ACP Winners!

The Arizona Chapter Scientific Meeting was held November 15-17, 2013 at the University of Arizona.

Natasha Sharda (PGY2) received First Place for her Oral Clinical Vignette, “An ImPEEding Treatment.” In addition to lots of kudos (and cash!), she will travel to the ACP National Conference in Orlando, FL in April.

We did well in the Poster Categories, too!

**First Place**
- Anjali Takyar (PGY1) Patient/Quality Improvement, “Improving Compliance with Surviving Sepsis Campaign Resuscitation Bundles at UA - South Campus”
- Rishi Bhargava (PGY1), “Between a Rock and a Hard Place – An Uncommon Cause of PEA Code Arrest”

**Second Place**
- Seth Assar (PGY2) “Ball-Valve Pattern Right Mainstem Bronchus Obstructive Pneumonia Secondary to a Malignant-Transformed Respiratory Papilloma”

**Third Place**
- Kareem Bannis, (PGY1) “Not just any GIST”

Our Doctor’s Dilemma Team, which included Aswani Alavala (PGY3), Prathima Guruguri (PGY2) and Sri Reddy (PGY1) received Second Place in their competition.
Meet the Class of 2016!

Pictured Left to Right (Top row) Dr. Trowers, Sri Reddy, Shadi Koleilat (Neuro), Dr. Aina Purapu, Dr. Raoof, Kareem Bannis, Rishi Bhargava, Seenu Byreddy (Neuro) (Bottom row) Randa Karim, Maria Tumanik, Sarah Patel, Archana Nair, Anjali Takyar, Parinita Dherange (Not pictured Prince Buzombo)

PGY1 Team Building

The PGY1 class experienced Team Building on a whole new level. During their first retreat together they worked on expectations, teamwork, leadership skills and respect. Trust walks, river crossings and a rescue activity were just a small part of the lessons they learned at the Low Ropes Course.

According to Rishi Bhargava, “The best part was simply getting time to spend with co-interns outside the hospital setting. Unfortunately it is not done too often so it was nice to get some sunshine.”

He added, “I think we all learned the importance of teamwork and effective communications. I think things around the hospital and our work has definitely improved.”

Kareem Bannis PGY1
What do you miss about Medical School? ‘The Beach.’
What is your favorite thing about your first year here? ‘The camaraderie.’
What do you like about Tucson? ‘Great weather, great outdoor activities.’
What do you recall about your first day? ‘Whoa!’
Why did you choose our program? ‘The small size. I know everyone here; which is more than I can say about other programs.’

Rishi Bhargava PGY1
What are your favorite things about your first year? Patience from faculty. Seniors to offer support when needed.”
What do you like about Tucson? ‘How nice everyone is.’
What do you recall about your first day? ‘The great support my seniors gave me to make not just the first day, but the first month, smooth.
Why did you choose our program? ‘I went with my gut feeling that this was a great fit.’

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2013-2014 is a year of change for the Internal Medicine South Campus Program. As the year progresses, our momentum towards further strengthening the academic activities which have been well established from years before continues to grow.

We started with creating a Medical Student Rotation Guide and Curriculum, which clearly defines our programs expectations of our medical students and assesses their competency through direct observation and on the spot evaluation of their presentation and clinical skills.

In order to encourage our residents to read at an earlier stage in training, we developed a new Curriculum for Interns with emphasis on high yield board relevant topics and periodic self-assessments to help them improve their individual performance. We have restructured our Morning Reports to incorporate and highlight key educational concepts through "Questions of the day challenge". You may also have noticed that we have been fortunate to have even more sub-specialty faculty participation in our morning reports and Friday Conferences including "Specialty Lectures". The goal of these presentations has been to address the specific educational needs of South Campus residents.

Since we moved toward a closed ICU format this year, we realized that our residents may not have the time to attend regular conferences due to service obligations. Therefore, we introduced a separate format of ICU Curriculum with daily weekday conferences to increase the understanding of important pulmonary critical care topics.

Our goal is to maintain a 100% board passage. In light of this, we have transformed our board review sessions with the help of audience response technology to better assess the resident’s individual level of understanding and tailor discussions to the areas most needed. In addition, weekend board reviews were conducted in the fall to help residents review key educational objectives from previous ITEs.

