



WELCOME TO OUR

Quarterly Newsletter



From the
program director



Hi Everyone,

Welcome to March! As we start the final trimester of the academic year this week, it's beginning to feel like spring. The Colorado sun is sticking around a little longer, and Match Day is just around the corner. There is also a lot going on in the world around us and many challenges. In the middle of all of that, I am especially thankful for our residency family. It is both a joy and privilege to work alongside you all and learn from each of you! In this newsletter, we wanted to particularly highlight the excellent work our residents and faculty are doing. You will get to read about GI research done by one of our rising chief residents, a resident-led DEI project on rounds, a primary care residency experience, medical education leadership, advocacy work, and more. You all inspire me and I feel very grateful to be a part of our Colorado family.

In this newsletter you will find:

Include summary of newsletter contents here. Keep Reading!

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 - **Minh Do** - Spotlight on GI Research and Leadership: A Conversation with Our Upcoming Chief Resident
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Resident Spotlight

DR. SHEA CLAFLIN: PGY-2

BUILDING CONNECTIONS THROUGH PRIMARY CARE

For Dr. Shea Claflin, a resident in the Primary Care Track of the University of Colorado Internal Medicine Residency Program, the proudest moments of his medical career aren't tied to accolades or awards. Instead, they're found in the simple but meaningful gestures of connection — like the hug he now receives from a patient at the end of every visit, a testament to the trust and bond they've built together.

A Foundation of Community and Care

Growing up in Cañon City, Colorado, a small, close-knit town south of Denver, Claflin's sense of community runs deep. Inspired by his father's work as an optometrist serving generations of local families, Claflin always felt drawn to a career that combined service and connection.

"I saw my dad serve a community where he knows everybody, and seeing those close ties he has with people was really inspiring for me," Claflin shares.

Uncertain at first whether to pursue medicine or education, Claflin majored in biology at the University of Denver. Volunteering at the DAWN Clinic — a free clinic for uninsured adults — revealed that a career in medicine could unite his interests. "I realized I could serve multiple roles in health care, blending teaching with caring for people," he says

This realization led Claflin to the University of Colorado School of Medicine, where he joined the Rural Program to gain clinical experience in small-town Colorado. His time in Salida, a town of fewer than 6,000 residents, solidified his passion for primary care, particularly its potential for continuity of care. "I was inspired by how providers cared for patients in both outpatient and hospital settings, building relationships across their lives," Claflin says.



[For more insights, read the full article on the CU Department of Medicine newsroom here.](#)

The Primary Care Residency Experience

Now in his second year of residency, Claflin trains in the CU Primary Care Track, a program designed to meet the growing need for primary care physicians. Residents receive comprehensive training across a spectrum of care — from geriatrics to urgent care — while building skills in managing diverse patient populations.

For Claflin, the track's focus on patient relationships has been transformative. "It's fulfilling to develop trust and see patients progress over time," he says.

In addition to his clinical work, Claflin is pursuing the Medical Education Pathway, enhancing his teaching skills while learning from mentors. He's also spearheading a project to improve ambulatory care training for residents, aiming to strengthen outpatient care skills in internal medicine programs nationwide.

Advocating for Primary Care

With a projected shortage of 87,150 primary care physicians by 2037, Claflin recognizes the importance of raising awareness about the versatility and value of this field.

"Primary care physicians are not only excellent doctors but also advocates and coordinators for their patients' care," he explains. "We're the first point of contact, and often the provider patients trust most because of the relationships we've built."

Claflin's long-term goal is to return to rural Colorado, combining outpatient and hospital care while contributing to medical education. "I want to be the kind of doctor my community can rely on, building relationships that keep people healthy," he says.

Through his journey, Claflin has demonstrated the profound impact of primary care — a field where meaningful relationships and exceptional care go hand in hand.

Spotlight on GI Research and Leadership: A Conversation with Our Upcoming Chief Resident

MINH DO, MD - PGY 3, FUTURE CHIEF

The journey into gastroenterology (GI) for our upcoming chief resident, Minh Do, began during his fourth year of medical school. Initially undecided about a subspecialty focus following Internal Medicine, a serendipitous decision to explore GI set the stage for his future career. What captivated him about GI was the diverse, fascinating pathology and the versatility in disease management—from urgently addressing the unstable variceal bleeds in the ICU to following patients longitudinally in clinic post liver transplant and managing their chronic comorbidities. Lastly, he emphasized the wonderful mentorship from faculty and fellows at CU throughout his medical training cementing his desire to pursue gastroenterology and to help serve as a mentor for other trainees in similar positions.



This specific interest in GI research took root in 2022, driven by emerging trends in colorectal cancer screening. “In May 2021, the USPSTF revised its guidelines to lower the colorectal cancer screening age from 50 to 45 due to an increase in younger diagnoses. I became fascinated by what might be contributing to younger individuals developing colon cancer,” he explained. Collaborating with Dr. Swati Patel, a specialist in hereditary cancer syndromes and colorectal cancer prevention, he delved into the intricate interplay of genetic, environmental, and unexplored factors contributing to these cases.

His ongoing research is on colorectal cancer screening and prevention in high-risk populations, including Lynch Syndrome patients. This strongly aligns with the current focus in GI care: unraveling why younger people under 50 are increasingly diagnosed with colorectal cancer. While genetic and environmental factors are often considered, many cases remain unexplained with no clear cause. Within the realm of Lynch Syndrome, a hereditary cancer syndrome that significantly increases the risk of colorectal cancer, more research is needed regarding optimal surveillance strategies and the role of chemoprevention and lifestyle modifications in lowering risk. Addressing these mysteries are critical areas of study and represent the broader movement within GI to elucidate and mitigate these alarming trends.

