted that the Dean has provided no additional financial support for new and innovative selectives or electives. The DOM should provide financial support in the form of TRVUs for faculty who construct and administer such new selectives. It was felt that the distribution of TRVUs should be more accurate and precise. The system should be transparent and predictable, so that Division Heads could predict income for individual faculty members. It was also felt that departmental recognition of teaching excellence was critical to the development of these new programs. Departmental recognition should include awards and also a dinner recognizing not only specific award-winners but also those who have contributed by developing new and innovative programs. Finally, there should be departmental assistance in applying for support for innovative educational programs. Such applications could go to the Academy of Distinguished Educators but might also go to extramural support sources. The same type of advice and assistance in applying for research grants might be useful here as well.

New Instructional Venues

There was some discussion of the possibility of sending our students to *Augusta Medical Center*, where they might rotate on inpatient services with our own faculty, specifically hospitalists or faculty from the Divisions rotating through AMC.

There was also discussion of developing *newly structured inpatient wards* which would constitute a General Medicine exposure but which would have an emphasis on one or another of the subspecialties. Rotating students through several of these wards could accomplish exposure to the subspecialties.

There was brief discussion of moving *Ambulatory Internal Medicine* to the fourth year and bringing the subspecialties back to the third year. This would have the disadvantage, initially recognized, that rotating students through Ambulatory Internal Medicine late in their fourth year, after they had made career decisions, would not work as well as rotating them through medical subspecialties, which they could choose on the basis of career decisions.

Graduate Medical Education

The goal of the GME portion of the discussion at the retreat was to determine ways in which the Department of Medicine subspecialty exposure to and relationships with housestaff could be improved. This included means by which fellowship requirements could be reviewed in a meaningful way early enough in a resident's career to help them obtain competitive fellowships slots; means by which research mentoring could be better organized; and requirements for more meaningful clinical interactions. The discussions were lively, entertaining, and, most importantly, helpful in beginning to outline a series of interactions that could accomplish the goals being discussed. Suggestions included the following :

1) Early on in a resident's career, there needs to be a discussion of what it means to be in academics and what it takes to be an investigator. This should be done early enough (end of the PGY-1 year) so that interested individuals can plan and act accordingly. Elements that would be highlighted include what it takes to compete successfully for the more competitive fellowship slots, and what it takes to succeed as a fellow. Drs. Strieter, Cominelli, and Okusa were mentioned as people who would be willing to do this. An interest meeting should be held for PGY-1 and PGY-2 residents early in the academic year to answer general questions about the fellowship application process as well as more directed questions about specific fellowships

2) Within each Division, it would be helpful to have a **"point person"** who would be responsible for discussing specifics about fellowships in their subspecialty. They would also have the role of familiarizing the resident with the

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research that is being carried out within the Division, and the possible research mentors who would be willing to work with a resident. It was suggested that all research available to residents and fellows should be placed on the Departmental website along with contact information for the investigator. The role of this point person would also include guiding residents to the most appropriate fellowships based on their skills and objectives, as well as making calls, etc to help the resident get the fellowship of their choice. UVa residents who are now fellows should be encouraged to participate, given their unique perspective. These point persons should be visible (by attending Morning Report, etc.). **TRVUs should be assigned to the point persons as a way to support their efforts in GME.**

3) For both fellows and residents, a course in how to deal with database analysis for research as well as basic statistics should be developed. A basic statistics package should be available to both groups for use in their research. A common program would make data analysis within the Department much easier. The current research course presented to residents at the beginning of the PGY-2 year should be organized so that the principles of clinical research are presented first. Later in the year, after the residents have begun to collect data, principles of analysis would be reviewed.

4) For each of the subspecialties, there needs to be a course designed to teach fellows how to teach residents and students. This could be part of the fellowship focus lectures started by the Department.

5) Exposure of residents to the subspecialties needs to be maximized. Each elective experience needs to be directed by a specific person within a Division. This person needs to meet with each resident at the beginning of the rotation to review goals and objectives, competencies to be measured and expectations as to clinic attendance and responsibilities. A methodology of tracking what the resident does and with whom needs to be developed to ensure that teaching and learning expectations are met. Increasing exposure to subspecialty clinical activities by having night-call for residents and at least some weekend call was discussed. The person in charge of these rotations should also receive TRVUs.

