



Vol. 2, Issue 9

Mile Highlights | University of Colorado Internal Medicine Residency Program Newsletter

From the Program Director



Hi all,

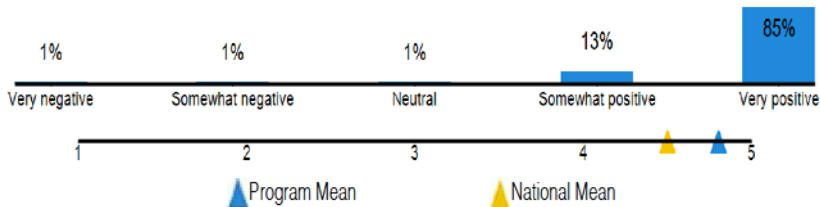
The following two graphs represent some of the most important feedback that we receive as a program annually. They are the figures that sit atop the 2022-2023 annual ACGME surveys for residents (top) and faculty (bottom). There are 42 other questions on the ACGME surveys, but this is the one single question that means the most: what was your overall impression of the program? When I

think about how proud I am of this residency – the residents, the administrators, your faculty leaders including the core faculty, APDs, assistant PDs, and Department of Medicine leadership, I think about these two graphs.

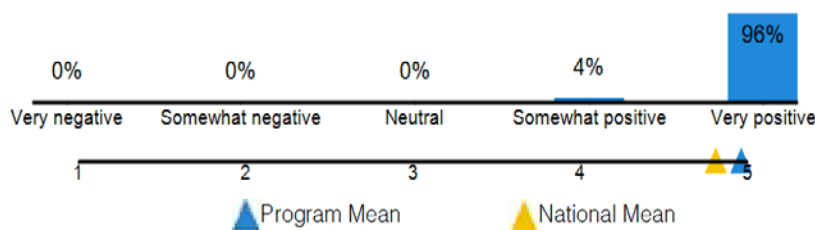
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Resident Overall Evaluation of the Program



Faculty Overall Evaluation of the Program



A few things to know about the ACGME survey, to help contextualize what you're seeing above. The blue arrow is us; the yellow arrow is the rest of the country. Since these are averages of very large numbers (the 142 trainees who responded in our program; the thousands of residents across hundreds of programs to whom we are compared) it is very, very, very hard to get those two triangles on the bottom to separate from one another. We have now done it for three years in a row, in both the resident and faculty groups.

I have seen hundreds of these surveys over time, from institutions across the country and on our own campus. Not one that I have seen this year is this good...not even one. The "right shift" toward a feeling of positivity with your training is what every program hopes to achieve. I could not be more pleased with what we have built together here in Colorado. We should smile at these results and celebrate the success and hard work they represent. It's good to take the wins when we get them. The 88% response rate (highest in our program's history) indicates excellent resident engagement and a willingness to provide feedback; thank you all for this trust.

This is not to say that everything is perfect or that we could not do better. It isn't and we can. Here are a few other things that I see when I look at the complete data from all 43 questions:

- 1) Looking at the resident overall evaluation again, we can see that there was one person who ranked the program as 'very negative' and one who found it to be 'somewhat negative'. It might be tempting to shrug and think "well, you can't please everyone". But those are people. They represent two of our friends and our colleagues who we care for deeply. They are telling us that they had an overall negative experience this past year. I don't want that for any one of you, ever. As challenging as it may be, my goal is that no one leave here after three years feeling this way.
- 2) Of the 43 questions, there were 38 in which we also exceeded the national average. This is excellent and worth celebrating! But that means there were 5 in which we were below the national average. Not by much in each case, but it's clear that we could do better. The questions we were below average in included such important measures as adequate time to interact with patients (78% in our program versus 84% nationally); interprofessional and teamwork skills modeled and taught (69% versus 72%); instruction on minimizing the effects of sleep deprivation (66% versus 79%).
- 3) The remaining two questions which we were below average are of incredible importance to me. When asked if a resident had "personally experienced abuse, harassment, mistreatment,