“GI is an incredible field,” Minh shared, “not only because of the variety of subspecialties but also because of the opportunity to impact patient care across a broad spectrum of needs.” He encourages residents to seek exposure early to identify their specific interests within GI. Recognizing that residency programs may not always provide opportunities for such exploration, Minh is working with the GI department to establish a focused GI interest group with structured mentorship and career development opportunities. This initiative aims to give residents earlier and more comprehensive exposure to GI subspecialty care and the wonderful fellows and faculty within the department, fostering their passion and enthusiasm for the field.

Stepping into Leadership as Chief Resident

As he transitions into the role of chief resident, Minh is most excited about supporting residents clinically and emotionally. Reflecting on his own personal challenges, he highlighted the immense value of compassionate leadership. He recalls a pivotal moment when Dr. Geoff Connors, the then-program director, as well as Dean Zimmer and Dean Dwinnell from CU’s medical school, took time right before rounding in the ICU and during service respectively to offer him emotional support long before he started residency. “That act of kindness inspired me to want to be that person for other residents,” he said. “I am deeply indebted to CU – together, we will share success as we share adversity”.





Among his key goals as chief are promoting diversity and community engagement. As the son of Vietnamese refugees, Minh envisions creating opportunities for residents to connect with the diverse population of Aurora, engaging with local schools and the refugee/immigrant community to inspire the next generation of physicians. “Seeing residents from all backgrounds representing medicine can make a significant impact,” he emphasized. Under the current administration and political climate, he believes it is especially important to have a diverse group of residents from different backgrounds and beliefs represent the communities they serve.



Drawing from his research background, Minh also aims to increase residents' exposure to the various specialties within internal medicine. “At CU, we have incredible resources and experts,” he noted. “It’s about helping residents identify their passions early and equipping them with the tools needed to pursue research while supporting them on their journey to become well-rounded physicians.”



As Minh embarks on this new chapter, he looks forward to working closely with program leadership and supporting residents in achieving their goals. “I’m really excited for this next year,” he concluded, “to make a meaningful impact on our program and build bridges in our community.”

Spotlight on DEI: An Interview with Tennyson Jellins

TENNYSON JELLINS - PGY 2

Tennyson Jellins, a passionate advocate for Diversity, Equity, and Inclusion (DEI), shared how her journey into DEI initiatives began during a neurology rotation as a third-year medical student at CU.

"I had the opportunity to work with Dr. Nicole Gonzales, who was piloting a program aimed at discussing inequities and bias experienced by both patients and providers. It was refreshing as a new student-clinician to reflect on these moments. Later, when a patient referred to me in a derogatory way, I felt empowered to respond respectfully while asserting myself as a healthcare provider. This experience solidified my commitment to creating spaces where these conversations could happen and inspired me to develop DEI initiatives further." Jellins is planning to introduce "DEI Rounds," a curriculum designed to bring conversations about bias and microaggressions into the clinical environment.



"Bias training often happens in workshops, separate from where the experiences and interactions occur. The goal of "DEI Rounds" is to integrate DEI discussions into the clinical space, much like bedside teaching, allowing us to use tools we have learned in previous sessions to address issues in real time. Initially piloted in Neurology, I aim to expand it to Internal Medicine, starting with UCHHealth's ACE service, and eventually to the VA, Denver Health, and other sites. By tailoring discussions to each environment, we can better address the unique challenges and demands of various healthcare settings."

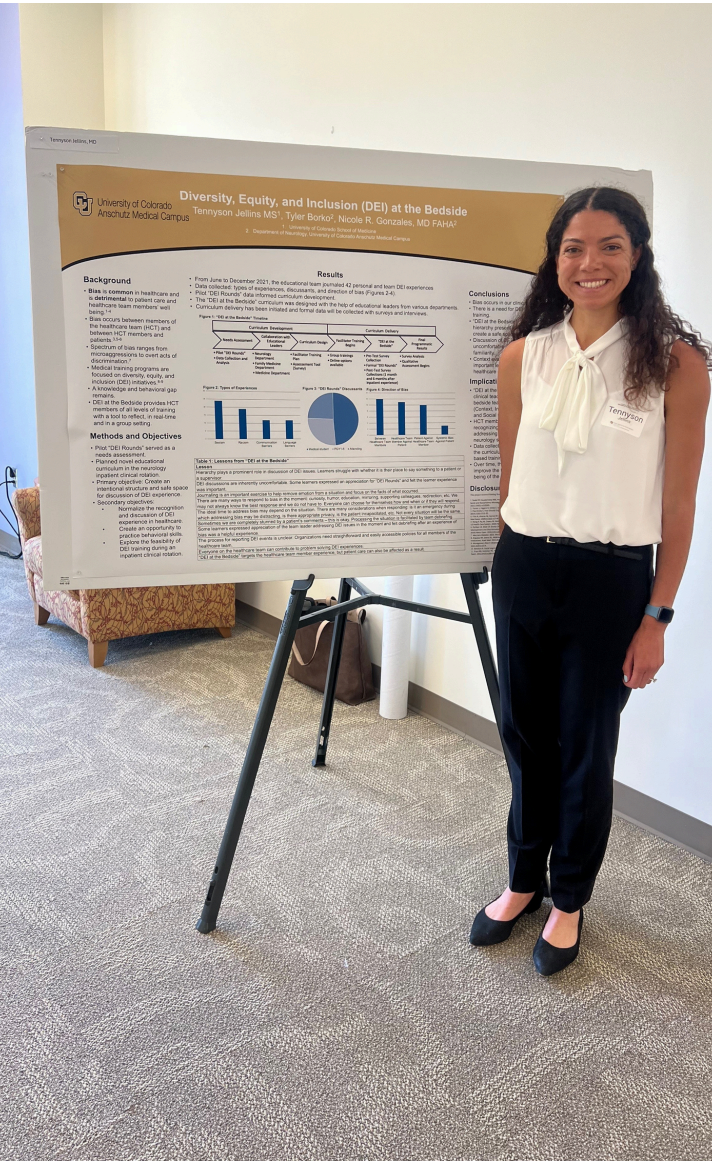
Jellins highlighted the challenges of balancing residency demands while building this initiative. "Logistics can be tough—finding the right support, navigating IRB processes, and introducing a new curriculum into an already busy clinical setting. But the feedback has been incredible. The curriculum isn't about finding the 'right' answers but fostering open discussions and normalizing the experiences and conversations that make us uncomfortable and uncertain. That's been both the biggest challenge and the greatest success."