The overall discussions were positive and over the next few months the Department will try to implement some of these ideas

Reducing Stunting Among Children

Dr. Richard Guerrant (ID) worked with a team from the Gates Foundation and RAND on a study investigating the impact of new diagnostic tests reducing the problem of stunting in children in developing countries

Stunting affects ~ 147 million children in developing countries. Studies have pointed to a relationship between stunting and different pathogens that are associated with diarrhoeal illness. New easy-to-use tools for diagnosing these pathogens could help to identify children at risk for growth shortfall, and reduce the prevalence of stunting and the large burden of disease associated with it.

The full text of this article can be read on Nature's website:
http://www.nature.com/nature/journal/v444/n1s/full/nature05444.html

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Finance and Administration

Bess Wildman

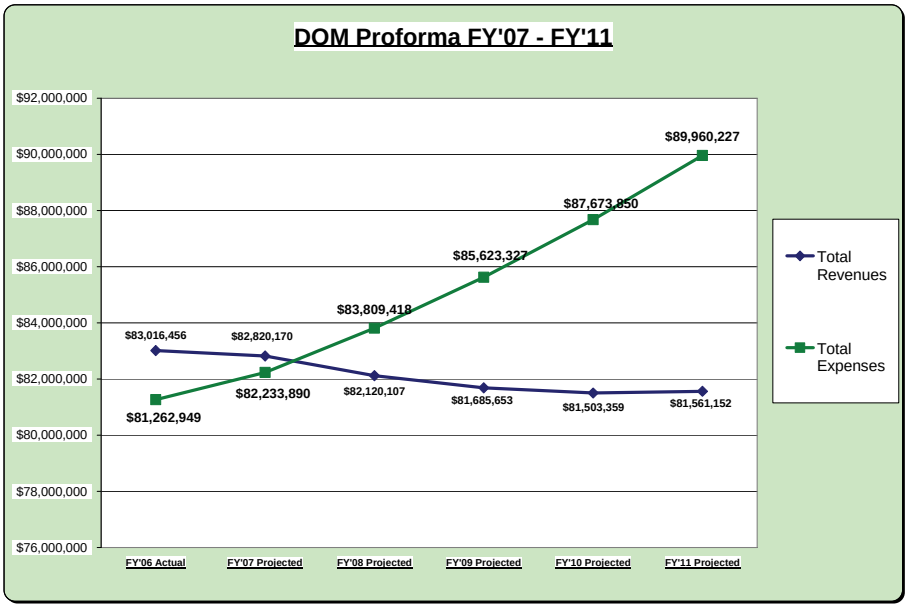
Funding our Future

As a part of planning for my retreat topic, "Funding Our Future," I forecasted where the Department will be in 5 years if spending rates and revenue trends continue as they are, without adjustment. A variety of factors are working against us, including:

- changes in NIH funding
- projected changes in Medicare reimbursement
- no incremental clinical revenue
- flat RVUs
- no anticipated dramatic increases to teaching and development revenue

Our future is not so bright. This projection is Department-wide, not division-specific, but in nearly all divisions we are seeing dramatically increasing costs and flat or declining revenue.

Based on current trends, this graph is a prediction of where we will be in 5 years:



As you can see, expenses are projected to exceed revenues beginning in FY07. It is vital that we develop a strategy to reverse this trend and preserve the future of this department and its faculty.

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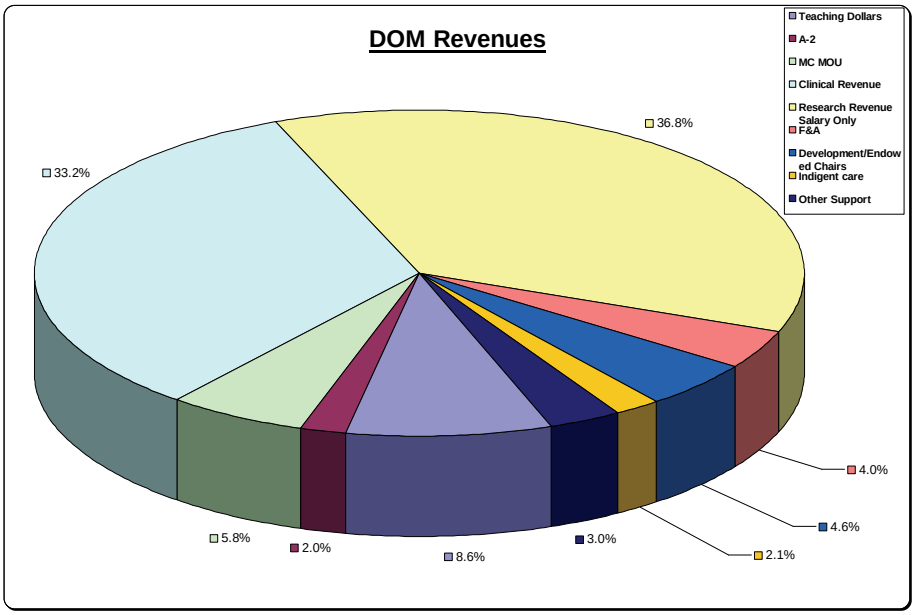
In order to better understand the problem, I have also done an analysis of our major areas of revenue and expenditure.