discrimination, or coercion” only 86% of our residents could answer that they did not as compared to 90% nationally. Similarly, when our residents were asked if they had “witnessed abuse, harassment, mistreatment, discrimination, or coercion”, only 82% of our residents could say that this was not their dominant experience, compared to 89% nationally. More important than averages, this means that 14% of our trainees experienced these things and 18% witnessed others experiencing them in the past year. Both numbers are worse than last year. My hope is that some of this increase is the result of us shining such a bright light on microaggressions and mistreatment this past year through our working group, the ongoing microaggression reporting and feedback, and our quarterly townhalls – like a QI project that appears to get worse before it gets better. But I also know that we shined that light for a reason, and I see that reason in these numbers. Like #1 above, I will be satisfied when no one leaves our program experiencing or witnessing abuse and harassment in the workplace.

Thank you all for making this survey such a success. More importantly, thank you for making this program a success. Let’s celebrate these results as we work to make them even better in the year to come.

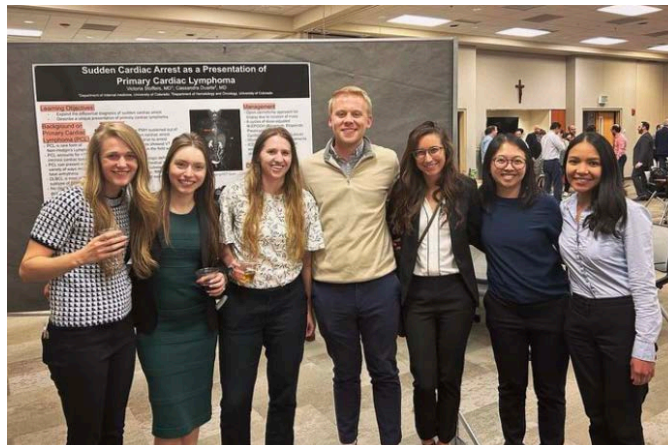
Geoff

!! News & Updates

Resident Shout-Out

We had several residents attend and present at the CO Resident/Fellow American College of Physicians meeting on May 17th. There were 2 residents in our program who were announced as winners – please join us in congratulating them!

- Jayce Pangilinan – 2nd place for Oral Presentation
- Maddie Hibshman – 3rd place for Poster Presentation



Official House Names



The names of our Residency Houses are here! As written in the announcement from the chiefs, “these names were thoughtfully selected to honor physicians who have represented and advocated for underrepresented groups in medicine and society. We have been so excited to see the traditions already born out of the houses this year. We hope that in naming the houses, we can promote advocacy and equity in the CUIMRP and continue to grow our spirit of service...[Read More](#)”

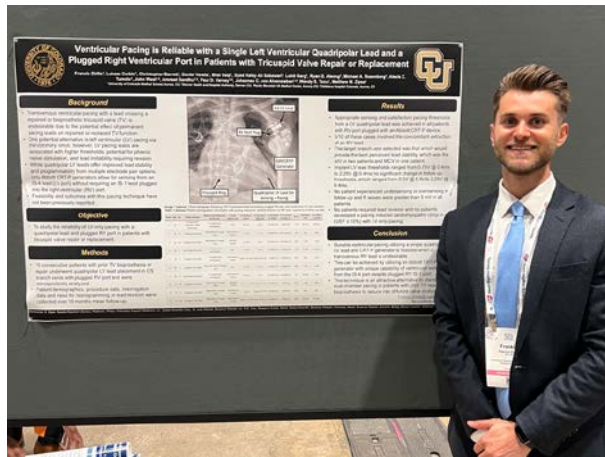
Welcome **House Ford**, **House Blackwood**, **House Avery**, and **House Picotte**!

The winners of this years' House Cup will be announced at Trivia Bowl!