The ultimate vision is for DEI discussions to become a routine part of clinical practice. “Just as we have daily multidisciplinary rounds or structured education sessions, I’d love to see DEI discussions integrated seamlessly. These conversations help us navigate not only medical decisions but the human interactions that define our work.”

Developing “DEI Rounds” has profoundly shaped Jellins' perspective and career goals. “This work has reinforced my interest in combining research, medical education, and professional development. “DEI Rounds” is about enhancing provider experiences, developing the self-efficacy to address uncomfortable situations, and creating a more supportive environment for everyone. As I move toward fellowship, I want to keep these elements central to my career.”

Jellins encourages others interested in advancing DEI in medical education to seek mentors and define clear objectives. “Find mentors or champions to guide you, especially if you are a trainee. Understanding the long-term goals of your project helps you navigate challenges and create meaningful impact. Remember, the goal is not to find perfect answers but to open the door for discussions that build confidence and connection.”

“At its core, this curriculum is about fostering comfort and confidence in the human interactions within our clinical spaces. DEI isn’t just a separate box to check—it’s a vital part of how we connect, communicate, and provide care.”



Spotlight: CP Solvers Episode in Honor of Dr. Rafael Medina

 @cpsolvers

CASE DISCUSSANT:
Dr. Melissa Griffith
Rheumatologist
University of Colorado

CASE DISCUSSANT:
Dr. Geoffrey Connors
Associate Dean for GME
Associate Professor, PCCM
University of Colorado

**RAFAEL MEDINA
TRIBUTE VMR
RHEUM/
PCCM VMR**

 **Wednesday, June 19th
11 AM PST / 2 PM EST**

**In loving memory of
Rafael Medina**
One life. So many dreams.

Dx

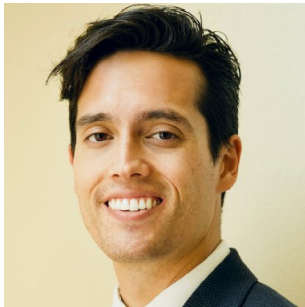
Our program hosted a special podcast episode of The Clinical Problem Solvers (CP Solvers) held in honor of Dr. Rafael Medina, a physician from Brazil who was set to join our program two years ago but tragically passed away before he could begin. This session was facilitated by categorical intern Dr. Madellena Conte with Dr. Melissa Griffith and Dr. Geoff Connors as the expert discussants. Former Chief Medical Residents Dr. Sarah Haeger and Dr. Evan Zehr present this rheumatology/pulmonary critical care virtual morning report [[Click here to tune in!](#)]

Resident Awards

CONGRATULATIONS TO THE FOLLOWING RESIDENTS ON THEIR RECENT AWARDS/PUBLICATIONS.



Dr. Dana Arenz was accepted to present at the American College of Cardiology National Meeting in April. The presentation is titled "A CASE OF CARDIAC SARCOIDOSIS MASQUERADING AS GIANT CELL MYOCARDITIS".



Dr. Francis Wright had a Med Ed publication: [Society of Hospital Medicine: Clinical Quick Talks: Teaching Script – Cardiac Arrhythmia.](#)



Dr. Katarina Leyba's abstract, "Sympathetic Pains—A Case of Stress-Induced Cardiomyopathy Secondary to Transient Global Amnesia," has been selected for a poster presentation at the ACP Colorado Chapter Conference.



Dr. Marisa Sobczak's abstract, "Differences in Patient Care Ownership Between Medical Students Within a Longitudinal Integrated Clerkship vs. Traditional Block Rotation Model," being selected for a poster presentation at the ACP Colorado Chapter Conference!

Did you win an award or receive a recognition recently? Let us know!

Resident Awards

CONGRATULATIONS TO THE FOLLOWING RESIDENTS ON THEIR RECENT AWARDS/PUBLICATIONS.



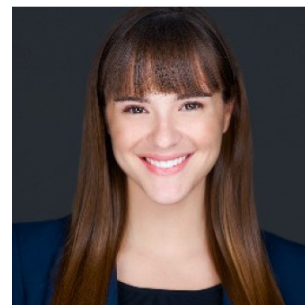
Drs. Madelyn Boslough and Shelby Meyer
Abstract "Fatal 5-FU Toxicity in DPYD Deficiency: A Missed Opportunity for Life-Saving Pretreatment Screening" was selected for a poster presentation at the ACP Colorado Chapter conference.