Revenue

Revenue comes mostly from Clinical Activities and Research. Other major sources include:

- Medical Center MOU
- Teaching Distributions
- Medical Directorships
- Development
- Indigent Care

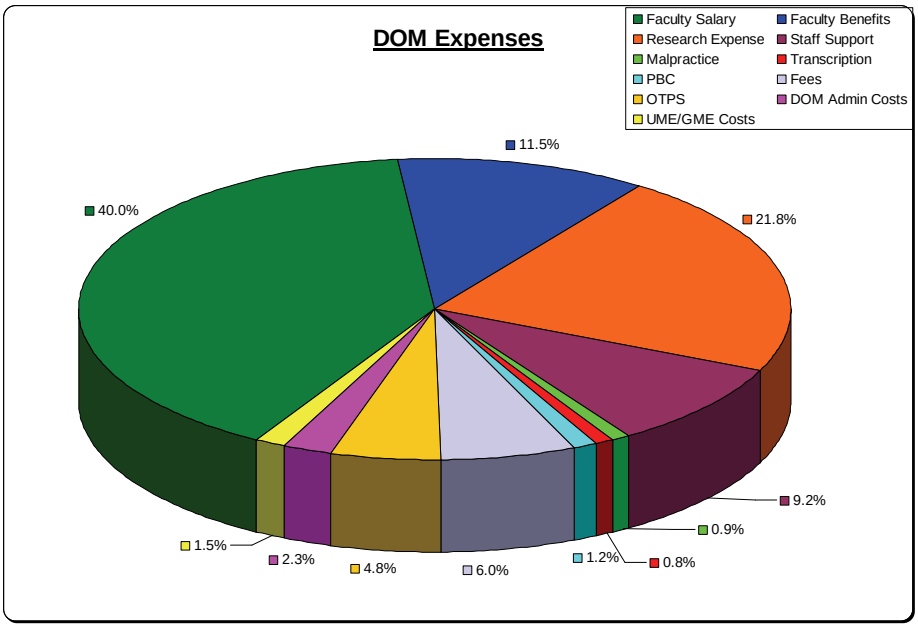
In addition, it was discussed that if our faculty met average clinical productivity benchmarks (AAMC) based on their rank, we could enjoy as much as $4.6M annually.



However, it was quickly acknowledged that faculty don't always mirror the suggested profile for different tracks (some with greater and some with less effort), and that some faculty were well above their benchmarks. If we used the MGMA targets the number could be over $6.5M; unfortunately, there are some legitimate barriers to access that make achieving these targets challenging.

Expenditures

As you can see, 52.4% of our expenses are associated with faculty salary, benefits and malpractice. We talked briefly about the fact that 35% of our faculty had an FRP deficit, which means that the burden of covering these deficits falls to the other faculty who are generating a surplus.



We agreed that we need to build strategies to lower their costs and/or increase their revenue so we no longer unduly burden productive faculty. We also touched briefly on the fact that transcription and provider-based clinic expense represent just 2% of our total expenses, therefore lowering or eliminating these alone would not provide enough dollars to stop or reverse this trend.

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Re-slicing the Financial Pie

There was some discussion about both cost savings and revenue enhancement strategies, including:

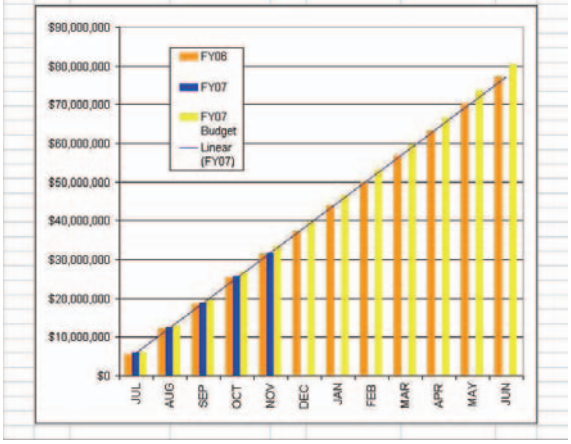
- Different contracting strategies within the HSF
- Removing barriers to seeing patients in the clinics (as discussed by Alan)
- Developing new programs
- Adding additional clinic sessions
- Sending more physicians to the DoM Augusta clinic
- Turning in consult cards
- Creating better consult referrals as clinically appropriate among DoM physicians
- Pursuing alternative funding mechanisms for research endeavors
- Fundraising and development

Given that there is no easy answer to the challenges before us, it was agreed that we should form a small focus group to help strategize about creative ideas for preserving our financial stability. If you would be interested in participating in the group, or have a suggestion about how we can re-slice our financial pie, please email me.

Charges and Collections

GROSS CHARGES YEAR-TO-DATE COMPARISON

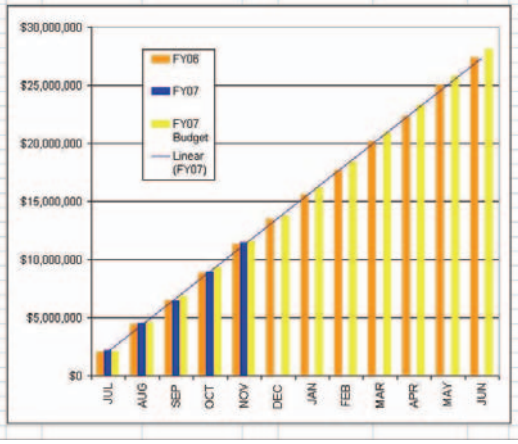
	FY06	FY07	%Δ	FY07 Budget	Variance to Budget	%Δ
JUL	$5,581,783	$5,851,458	5%	$5,915,114	-$63,656	-1.1%
AUG	12,223,615	12,500,428	2%	12,901,732	-401,304	-3.1%
SEP	18,604,662	18,830,763	1%	19,690,186	-859,423	-4.4%
OCT	25,183,796	25,644,357	2%	26,761,361	-1,117,004	-4.2%
NOV	31,363,093	31,670,233	1%	33,395,210	-1,724,977	-5.2%
DEC	37,389,202			39,721,319		
JAN	43,762,715			46,672,472		
FEB	50,016,014			53,107,136		
MAR	56,862,762			59,881,009		
APR	63,373,390			66,469,680		
MAY	70,191,832			73,543,061		
JUN	77,148,460			80,361,753		



Current year financial performance continues to be a challenge for us. Both our charges and collections are flat relative to last year. We are well behind budget.

NET COLLECTIONS YEAR-TO-DATE COMPARISON

	FY06	FY07	%Δ	FY07 Budget	Variance to Budget	%Δ
JUL	$2,035,753	$2,161,252	6%	$2,137,239	$24,013	1.1%
AUG	4,389,631	4,532,282	3%	4,611,938	-79,656	-1.7%
SEP	6,471,123	6,422,360	-1%	6,861,663	-439,303	-6.4%
OCT	8,814,843	8,979,646	2%	9,336,362	-356,716	-3.8%
NOV	11,325,508	11,419,295	1%	11,586,087	-166,792	-1.4%
DEC	13,468,548			13,723,327		
JAN	15,600,361			16,198,025		
FEB	17,677,726			18,447,751		
MAR	20,102,533			20,922,449		
APR	22,279,670			23,284,661		
MAY	25,032,264			25,759,359		
JUN	27,364,631			28,121,571		



Even more concerning is that our expenses are up significantly from last year. In particular, salaries and fringe benefits are up nearly a million dollars. Much of this is from Health Care Professionals (Nurse Practitioners and Physician Assistants) that have been added, as well as increases in total faculty costs.

We have been working hard to identify barriers to meeting our collection budget, and would welcome your thoughts as to what might be adversely impacting our ability to realize the 5% increase in clinical productivity (Work RVUs) we budgeted. Please feel free to contact me or your Div. Administrator.

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Charles L. Brown Award for Patient Care Quality

The Quality Council of the University of Virginia Medical Center is pleased to announce that the winner of the 2006 Charles L. Brown Award for Patient Care Quality is Allan Simpson, MD, and the team that presented the "Development and Application of Continuous Quality Improvement for the Chronic Care of Cardiovascular Disease". Dr. Simpson's team consisted of: C. Renée Viette, Cherie M. Parks, RN, Laura Knight, RN, Gregory C. Megginson and Kirk E. Barbieri.