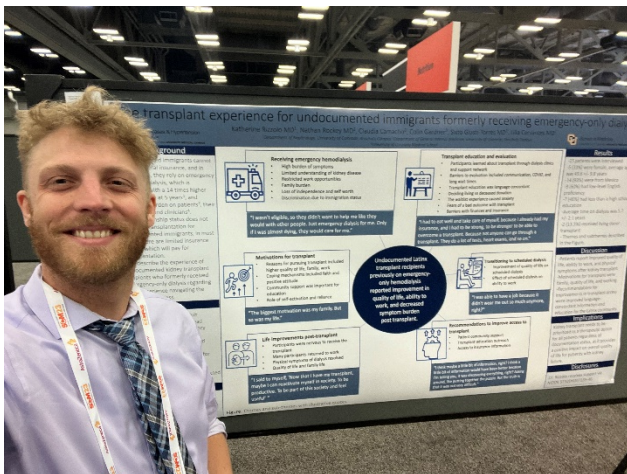
Spotlight on Scholarship

Publications & Presentations

- **Cara Saxon** had a [case report](#) published in *the European Heart Journal*. “Tamponade-Mediated Generalized Coronary Vasospasm Presenting as an Inferior ST-Segment Elevation Myocardial Infarction: A Case Report”.
- **Francis Wright** had a first author publication accepted in *The Oncologist*, “Evaluating Survival after Hospitalization due to Immune-Related Adverse Events from Checkpoint Inhibitors”.
- **August Longino** had his original research, “Prospective Validation of the Venous Excess Ultrasound “(VExUS)” Score” accepted for publication in *Critical Care*.
- **August Longino** will present his original research, “Prospective Validation of the Venous Excess Ultrasound “(VExUS)” Score” at *The American Thoracic Society* international conference in Washington D.C. as well as several other posters.
- **Sarah Gorvetzian** will present a case at the Great Cases session of the American Thoracic Society international conference in Washington D.C.
- **Frankie Zirille** presented a poster at the *Heart Rhythm Society* in New Orleans entitled, “Ventricular Pacing is Reliable with a Single Left Ventricular Quadripolar Lead and a Plugged Right Ventricular Port in Patients with Tricuspid Valve Repair or Replacement”.



- Several of our Primary Care residents presented their work recently:
 - **Nathan Rockey** presenting at the National Kidney Foundation Conference in Austin, Texas
 - **Anna Buehler** presenting at the American Medical Society for Sports Medicine in Phoenix, Arizona
 - **Yaa Asare** and **Natalie deQuillfeldt** teaching their TeachIM curriculum on Medical Abortion at Denver Health Clinic Didactics



- Many of our Primary Care faculty, residents, chiefs and alumni attended The Society of General Internal Meeting in Aurora, Colorado.



Do you have a paper, presentation, award, or other scholarship to highlight in a future newsletter? Email your submission to elle.contreras@cuanschutz.edu

Education Corner

Upcoming Lectures & Education

WES:

Last block of the year!

R1s:

You all will be doing the second health equity core session, heme-onc flipped classroom session with Yunan, Refugee Health, Anxiety/Depression, Intro to Global Health, and have time to work on your POCUS portfolio.

R2s/R3s:

To round out the year, you will have a track session, pathway session, a more than medicine transitions session, somatization disorders, and have time for independent study.

Senior Grand Rounds:

- Friday, May 26: August Longino presents his original research on "Venous Excess Ultrasound: VExUS."

DOM Grand Rounds:

- Wednesday, May 31: 7th Annual DOM Shark Tank Competition
- Wednesday, June 7: Dr. Anjeli Kalra presents 'The important of Penicillin Allergy De-Labeling'
- Wednesday, June 14: Dr. Clyde Yancy from Northwestern University presents the Blount Lecture

Academic & Fellowship Opportunities

Featured Opportunities

[Tyra Fainstad](#) announces an exciting, new GIM Fellowship opportunity for the **academic year of 2024-25**: [GIM Clinician Educator Fellowship](#) (click to see the description and application).

This is a non-accredited fellowship hosted at Lowry Internal Medicine, and is intended to be a “launch-pad” for those interested in **academic primary care** OR an **ambulatory based specialty**. The not-so-hidden curriculum is to eliminate the unnecessary suffering and confusion of early facultyhood. We want to create a space where you can explore, play, make mistakes, try on a niche or two, and figure out how you feel like your best-self in clinic.