Drs. Elise Kahn and Emily O'Neill Abstract "A Rare Complication of B12 Deficiency: Hemolytic Anemia and Pseudo Thrombotic Microangiopathy" was selected for a poster presentation at the ACP Colorado Chapter conference.



Drs. Katarina Leyba and Shravya Pothula
Abstract "Sympathetic pains—A case of stress-induced cardiomyopathy secondary to transient global amnesia" was selected for a poster presentation at the ACP Colorado Chapter conference.

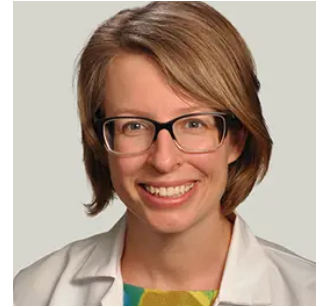


Drs. Francis Wright and Sofia de Arrigunaga Palacios are recipient of the DHM Patient Experience Champion Award. This achievement is awarded to faculty, staff, and learners based on exceptionally positive patient provided comments from patient experience surveys.

Did you win an award or receive a recognition recently? Let us know!

Resident Awards

CONGRATULATIONS TO THE FOLLOWING RESIDENTS ON THEIR RECENT AWARDS/PUBLICATIONS.



Drs. Natalie Dequillfeldt and Yasmin Sacro will be presenting a workshop at [APDIM](#) this Spring entitled “Designing and Implementing Women’s Health Curricula: Strategies for Internal Medicine Educators.” They will be collaborating with Kristin Swedish, MD, MPH - Associate Program Director at Montefiore Wakefield Internal Medicine Residency Program and Jennifer Rusiecki, MD - Women’s Health Track Director at University of Chicago.



Congratulations to **Dr. Julia Small**. Julia won the Governor’s Choice Competition against other Colorado Residency programs with her oral presentation on “The Unmet Healthcare Needs of Adult Patients Adopted in Childhood: What Adult Medicine Providers Need to Know”. With this award, she also has been accepted for a presentation at the National ACP meeting.



Dr. Thomaz Alexandre Costa had his article published in the international Journal of Cardiology titled “Combined left atrial appendage occlusion and catheter ablation for atrial fibrillation versus isolated left atrial appendage occlusion: A systematic review and meta-analysis”

Did you win an award or receive a recognition recently? Let us know!

Resident Awards

CONGRATULATIONS TO THE FOLLOWING RESIDENTS ON THEIR RECENT AWARDS/PUBLICATIONS.



Dr. Thomaz Alexandre Costa, Co-Authored and Article titled "Cardiovascular and Kidney Outcomes of Glucagon-Like Peptide 1 Receptor Agonist Therapy in Type 2 Diabetes Mellitus and Chronic Kidney Disease: A Systematic Review and Meta-Analysis"

In the American Journal of Cardiovascular Drugs **Dr. Thomaz Alexandre Costa** article titled "Cardiac Myosin Inhibitors for Obstructive Hypertrophic Cardiomyopathy: A Meta-analysis of Randomized Placebo-Controlled Trials" was published



Dr. Elizabeth Stein abstract "Navigating Conflicting Communication Preferences in Serious Illness: Recommendations from Pediatric Patients with Advanced Cancer, Parents, and Oncologists" was accepted for presentation at Pediatric Academic Societies Meeting in April 2025.

Dr. Elizabeth Stein presented her abstract "Effects of pelvic external beam radiation therapy on lower urinary tract function in adolescent/young adult cancer survivors" at the Adolescent/Young Adult Cancer Global Congress in Melbourne, Australia this December.

Did you win an award or receive a recognition recently? Let us know!



Resident Shoutouts

Dr. Francis Wright wanted to give a shout out to **Dr. Cam Morrison** for his phenomenal attention to detail, rapport with patients and their families, and clinical excellence in the U MICU. He excels in a critical care setting and received high praise from every member of the team.

Dr. Paul Christine praised **Dr. Garza**, highlighting his remarkable ability to quickly build rapport with patients. "Given that many of my patients have had negative experiences in the healthcare system, they are often hesitant to embrace new clinicians. That hasn't been the case with Nate. More than one patient has asked, 'Will Nate be here next time?' and shared comments like, 'I really like that guy' and 'He's a great listener.'"

Dr. Jenny Santos said **Dr. Konon** went above and beyond to provide great care to our patients. She had an excellent attitude the whole time and is so thorough. But she doesn't hesitate to ask questions if she needs clarification on something. She caught two diagnoses- one transfer from WY without records for thrombocytopenia but she did a thorough work-up and caught blast crisis, new dx of ALL and a different case of erythema nodosum. We are so lucky to have her!

Dr. Young praised **Dr. Ally Freedy** for her outstanding work during her renal elective, stating:

"I wanted to let you know how fantastic Ally Freedy was on her renal elective. She identified a TB exposure in a patient we were treating with high-dose steroids. We had assumed the quantiferon test had been sent, but she caught that it hadn't. Thanks to her attention to detail, the test was sent, came back positive, and the patient was promptly started on INH."



Resident Shoutouts

Dr. Sugar Sophie got MAJOR props from a CICU patient's family this morning that I was consulting on! They could not stop telling me how amazing she was and how much they appreciated her kindness while they were scared overnight. Nights can be so fast paced and overwhelming, it can be really tough to spend quality time with a family and make them feel heard. She crushed it!!!