The Charles L. Brown Award was created to honor the late Charles L. Brown's service and generosity to the Health System as a former member of the Health Sciences Council in the 1990's. He served as an advisor to the former Vice President for Health Sciences, Don E. Detmer, MD. Through this fund, $10,000 is awarded to Health System faculty and staff to recognize excellence in patient care.

Congratulations for this continuous quality improvement focus that enhances care for patients with Chronic Cardiovascular Disease.

DHRC Pilot Grants Awarded

The NIH-funded UVa Digestive Health Research Center announces this year's winners of the pilot feasibility award program. After careful selection by the center's advisory board six awards were given of up to $25,000/year to provide initial funds for the development of digestive health related research initiatives leading to the submission of competitive grants to traditional funding sources. Selection criteria included applicants without current or past NIH research support, no previous digestive health related work, and the testing of new innovative ideas with excellent potential. Current winners include three investigators from the Department of Internal Medicine: Gastroenterology and three from other Medical and Academic Departments.

Department of Internal Medicine Winners:
Dr. Brian Behm will study Pravastatin in Moderate to Severe Crohn's Disease, **Dr. Diklar Makola** will initiate a randomized study of gastric versus jejunal feeding in patients with acute severe pancreatitis, and **Dr. Michael Smith** is investigating Heparan sulfate proteoglycans and host response to Helicobacter pylori.

Applications for next year's awards are now being accepted, for more information go to www.uvadigestivehealth.org/dhrc/pilot.cfm

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Division News, Publications & Grants

Allergy and Clinical Immunology

Publications

- Woodfolk J.A. T Cell Responses to Allergens. [Review]. J Allergy Clin Immunol, 2007, in press.

Cardiovascular Medicine

News

- Terri Ellison was recently awarded School of Medicine Employee of the Month

Grants

- Joel Linden, R01 “Purification & Characterization of Adenosine Receptors”

Endocrinology and Metabolism

News

- Rebbeca Davis received a DOD breast cancer fellowship for ""“Estrogen receptor signaling at the membrane in breast cancer".

Publications

- The following three "Guidelines" papers were recently published in "***Pituitary***".

  Craniopharyngioma
  By: John A. Jane, Jr., Edward R. Laws
  Pituitary DOI 10.1007/s11102-006-0413-8
  Available on line at: http://dx.doi.org/10.1007/s11102-006-0413-8
  Hypophysitis
  By: Edward R. Laws, Mary Lee Vance, John A. Jane, Jr.
  Pituitary DOI 10.1007/s11102-006-0415-6
  Available on line at: http://dx.doi.org/10.1007/s11102-006-0415-6
  Neurogenic diabetes insipidus
  By: John A. Jane, Jr., Mary Lee Vance, Edward R. Laws
  Pituitary DOI 10.1007/s11102-006-0414-7
  Available on line at: http://dx.doi.org/10.1007/s11102-006-0414-7

- Chu Z, Moenter SM 2006 Physiologic regulation of a TTX-sensitive sodium influx that mediates a slow afterdepolarization potential in gonadotropin-releasing hormone (GnRH) neurons: possible implications for the central regulation of fertility. Journal of Neuroscience, 26:11961-11973.
- Nunemaker CS, Buerk DG, Zhang M, Satin LS. Glucose-induced release of nitric oxide from mouse pancreatic islets as detected with NO-selective glass microelectrodes. Am J Physiol Endocrinol Metab. 2006 Nov 22; [Epub ahead of print]
- McCartney CR, Blank SK, Prendergast KA, Chhabra S, Eagleson CA, Helm KD, Yoo RY, Chang RJ, Foster CM, Caprio C, Marshall JC. Obesity and sex steroid changes across puberty: evidence for marked hyperandrogenemia in pre- and early pubertal obese girls. J Clin Endocrinol Metab, November 21, 2006 as doi:10.1210/jc.2006-2002 [Epub ahead of print]

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- McCartney CR, Blank SK, Marshall JC. Progesterone acutely increases LH pulse amplitude but does not acutely influence nocturnal LH pulse frequency slowing during the late follicular phase in women. Am J Physiol Endocrinol Metab, November 22, 2006 [Epub ahead of print]

Grants

- Raghu Mirmira, Foundation "Role of Set9 in Islet Development and Function"

