

INTERNAL MEDICINE

winter 2007

This issue of
PULSE focuses on
the Department
of Medicine's
Internal Medicine
Residency Program.

Bone Marrow Transplant Specialist, Pulmonologist and Internist Join Faculty

The Department of Medicine is pleased to announce the appointment of the following three distinguished physicians to the Temple University School of Medicine faculty.



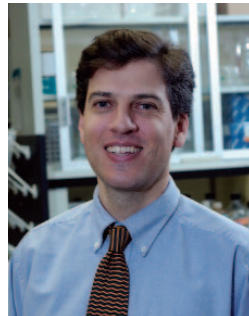
JAMES L. GAJEWSKI, MD, FACP

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Bone Marrow Transplant Specialist
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MD, Temple University School of Medicine

POSTGRADUATE EDUCATION:
University of Cincinnati Hospital;
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Hospital and Clinics

SPECIAL INTEREST: Blood and marrow transplantation, coding and billing



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Pulmonologist, Critical Care Specialist
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MD, Temple University School of Medicine

POSTGRADUATE EDUCATION:
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SPECIAL INTEREST: Pulmonology, sleep medicine



BRIAN J. MEYER, MD, MPH

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MD, Temple University School of Medicine

POSTGRADUATE EDUCATION:
Temple University Hospital

SPECIAL INTEREST: Resident education, clinical setting communication

Superb Hands-on I.M. Residency Training



Internal medicine residents, all MDs, include (from left) Margaret Rose, Dalila Zachary, Edmund Moon, Garina Sharma, Bjoern Toennes, Chief Residents Abhijeet Koli and Anish Koka, and Jane Tzu-Chuan Huang.

Hands-on clinical training is the hallmark of the Temple Department of Medicine's Internal Medicine Residency Program.

rigorous," agrees Anish Koka, MD, a chief resident. "There's high patient volume and high patient acuity and, perhaps most importantly, you have

YOU GET TO LEARN BY DOING WHICH, IN MY OPINION, IS THE WAY TO LEARN, THE WAY TO BECOME A GOOD, COMPETENT DOCTOR.

— Chief Resident Abhijeet Koli, MD

"Temple University Hospital internal medicine is known as the best clinical training program in the city," says Darilyn V. Moyer, MD, the director of Temple University Hospital's internal medicine residency.

a lot of autonomy dealing with these very sick patients.

So at the end of your three years, you can be very confident in managing such patients."

The reason: "With the appropriate amount of bedside supervision from our faculty, our residents are on the front lines in terms of diagnostic decision-making and intervention choices for their patients," says Moyer. "Our house staff can truly assume the role of the primary caregivers, backed with the 24/7 expertise provided by supervising attending physicians."

In other words, residents learn by active engagement rather than passive observation. "It's very clinically

More about Darilyn V. Moyer, MD

Associate Professor of Medicine
Director, Internal Medicine Residency Chair, Residency Selection Committee Co-chair, T.U. Health Sciences Center Blood-borne Pathogen Committee

Two-time *Philadelphia* magazine Top Doc in women's health

RESEARCH INTEREST: Medical education, patient safety and infectious diseases, particularly HIV.

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In 2003, when Temple acquired nearby Episcopal Hospital, the number of residents in the program increased from 84 to 108, or 36 residents per year.

During its 2000 Accreditation Council on Graduate Medical Education (ACGME) review, Temple's internal medicine residency program received the maximal five-year accreditation. (The latest ACGME review decision is expected shortly.)

During the past five years about 95 percent of residents passed their American Board of Internal Medicine certifying examination on the first try, and 100 percent ultimately passed the exam. That's particularly impressive because, unlike some other programs, Temple accepts a range of medical licensing exam results and grades — provided the candidates have excellent clinical evaluations. "But with our clinically astute, dedicated and energetic faculty, we've created an environment that allows people to capitalize on the great education they can get here so that all of them are able to pass their boards," she says.

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Temple's Heart and Soul

A message from Joel Richter, MD, FACP, MACG
Richard L. Evans Chair, Department of Medicine



The heart and soul of any Department of Medicine is its internal medicine program, and I can confidently say that the internal medicine section here at Temple is beating quite strongly. In fact, I believe it is the “crown jewel” of the department.

For example, ever since my arrival here in 2004, I've been tremendously impressed with the internal medicine residents — and I'm not alone in that assessment. A number of faculty members who have come here recently from some of the nation's other finest medical institutions have lavishly praised the clinically savvy, confident, independent and compassionate resident internists they've encountered here.

It speaks highly of the quality of the newly minted doctors who are attracted by our residency program's hands-on approach — and the talented, caring faculty they model themselves on.

As this issue of *Pulse* illustrates, the faculty is also dedicated to researching how to enhance both the education our residents receive and the care our residents and faculty deliver to our patients. It all results in better doctors and better patient care.

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Residency Program (continued from page 1)



Darilyn V. Moyer, MD, director of the internal medicine residency, flanked by Susan Gersh, MD, deputy director and Laurence Ward, MD, MPH, associate director. Not pictured: William Brady, MD, associate director.

Each June, as third-year residents prepare to leave the program, Moyer goes over the graduating list and administers a personal litmus test: “I imagine myself incredibly ill in the emergency room and I picture each of them as my doctor,” she says. “Each year, with 100 percent certainty, I feel completely comfortable having those physicians taking care of myself or a family member.”