– Lynne Rosenberg, Tox Fellow

Dr. Sarah Wachtel wanted to give a shout-out to **Dr. Danny Galvan** for diagnosing an L2 & L3 transverse process fracture on a patient's CT that radiology had missed (both the rads resident and attending!). This was so important and admirable because it showed that he independently thought about the patient rather than just continuing the plan put in place by the ED, and also that he recognized that the clinical picture of the patient being in severe pain didn't match the diagnostic information and needed to be delved deeper into

Dr. Sam Thielen said **Dr. Cecelia Barry** is truly impressive. She took care of some of the sickest patients in the unit and had a very challenging intern alone day that she handled with top notch professionalism and dedication to her patients. In multiple instances she was coordinating acute care between 3+ consultant teams while simultaneously having kind, thoughtful GOC discussions and then integrating those wishes into her plan. She exhibits a quiet, steady, strength that is so valuable in medicine. Neuro is lucky to have her!



Resident Shoutouts

Dr. Christine Haynes said **Dr. Morrison** did a fabulous job as night float last week! He stopped patients from leaving AMA, de-labeled a patient's penicillin allergy overnight to escalate her antibiotics in the safest and most effective manner, and mediated a complex anticoagulation decision between neurology and hematology in a patient with an acute stroke and possible HIT. Our patients were so lucky to have him caring for them overnight!"

Dr. Tennyson Jellins was recognized by another senior resident for her values-based and responsive care to a patient who was being admitted to medicine but whose goals did not align with inpatient treatment. She met with the patient in the ED and facilitated a family meeting at the time of admission, during which the family and patient unanimously agreed that they would prefer hospice care. She then facilitated a transition to hospice from the ED, saving the patient and family the unnecessary financial and personal cost of inpatient admission. Thanks, Tennyson, for going above and beyond for the best interests of this patient

Please join me in congratulating our newest group of Chief Medical Residents at the University of Colorado!

Our residency is filled with exceptional doctors, educators, advocates, and leaders. As always, choosing the Chiefs is a very difficult decision amongst this impressive cohort with many wonderful candidates. I'm excited to announce our next class of Chief Medical Residents. They are all incredible bedside doctors, teachers, advocates, and thoughtful citizens of the program. Each of them exemplifies what it means to be a leader in medicine. They will carry on the long tradition of leading and educating the next group of interns and will help guide this program and our mission into the future.

2026-2027 Chief Medical Residents:

Dr. Emily Anderson
Dr. Shea Claflin
Dr. Jess Clawson (CRQS)
Dr. Nikolai Harroun
Dr. Katie Julian
Dr. Vinny Pizzuti
Dr. Roshnee Raithatha

Please congratulate them when you see them on the wards or in clinic!



Dr. Emily Anderson



Dr. Shea Claflin



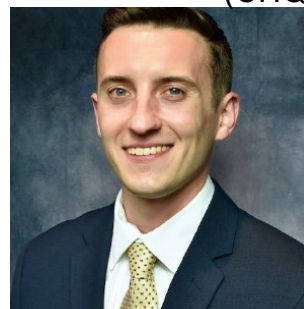
Dr. Jess Clawson
(CRQS)



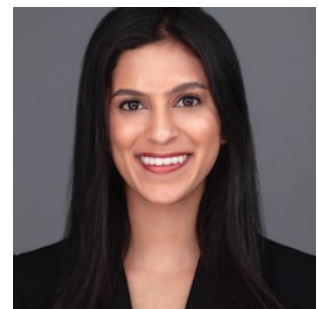
Dr. Nikolai Harroun



Dr. Katie Julian



Dr. Vinny Pizzuti



Dr. Roshnee
Raithatha

Subspecialty Nights

This year, we have started bi-annual subspecialty nights, an informal event where residents can ask questions, develop mentorship/scholarship connections, and get to know various faculty and fellows in their field of interest. These have been hosted at various breweries, homes, and other fun spaces, throughout September and October! We wrapped up the first series with great success (see photos below) and are already planning the next round in January and February, with a focus on scholarship and fellowship applications. Huge thanks to all the faculty, fellows, and residents who joined us—we're incredibly grateful for your time and engagement!

If you are interested but have not yet had a chance to participate, residents can sign-up under the subspecialty (or subspecialties) you are interested in (given we are now past the initial deadline, please also email alexandra.fuher@cuanschutz.edu if you add your name so I can update the respective listserv).

Some upcoming dates are:

Heme/Onc – Tuesday, 3/4

Cards – Thursday, 3/13

Addiction + ID – Thursday, 3/20

Palliative + Geri – Tuesday, 3/18

Endo/Rheum – **TBD**



Renal Subspecialty Night

Subspecialty Nights



Pulmonary Critical Care Medicine (PCCM) subspecialty night

GI Subspecialty Night



Doctors Dilemma

Thanks to those who attended the Doctor's Dilemma Competition. We had a great time cheering on our representing team members: Maddy Conte, Vinny Pizzuti, Garrett Weskamp, and Tim McGinnis! The team is looking forward to competing next year to take back their title as Doctor's Dilemma trivia champions



Tim McGinnis - PGY 3



Vinny Pizzuti - PGY 2



Garrett Weskamp - PGY 2



Maddy Conte - PGY 1



Track Highlight - Medical Leader Pathway

The American healthcare system faces many new challenges in the 21st century, from the rise of artificial intelligence to growing mistrust of medical institutions. It will be up to a new generation of healthcare leaders to take them on. Physicians, with direct experience caring for patients and rigorous training in complex decision-making, are well poised to take on these leadership roles, but few physicians receive any formal training in leadership during their education.