Gastroenterology

News

- Fabio Cominelli was appointed to the National Advisor Council of the National Center for Complementary and Alternative Medicine, July 2006—June 2009
- Michel Kahaleh gave an oral presentation at the plenary session of the ACG meeting: Kahaleh M, Clarke BW, Behm B, Adams RB, Yeaton P Treatment of Biliary Strictures Secondary to Chronic Pancreatitis: Comparison of Temporarily Placed Covered Self Expandable Metal Stents (CSEMS) vs. Plastic Stents. ACG meeting, plenary session, pancreatico-biliary # 62; Las Vegas: October 25, 2006
- Brian Behm received a Pilot/Feasibility Award from the UVA Silvio O. Conte Digestive Disease Research Center to evaluate the effects of statins in active Crohn's disease

Publications

- Bamias G, Mishina M, Nyce M, Ross WG, Kollias G, Rivera-Nieves J, Cominelli F. Role of TL1A and its receptor DR3 in the pathogenesis of chronic murine ileitis. *Proc. Natl. Acad. Sci. U. S. A.* 103:8441-8446, 2006.
- McVay LD, Keilbaugh SA, Wong TM, Kierstein S, Shin ME, Lehrke M, Lefterova MI, Shifflet DE, Barnes SL, Cominelli F, Cohn SM, Hecht G, Lazar MA, Haczku A, and Wu GD. 2006. Absence of bacterially induced Relmb reduces injury in the dextran sulfate model of colitis. *J. Clin. Invest.* 116: 2914-2923.
- Rivera-Nieves J, Ho J, Bamias G, Ivashkina N, Ley K, Oppermann M, and Cominelli F. 2006. Antibody blockade of CCL25/CCR9 ameliorates early but not late chronic murine ileitis. *Gastroenterology*. [in press]
- Bamias, G., Okazawa A, Rivera-Nieves J, Arseneau KO, De La Rue SA, Pizarro TT, and Cominelli F. 2007. Commensal bacteria exacerbate intestinal inflammation but are not essential for the development of murine ileitis. *J. Immunol.* [In press]
- Pizarro TT, and Cominelli F. 2007. Cytokine therapy for Crohn's disease: Advances in translational research. *Annu. Rev. Med.* [In press]
- Makola D, Krenitsky J, Parrish C, Dunston E, Shaffer HA,Yeaton P, Kahaleh M. Efficacy of enteral nutrition for the treatment of pancreatitis using standard enteral formula. Am J Gastroenterol 2006;101:2347–2355.
- Dumonceau J.M, Kahaleh M, Terraz S. Inadvertent Fracture of a Plastic Biliary Stent During a Combined Percutaneous-Endoscopic Procedure: A Word of Caution Regarding Self-Locking Pigtail Biliary Catheters. Cardiovasc Intervent Radiol. 2006.
- Policarpio-Nicolas M, Shami V, Kahaleh M, Adams R, Mallery S, Stanley M, Bardales R, Stelow E. Fine Needle Aspiration Cytology of Pancreatic Lymphoepithelial Cysts. Cancer Cytopathology (In press).
- McVay, L.D., Keilbaugh, S.A., Wong, T.M.H., Kierstein, S., Shin, M.E., Lehrke, M., Lefterova, M.A., Shifflett, D.E>, Barnes, S.L., Cominelli, F., Cohn, S.M., Hecht, G., Lazar, M. and Wu, G.D. "Absence of Bacterially-Induced RELM beta reduces injury in the dextran sodium sulfate model of colitis" (2006) *J. Clin. Invest.* 116(11): 2914–2923.
- Fu, Z., Larson, K.A., Chitta, R.K., Turk, B., Lawrence, M.W., Kaldis, P., Galaktionov, K. Cohn, S.M., Shabanowitz, J., Hunt, D.F., and Sturgill, T.W.; "Identification of Yin-Yang

regulators and a phosphorylation consensus for Male Germ Cell-Associated Kinase (MAK)-Related Kinase" (2006) *Mol. Cell. Biol.* In Press.