Finding an Effective Screen for Abuse



Anuradha Paranjape, MD, MPH, is working on a \$500,000 NIH grant.

How can primary care doctors easily, accurately determine if women have been physically or psychologically abused?

Anuradha Paranjape, MD, MPH, an associate professor in Temple's general internal medicine section, is committed to finding the best way to screen for domestic abuse.

In an earlier study, she identified three screening questions that were most effective in identifying abuse victims.

including by mothers-in-law who themselves had been abused.

“To escape the abuse some were drinking vile pesticide to try to kill themselves,” says Paranjape.

U.S. statistics indicate the poor are more likely to be abused, but Paranjape believes at least a portion of that differential is the result of reporting biases; most studies are done at inner-city urban hospitals. “Overall, the literature

EVEN THE MOST CONSERVATIVE FIGURES INDICATE ONE OUT OF 10 WOMEN IN A TYPICAL PRIMARY CARE PRACTICE HAVE BEEN ABUSED IN THE PAST YEAR.

— Anuradha Paranjape, MD, MPH

Under a current \$500,000 National Institutes of Health grant, she's studying the health effects of abuse involving older African American women, and a screen to detect it.

“The incidence of abuse has been reported to be about 10 percent to 26 percent in different primary care settings,” says Paranjape. “Some patients aren't going to speak up on their own, and since not all abuse is physical, its effects are not always visible. So primary care doctors should ask about it.”

Paranjape is transferring her funding from Emory University, where she formerly taught. She first became interested in the subject during her medical training in India, where she grew up. She encountered women, mostly from rural areas or urban slums, who were being abused by their husbands and in-laws —

supports the contention that abuse generally cuts across race, ethnicity, class and socio-economic strata,” she says.

Paranjape hopes to incorporate routine screening in primary care practices at Temple University Hospital. She also is planning to explore the health outcomes of abuse and the long-term health impact of abuse, even if the abuse eventually stops.

More about Anuradha Paranjape, MD, MPH

Associate Professor, general internal medicine section
American Board of Internal Medicine certification, 1998

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RESEARCH INTEREST: Health outcomes related to family violence, abuse screening and HIV in older women.

Teaching, and Researching How to Teach, Tomorrow's Internists

Battling a national trend toward specialization, Temple's internal medicine clerkship is dedicated to interesting medical students in primary care.

“With our increasingly aging population, there's obviously a growing need,” says Lawrence I. Kaplan, MD, the chief of the internal medicine section and the director of the third- and fourth-year internal medicine clerkship at Temple. “We have excellent professors serving as role models. And as I tell our students and patients, our job is to coordinate care and to translate for our patients what other doctors to whom we send them are saying.”

Nonetheless, because of the income disparity between what primary care doctors and specialists such as radiologists and cardiologists earn, each year only a handful of Temple's three dozen residents focus on primary care.

THE SIMULATION CENTER TEACHES MEDICAL AND NURSING STUDENTS TO ALL PLAY WELL IN THE SAND BOX TOGETHER.

— Lawrence I. Kaplan, MD, FACP

The internal medicine section has three primary roles:

- Teaching medical students and residents.
- Clinical care, involving primary care, hospital-based care and HIV care.
- Research.

Three of the major research projects are education oriented:

Medical and nursing school team training: In conjunction with the College of Health Professions' Nursing

More about Lawrence I. Kaplan, MD, FACP

Associate Professor of Medicine
Section Chief, General Internal Medicine

Internal Medicine Clerkship Director
Coeditor, Student Medical Knowledge Self-Assessment Forum, American College of Physicians

RESEARCH INTEREST: Pre-clinical teaching curriculum.

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Lawrence I. Kaplan, MD, discusses health issues regarding SimMan, a high-tech patient simulator, with third-year medical students Kate Rinaldi (left) and Kenji Saito.

Department, a high-tech patient simulation center is being used to train medical and nursing students and gauge their perceptions of each other.

Heart sounds: A study published in the *American Journal of Medicine* by lead author Michael Barrett, MD, associate professor and cardiologist, demonstrates that medical students who listen to heart sounds up to 500 times on a portable iPod player significantly enhance their ability to identify specific problems, such as a heart murmur or heart failure. Heart sound simulators in the simulation lab are also being assessed.

COLORECTAL CANCER

Unlocking the Keys to Enhancing Colorectal Screening Rates

Only about a third of patients 50 and older get a recommended — and potentially lifesaving — colorectal cancer screening. The screening rates are even lower for African Americans, despite the fact they have a higher incidence of morbidity and mortality; the American Gastroenterology Association recently recommended that screenings for this population begin at age 45.

In conjunction with Temple University's College of Health Professions, Karen Lin, MD, Brian J. Meyer, MD, MPH, and Stephanie Ward, MD, assistant professors in general internal medicine, are engaged in research to gauge the perceptions of both patients and physicians regarding screenings and barriers to obtaining one, as well as to assess decision aids.

“It can be a challenge to discuss the different types of screenings, particularly with patients who have low health literacy,” says Lin.

Thomas F. Gordon, PhD, professor of health communication, is engaged in cognitive mapping research to optimize decision-making. The researchers are also exploring whether using community sites, faith-based groups or counseling with different levels of providers would enhance screening rates.