The Medical Leadership Pathway (MLP) in the University of Colorado's Internal Medicine Residency Program is designed to address this gap. It is made for residents who are interested in careers as leaders in healthcare's complex organizations, whether in health administration, education, advocacy, research, or innovation. The curriculum is founded on a leadership framework called Transformational Leadership, which emphasizes cultivation of individuals, crafting a vision, and fostering creative problem-solving that challenges the status quo – key skills in a changing and fraught landscape where adaptation is key to survival.



Track Highlight - Medical Leader Pathway

The foundation of the pathway is a two-year didactic curriculum covering the competencies of character, influence, vision, management, culture-building, and innovation. In didactic sessions and workshops, residents learn the fundamentals of leadership from project management to healthcare finance. They also learn the four aspects of Transformational Leadership – Inspirational Motivation, Idealized Influence, Individualized Consideration, and Intellectual Stimulation – and reflect on how to apply them in their day-to-day tasks of leading clinical teams and projects. To complement these didactic sessions, residents in the pathway all undergo 360-degree evaluations by the interns and medical students they have led on clinical teams to assess their capability in each Transformational Leadership domain. Each resident devises an improvement plan based on these evaluations and works on improving their leadership skills through guided coaching sessions throughout their time in the pathway.

New this year, residents can also elect to put their learning into practice by participating in the C-Suite Collaboration, a special feature of MLP in which residents are given a directive by the Chief Nursing, Operations, and Medical Officers of the UCHHealth Hospital to help lead their fellow residents in an initiative aligned with the hospital's strategic goals. This gives residents first-hand exposure to how the executive apparatus of a hospital functions while giving them an opportunity to practice the leadership skills they are learning in the pathway through a real-stakes scenario. We are very excited about the potential for collaboration with hospital leadership represented by this new component of the pathway.

MLP is just one of the many exciting pathways open to our residents in Internal Medicine, all designed to help residents differentiate and distinguish themselves in their careers.

Track Highlight - Medical Leader Pathway

MLP is funded by a generous grant from the University of Colorado's Program for Academic Clinician Educators, which also has provided key guidance on design and evaluation of the curriculum.

Your resident colleagues in the Medical Leadership Pathway are working on a project in collaboration with UC Health leadership! The goal is to help our residents become leaders in patient responsiveness and to build a culture of proactivity over reactivity. This will take form in two ways: 1) setting expectations with patients at the time of admission, and 2) afternoon rounds with nurses to plan for potential night shift needs. The goal will be to reduce your administrative burden (e.g., Secure Chat messages), improve collaboration with nursing, and foster deeper connections with patients. More to come via email, WES, and noon conference!



Faculty Highlight - Dr. Caitlin Dietsche: Shaping the Future of Medical Education

FACULTY SPOTLIGHT - DR. CAITLIN DIETSCHKE

Dr. Caitlin Dietsche's journey in academic medicine is rooted in her passion for inspiring, teaching, and preparing the next generation of clinicians. As the Director of the Medical Educator Pathway at the University of Colorado, she embodies a commitment to lifelong learning and innovative teaching, striving to create an environment where education is not just effective but also exciting. Dr. Dietsche's dedication to medical education stems from her gratitude toward the educators who shaped her own journey. "My favorite part of being

an academic hospitalist is inspiring, teaching, and preparing the next generation of clinicians and doing it in a way that makes the demands of training a little bit easier and maybe, even exciting!" she shares. Her goal is to equip residents with the knowledge, preparation, and practice needed to become the educators they admire—or even better, their own version of a master educator. One of Dr. Dietsche's favorite teaching methods is the chalk talk, a concise, interactive teaching session. Residents in the Medical Educator Pathway participate in a Chalk Talk project, where they develop, refine, and contribute their talks to a growing Chalk Talk Repository with over 150 presentations. This resource supports current residents and serves as a valuable tool for their journey as early-career educators.

Adaptability is another cornerstone of Dr. Dietsche's approach. She continually updates the curriculum to meet the evolving interests and needs of residents. Recent innovative sessions have addressed virtual teaching during the COVID-19 pandemic, expectations setting amidst faculty growth, leveraging technology in education, and exploring the impact of AI on medical education.