- Vidrich, A., Buzan, J.M., and Cohn, S.M. Chapter 11. "Physiology of Gastrointestinal Stem Cells." In Physiology of the Gastrointestinal Tract, 4th edition, Dr. Leonard Johnson, ed. Elsevier Inc., San Diego, (2006) pp. 307-336.
- Berg CL, Goncales FL Jr., Bernstein DE, Sette H Jr., Rasenack J, Diago M, Jensen DM, Graham P, Cooksley G. Re-treatment of chronic hepatitis C patients after relapse: Efficacy of peginterferon alfa-2a (40kD) and ribavirin. J Viral Hepatitis 2006;13:435-440.
- Lee VD, Northup PG, and Berg CL. Resolution of decompensated cirrhosis from Wilson's disease with zinc monotherapy: A potential therapeutic option? Clin Gastroenterol Hepatol 2006;4:1069-1071.
- Dickinson DM, Shearon TH, O'Keefe J, Wong HH, Berg CL, Rosendale JD, Delmonico FL, Webb RL, Wolfe RA. SRTR center-specific reporting tools: Posttransplant outcomes. Am J Transplant 2006;6:1198-1211.
- Northup PG, Pruett TL, Stukenborg GJ, Berg CL. Survival after adult liver transplantation does not correlate with transplant center case volume in the MELD era. Am J Transplant 2006;6:2455-2462.
- Northup PG, McMahon MM, Ruhl AP, Altschuler SE, Volk-Bednarz A, Caldwell SH, Berg CL. Coagulopathy does not fully protect hospitalized cirrhosis patients from peripheral venous thromboembolism. Am J Gastro 2006; 101: 1524-28.

Grants

- Fabio Cominelli, P01 "Immunogenetic Mechanisms of Experimental Crohn's Disease"

General Medicine, Geriatrics and Palliative Care

News

- Cindy Smith was recently awarded School of Medicine Employee of the Month

Hematology/Oncology

News

- Dr. Maureen Ross recently retired. She had been a professor within the division and the director of the Health System's Bone Marrow Transplant Unit and the Stem Cell Clinic

Infectious Diseases

News

- Dean Kedes, MD, PhD (ID/Micro) received a $10,000 award from the UVA Cancer Center to support novel approaches to understanding KSHV-related pathogenesis in both animal model and patient samples. Dr. Kedes's laboratory will employ multispectral imaging flow cytometry at the UVA Flow Cytometry Center in a project entitled, Characterization of KSHV infection in patients with multicentric Castleman's disease:Potential B cell dysregulation
- Mike Scheld has just been named the Scientific Program Chair for the combined IDSA-ICAAC infectious diseases meeting, which will be the largest meeting in the world on ID.
- Dr. Petri participated in November a meeting chaired by Tony Fauci and Frances Collins to plan a joint NHGRI-NIAID program to sequence genomes of eukaryotic pathogens and vectors.
- Richard Guerrant's book Tropical Infectious Diseases: Principles, Pathogens, and Practice was reviewed in the Nov. 30 issue of NEJM. The full text of the review can be read on their website: http://content.nejm.org/cgi/content/full/355/22/2379

Grants

- William Petri, U19 "Rapid Diagnostics for Category B Enteropathogens"

Publications

- Megan Leo, Rashidul Haque, Mamun Kabir, Shantanu Roy, Rita Marie Lahlou, Dinesh Mondal, Egbert Tannich, and William A. Petri, Jr. Evaluation of Entamoeba histolytica Antigen and Antibody Point-of-Care Tests for the Rapid Diagnosis of Amebiasis J. Clin. Microbiol. 2006 44: 4569-4571

Nephrology

News

- Jitendra Gautam was selected by the 2006 SLB Awards Committee as one of the four semifinalists to present his research (Functional characterization and computerized modeling of the TLR1/TLR2 TIR domain interface) in the Research Competition on November 9 at the Joint SLB/IEIIS meeting in San Antonio (Innate Immunity: Receptors, Response & Regulation. A joint meeting of the Society for Leukocyte Biology and the International Endotoxin & Innate Immunity Society November 9-11, 2006). After his presentation he was selected for the first prize of $600 cash. A shield of the young investigator of this year was presented to him by the president of the society in the meeting-ending banquet.

Publications

- Keepers, T.R., Psotka, M.A., Gross, L.K., and Obrig, T.G. A Murine model of HUS: Shiga toxin with lipopolysaccharide mimics the renal damage and physiologic response of human disease. J. Am Soc. Nephrol. (Dec., 2006).

Pulmonary and Critical Care

Publications

- Ajeet G. Vinayak, Joseph Levitt, Brian Gehlbach, Anne S. Pohlman, Jesse B. Hall, John P. Kress. Usefulness of the External Jugular Vein Examination in Detecting Abnormal Central Venous Pressure in Critically Ill Patients Arch Intern Med. 2006;166:2132-2137 Full text of the article can be read here: http://archinte.ama-assn.org/cgi/content/full/166/19/2132

Residency

News

- Lillian Kizer, Ben Holland, Kurt Miceli, Blake Shusterman, Vinay Sundaram, Mike Lipinski, and Glenn Brammer each had either a clinical vignette or research abstract accepted for presentation at the 2007 Virginia State ACP associates' meeting.