Our excellent performance at the ACP meeting this year and improved quality of Journal Clubs, Grand Rounds and M&M presentations are a testament to the hard work put in by our residents and increased faculty involvement and supervision.

We highlighted Quality Improvement initiatives through our multidisciplinary M&Ms, which have resulted in improved collaboration with other departments including residents and staff from other programs. Along the same lines, we launched Practice Based Learning and Improvement modules. These modules teach residents how to gather data and analyze their performance with regard to routine care delivered to patients in our outpatient practice and then to identify and develop Quality Improvement projects.

In order to highlight the importance of High Value Cost Conscious Care, “Tip of the Day” emails were sent to housestaff so that these recommendations can be incorporated into daily practice. With the help of our Radiology faculty, we were able to arrange joint bimonthly case conferences. The emphasis of these conferences has been on teaching residents the art of interpreting basic body imaging and incorporating these skills into daily practice.

Thank you for your active participation and valuable feedback in helping us implement these academic changes. I look forward to continuing to work with everyone to further identify the educational needs of our residents and develop strategies to help address them in the most effective manner.

Ali Raoof, MD, Chief, 2013-2014
Holiday Charity Report

This year the South Campus Graduate Medical Education Programs supported Emerge! Center Against Domestic Abuse. Cash and gift donations from the residency departments amounted to over $800. This donation helped 271 women and children have a happy holiday.

Every year Emerge! sets up a Holiday House. This Holiday House is a donation-driven event that is arranged like a retail store. Clients can choose gifts for their families in a safe environment.

Residency department staff used the cash donations to shop for Holiday House gifts. During check out we experienced our first gift of appreciation when the cashier asked what all the items were for (three carts full!). We told her it was for Emerge! She stopped and tearfully thanked us. Emerge! had helped her out of a bad situation and put her on the right track to independence.

Staff members volunteered their time to work at the Holiday House to help the residents and their children choose their gifts and wrap them. Shoppers and their families were treated to donated refreshments.

Holiday Party 2013!

On a chilly night in December, the South Campus Internal Medicine family gathered at Dr. Trowers’ house for a holiday celebration.

Piano notes and holiday songs filled the air. Guests were treated to berry Cosmopolitans and banana punch. Taste buds were tantalized by the variety of tasty dishes and desserts. Lively conversation (and outdoor heaters!) kept everyone warm and engaged. A good time was had by all!
**Resident Spotlight: Jennifer Huang-Tsang**

I was born in Suriname, a small Dutch speaking country in South America. My parents moved to Wisconsin where I spent a large amount of my life. I came to Arizona for medical school and got my medical degree from Midwestern University. I like the weather in Arizona and wanted to stay in Arizona for my residency.

I wanted to be in a University program but at the same time I did not want a big class. South Campus was the right place to be. I am very happy with my choice; I have met some great mentors and few amazing friends that I will cherish for the rest of my life.

I am most thankful for my family and my husband, Vincent. I wouldn’t be able to go through medical school and residency without their encouragement and full support through every stage of my career.

In my free time, I like to relax at home, go for a walk, hike or play tennis. I keep looking for good Asian food in Tucson, but so far I have not been successful! My husband Vincent and I take weekend trips to Phoenix to eat (and see friends too!)

I volunteer as a hepatitis B outreach person for a the non-profit organization APCA (American Pacific Community in Action). They provide free screens and vaccination of Hepatitis B to individuals and information on health care awareness such as tobacco cessation, screening for diabetes, hyperlipidemia among many others.

I plan to pursue a career in Cardiology. I not only have great interest in heart failure, but also in interventional cardiology. I enjoy traveling and hope in the future to travel around the world to see new places and learn about new cultures.

**Faculty Spotlight: Dr. Bujji Ainapurapu**

Dr. Bujji Ainapurapu was born in Hyderabad, India, and is the youngest of three children. His father was in the Indian Air Force and as such they moved every three years throughout India. He received his Medical Degree from Madras Medical College.

Dr. Ainapurapu did his residency in internal medicine at AIIMS, New Delhi. In 2007 he came to the United States to complete his residency in Evanston, IL at St. Francis Hospital. While Dr. Ainapurapu was in residency training he received the Resident Teaching award. He is passionate about internal medicine and bedside teaching. He enjoys Medical Jeopardy! And was recently the Co-Chair for the Doctor’s Dilemma competition at the ACPAZ Chapter Regional Meeting.