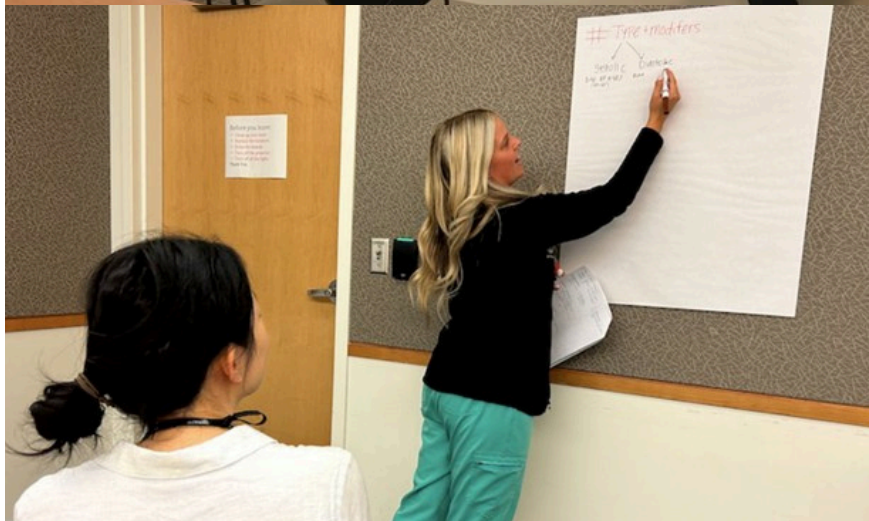
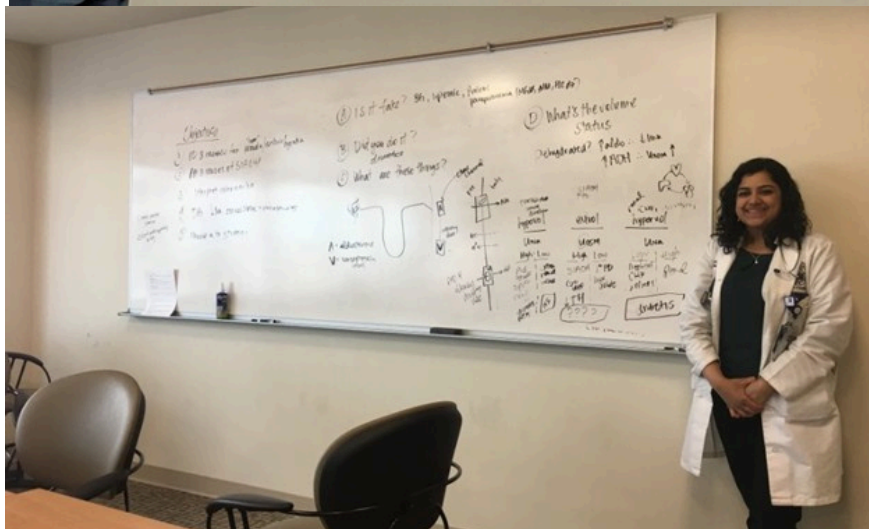
Building on the foundation laid by Dr. Mel Anderson, who established the Wednesday Education Sessions (WES), Dr. Dietsche has transformed the Medical Educator Pathway into a longitudinal curriculum tailored to each stage of residency. Interns focus on foundational teaching skills, second-year residents develop practical educator techniques, and third-year residents prepare for future academic roles with advanced topics like Academia 101 and Curriculum Design.

A unique partnership with the University of Colorado School of Medicine allows residents to engage in small group teaching sessions with medical students, enhancing both teaching experience and interprofessional collaboration.

In her role as Director of the University Wards Service Line, Dr. Dietsche strives to streamline operations, allowing teams to focus on patient care and education. She provides weekly orientations for attendings, emphasizing resident needs, diverse learner dynamics, and ready-to-use teaching materials. Transparency and accessibility are key to her leadership style, ensuring that operational information is always within reach for her teams.

Collaboration is at the heart of Dr. Dietsche's work. She partners with various departments to enhance educational experiences, such as developing a POCUS curriculum with the Medicine Procedure Service and fostering interprofessional education through the I-Teach team, which integrates PA/NP fellows, medical students, and residents.

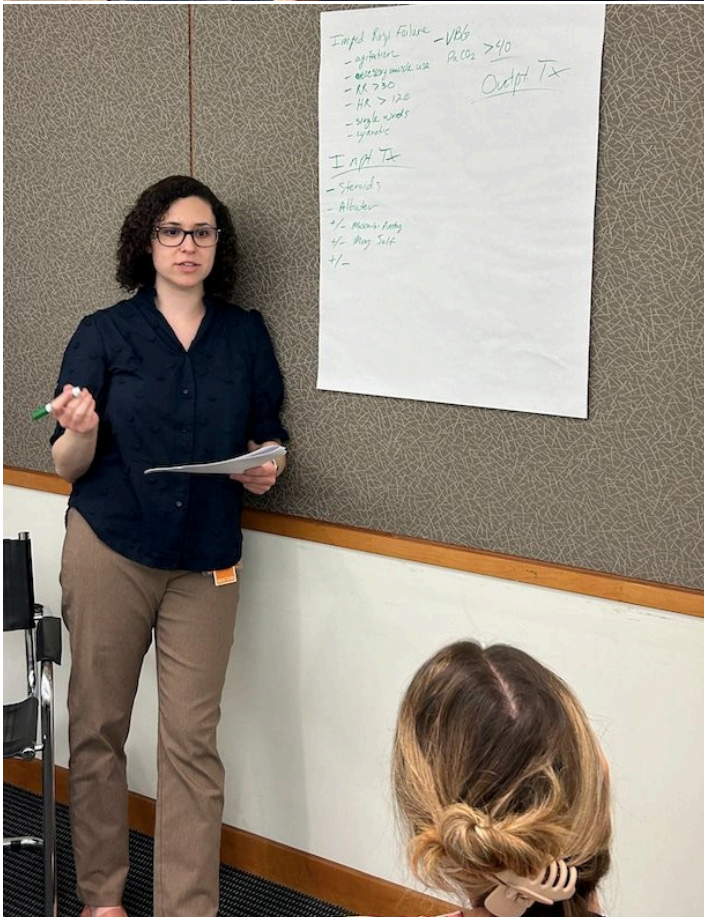
For those interested in academic leadership, Dr. Dietsche emphasizes the importance of mentorship and patience. "Find a mentor doing what your dream career looks like and meet with them regularly," she advises. She also encourages a focus on personal growth in clinical and teaching skills, which form the foundation of academic medicine.





Dr. Dietsche's long-term goals reflect her commitment to making teaching accessible, engaging, and impactful. She envisions a Medical Educator Pathway where interns feel empowered to teach, second-year residents find joy in education, and third-year residents are well-prepared for competitive fellowships and academic careers. For the University Wards Medicine service line, she aims to provide the best inpatient general medicine experience, enriched with unique clinical opportunities and robust educational support.