Rheumatology

News

- Shu Man Fu served on the NIH/NIAMS Study Section for Innovative Therapies for Rheumatic and Skin Diseases on October 16-17, 2006.
- Shu Man Fu served on the Alliance for Lupus Research Peer Review in November 2006.
- Janet Lewis gave Grand Rounds for the Carilion Health System CME Program in Roanoke Virginia on December 1, 2006 titled "Fibromyalgia: What Can Be Done About It?"

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Publications

- Bagavant H, US Deshmukh, H Wang, T Ly and SM Fu. Role for nephritogenic T cells in lupus glomerulonephritis: progression to renal failure is accompanied by T cell activation and expansion in regional lymph nodes. J Immunol 177: 8258-8265, 2006.
- Deshmukh US, H Bagavant and SM Fu. Role of anti-DNA antibodies in the pathogenesis of lupus nephritis. Autoimmunity Reviews 5:414-418, 2006.
- Ohyama Y, VA Carroll, U Deshmukh, F Gaskin, MG Brown and SM Fu. Severe Focal Sialadenitis and Dacryoadenitis in NZM2328 Mice Induced by Murine CMV: A Novel Model for Human Sjögren's Syndrome. *J. Immunol.* 177:7391-7397, 2006.
- Sharma R, PR Sharma, ML Choudhary, A Pande, GS Khatri. Cytoplasmic expression of mature glycylglycine endopeptidase lysostaphin with an amino terminal hexa-histidine in a soluble and catalytically active form in Escherichia coli. Protein Expr Purif 45:206-215, 2006.
- Setiady YS, K Ohno, ET Samy, H Bagavant, H Qiao, C Sharp, JX She, KSK Tung. Autoimmune disease-suppressing function of polyclonal CD4+CD25+ T cells is induced and maintained by physiological tissue autoantigens. Blood 107:1056-1062, 2006.
- Sung SJ, SM Fu, CE Rose Jr, F Gaskin, ST Ju and SR Beaty. A Major Lung CD103 (α_E)-Beta$_7$ Integrin-Positive Epithelial Dendritic Cell Population Expressing Langerin and Tight Junction Proteins. J Immunol 176:2161-2172, 2006.
- Bagavant H, U Deshmukh, H Wang, T Ly and SM Fu. Regional activation of CD4+ T cells influences progression of renal disease in SLE. J Immunol 176:96.21 (S155), 2006.
- Bagavant H, US Deshmukh, H Wang, T Ly and SM Fu. Progression to renal failure in systemic lupus erythematosus is determined by regional T cell activation and gender dependent end-organ responses. Arthritis Rheum 54:614, (S287), 2006.
- Deshmukh US, H Bagavant, D Sim and SM Fu. Intermolecular epitope spreading within the small nuclear ribonucleoprotein complex is regulated by multiple factors. J Immunol 176:96.25 (S156), 2006
- Guo X, H. Bagavant, MG Brown, SM Fu and US Deshmukh. Role of innate and adaptive immune responses in differential susceptibility to IFA induced Sjögren's syndrome-like disease in NZM mouse strains. Arthritis Rheum 54:685, (S313), 2006.
- Guo X, Y Ohyama, U Deshmukh, F Gaskin, H Bagavant and SM Fu. Differential genetic contributions of New Zealand black and white strains influence susceptibility to Sjögren's syndrome in inbred New Zealand mice. J Immunol 176:94.12 (S143), 2006.
- Sim DL, SM Fu and US Deshmukh. Identification of T cell molecular mimics of lupus-associated SmD autoantigen. Arthritis Rheum 54:616, (S288), 2006.
- Wang H, H Bagavant, US Deshmukh and SM Fu. Glomerular gene expression profiles in different stages of renal disease in a mouse model of systemic lupus erythematosus. Arthritis Rheum 54:2008, (S788), 2006.

Grants

- Shyr-Te Ju was awarded a new R01 DE017570 from NIH/NIDCR effective July 1, 2006 through April 30, 2011 titled "Regulatory T Cell-Deficient Mouse Model Rapidly Develops Sjögren's Syndrome".