Dr. Ainapurapu and his wife, Saritha, have been married for more than seven years. She is an Anesthesiologist. They have two children, Karthik, who is 6 years old and in first grade and Tanish who recently celebrated his third birthday.

When Dr. Ainapurapu is not working he loves to be at home spending time with his children. He enjoys travelling to adventure parks and zoos with his family. An avid cricket fan Dr. Ainapurapu cheers for Team India. And who knew that Dr. Ainapurapu loves to cook? We hear that Paneer dishes are his favorite and he has recently begun experimenting grilled tikkas.

Being solar powered, Dr. Ainapurapu’s favorite thing about Tucson is the sunshine.
Case Report by Krunal Patel PGY2

A 43-year-old male with a history of drug abuse presented with progressive dyspnea for one week. Physical examination was remarkable for a holodiastolic murmur at the left sternal border. Initial white-cell count was elevated at 11,300 cells/mm³ (normal range: 3,400-10,400/mm³).

**Imaging Findings:**
Transthoracic echocardiography revealed a large mass prolapsing into the left ventricular outflow tract during diastole concerning for vegetation (Figure 1). Real Time 3D Transesophageal echocardiogram (RT-3DTEE) characterized a localized band of soft tissue in the aortic root (Figure 2) above the level of the aortic valve leaflets intussuscepting into the LVOT consistent with an intimal flap from aortic dissection. There was severe aortic regurgitation. Although no classical dissection flap was seen on CTA, effacement of the sinotubular junction with aneurysmal dilatation of the ascending aorta was noted. He underwent successful repair of type A aortic dissection using a 32 mm interposition graft. The coronaries were found to be intact. Gross pathological specimen shows the dissected aortic root with the dissection flap (Figure 3), which correlated well with the preoperative findings on RT-3DTEE.

**Summary and Discussion Points:**
We describe a non-classical type of aortic dissection with an atypical presentation. The diagnosis was particularly challenging with a non-diagnostic CTA, high clinical probability of infective endocarditis with masses in the LVOT on TTE mimicking vegetation. RT-3DTEE was critical in the accurate diagnosis of the localized circumferential intimal tear intussuscepting into the LVOT. This finding was crucial in the optimal planning and a successful surgical outcome.

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**Electronic Medical Record (EMR) - An Efficient Heart Breaker!**

by Dr. Anju Nair MD.

November first the clock ticked 3 AM and here we were rolling out our new EMR.

Years of anticipation, months of preparation, untiring efforts from people in different fields, all working towards a smooth transition to a dream come true.

Everybody is excited, a patient chart can be accessed from anywhere; you don’t have to walk to the unit. Vitals, orders, and medication list; you name it and in a click you have it. After being accustomed to paper orders, notes, vitals, and medication lists for so many years, this hospital, in its “primitive ways”, still ran like a well-oiled machine, now we began to look forward to this more efficient era in medical practice.

Residents of this era are happy as notes will be done faster, researchers are happy as they have plenty of data points for the innumerable research projects that they can design. With all the joy around with what an EMR can do to the institution, I am still here thinking and trying to prepare my eyes for the future when I will not be seeing so many people who worked with me in this same institution as unit clerks.

They will not be here because now we don’t need people who spent hours trying to read and interpret the orders in our typical doctor’s handwriting and enter it in the computer system. Charts need not be prepared and be in the racks where they belonged; scans and faxes need not be done as the order goes electronically.

As innocent as I was in assuming that the stress level of the unit clerks are going to be now low with all this advancement in the technology not realizing the bigger picture of unemployment skyrocketing their stress levels. I am not sure whether I should be happy as working in an institution which can boast of its top EMR with it’s out of the world efficiency or be sad about missing my efficient friends at work who offered their unconditional help and support on the floors when I needed it.

I do understand that this technology of EMR is definitely an industry which has created numerous opportunities at a global level. Ultimately we may even see an employment boom as EMR becomes more widely used. But for now, our feelings about EMR remain bittersweet as we lose many of our friends who helped us take care of our patients for years in the era of paper charts.

Find us Online http://deptmedicine.arizona.edu/education/residency-south
Comments, questions, interesting information for our newsletter – email Mary.Gosciminski@uahealth.com