Through her leadership, Dr. Caitlin Dietsche is not just shaping curricula; she is inspiring a culture of excellence, innovation, and lifelong learning in medical education.



Faculty Highlight - Advocacy Work and the Transition from Chief Resident to Faculty

APOORVA RAM, MD

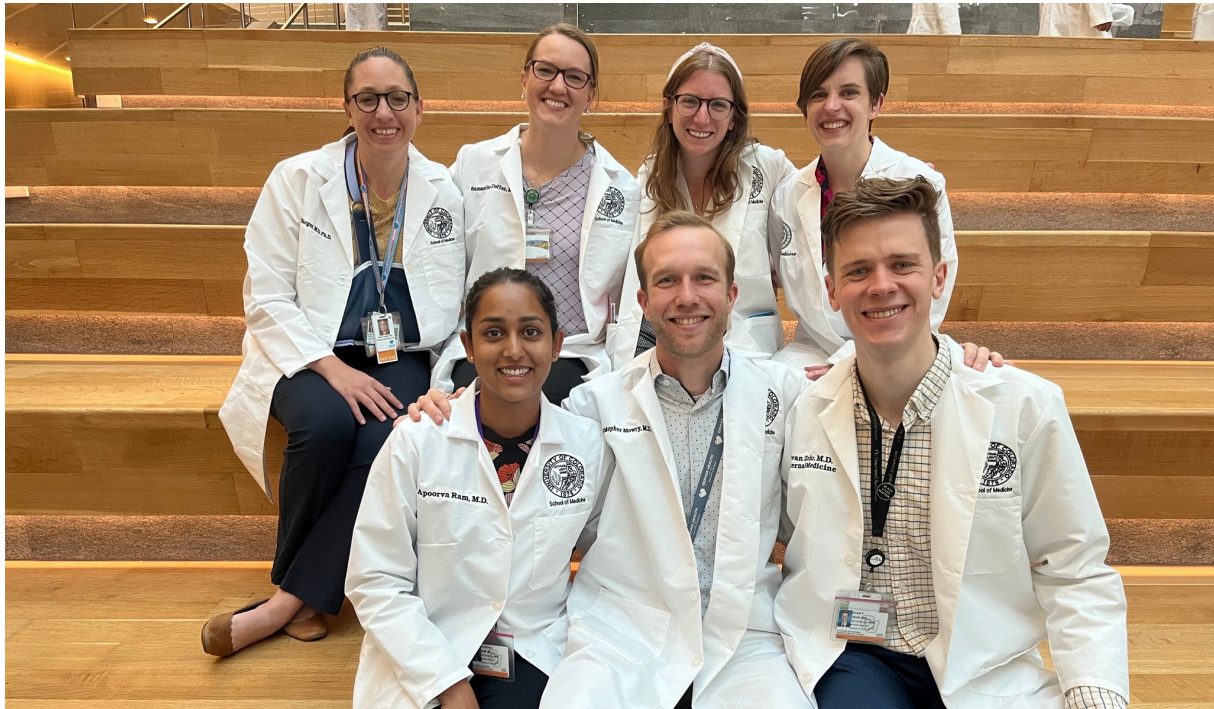
Dr. Apoorva Ram is a shining example of how passion and perseverance can lead to impactful change. Her work in advocacy and her thoughtful approach to transitioning from Chief Resident to faculty offer valuable insights for anyone navigating similar paths.



Advocacy Work

For Dr. Ram, advocacy is deeply personal and ever-evolving. “At different times in my life, my passion has been driven by different components of what I see in the world,” she shares. Currently, her focus is on addressing disparities in healthcare, particularly those outside an individual’s control. Her definition of advocacy has grown over time, shifting from a clinical and access-to-care perspective to a broader focus on systems and health policy.

When asked about her most impactful advocacy efforts, Dr. Ram points to her work with undocumented immigrants. Alongside a colleague, she tackled the inequity of withholding life-saving treatments, such as stem cell transplants, from undocumented patients. Their efforts included conducting a study to amplify the voices of these individuals, publishing a paper (recently published in JGIM), writing a policy brief, and meeting with legislators and regulators. This multi-year project, supported by outstanding faculty in the Department of Medicine, led to expanded access for undocumented individuals, even if not for stem cell transplants specifically. You can see the link to that article [here](#).



From Chief Resident to Faculty

Transitioning from Chief Resident to faculty was not without its challenges for Dr. Ram. The pressure to “figure everything out immediately” in an academic setting, surrounded by inspiring faculty, was a common hurdle. However, she learned to embrace the long process of solidifying her identity as a doctor in her chosen field while gradually exploring academic opportunities.

One of her most significant realizations as faculty has been the gravity of her new responsibilities. Precepting medical students and serving as the attending physician, where the ultimate responsibility for patients lies, has brought both challenges and rewards. “The immense responsibility for people’s lives as a physician is the flip side to (hopefully) being able to really influence and improve

someone's experience with their health," she reflects.

Dr. Ram's advice for chief residents making the leap to faculty roles? "Give yourself grace and time to find out how you want to be a doctor."

Dr. Ram's journey as an advocate, teacher, and physician is a testament to the power of persistence, self-reflection, and embracing the process of growth. Her story serves as a reminder that impactful change often begins with a willingness to try and that success comes from giving oneself the space to evolve.



Social Corner: A look into our resident social events



Social Corner: A look into our resident social events - Second Look Event



Primary Care Events

Primary Care Holiday Gathering