A few highlights:

- Starting salary is 115K for the 1 year position that is 50% clinical and 50% protected time for med-ed/scholarly (to your degree of interest)
- Within the clinical FTE, you have 3 half days per week of your own clinic and 1 half day per week attending resident clinic (with an option to take on an LIC student in your clinic).
- Flexible curriculum to fit your needs (can tailor to clinical and educational interests)
- Teaching forward. (*it's kind of like a chief year, but no programmatic admin responsibilities and more direct teaching/clinical time at Lowry*).
- There is an opportunity for scholarship and/or admin leadership, but this is kept purposefully vague
- Intentional direct mentorship opportunities

It's open to all IMRP residents at CU (current R2s would match the schedule, but open to early faculty or other paths as well), so feel free to spread the word.

TIMELINE:

- Application is currently live, we will likely review applicants over the summer and interview in the early fall
- Aiming to have a decision before you'd need to decide on other positions (i.e. will do our best not to delay other career plans)

Apply here! <https://cu.taleo.net/careersection/2/jobdetail.ftl?job=29717&lang=en>

Learn more about the [latest academic and fellowship opportunities](#).

Dates & Deadlines

- **June 1st**: 22-23 Scholarly Activity for ACGME due. Please see the email from Jennifer with the survey link.
- **June 2nd**:

- Departing resident survey due – check your inbox for an email from Elle with the survey if you are exiting the program in June.
- End-of-Year award nominations due – [submit your nominations HERE](#).
- **June 15th**: Updated MedHub procedure logs for ALL procedures due
- **June 22nd**: B Block patient evaluations due
- **June 23rd**: the next and last POCUS portfolio deadline
- **Sometime in June**: an invite will come for the skills assessment on July 26th and August 2nd. This will be a chance to showcase your image acquisition, interpretation, and clinical integration skills.

Refer to the [Residency Roadmap](#) for key program dates and deadlines.

Job Board

- St. John Associates is actively recruiting for 2 positions – one in **North Carolina** and the other in **Wisconsin!**
 - This outpatient only, Internal Medicine Job is located just 30 minutes outside of Durham, North Carolina. The position operates under standard clinic hours with an anticipated daily patient volume of 20-25 patients.
 - Have you always wanted to live in a top Wisconsin college town? Then look no further! There are open positions for outpatient only practice and hospital-based practice in Wisconsin.
 - For more information about either, reach out to [Drew Bratton](#) or [Cooper Bybee](#).
- **Massachusetts General Hospital** is looking for Internal Medicine physicians to come join their Primary Care teams! They are offering state-of-the-art technology, excellent compensation, and comprehensive benefits. Reach out to [Steve Pearlstein](#) if interested!
- Is **California** calling your name? Then you're in luck! There are several open Internal Medicine physician positions available throughout the state of California. Check out each of them posted on our program [Job Board](#).

Learn more about the [latest job opportunities](#).

Take Five

Join us in wishing these residents a happy birthday in June!

June 1: Anna Way

June 2: Ian Lawrence

June 4: Emily Lowe

June 6: Ryan Kvinta

June 7: Maddie Hibshman

June 18: Jess Allen

June 19: Katie Zimmerman

June 20: Molly McCallum, Liz Stein

June 24: Oliver Bawmann

Residency Social Events

In April, we all got together for our Residency Spring Fling events to celebrate all of your accomplishments and hard work over the past year. It was great to reconvene after a hard winter for some fun comradery!



The Women+ in Internal Medicine (WIIM+) group got together in April at La Rumba for Ladies Night and Salsa Lessons!



End-of-Year Events

- June 2nd: R1 to R2 Transition Day
- June 6th: Trivia Bowl from 7-10pm at Wynkoop Brewery
- June 11th: R3 Graduation
- June 12th: Housestaff Photo at 8am
- June 15th: New Intern Welcome Picnic

Follow the Internal Medicine Residency Program on [Instagram](#) for more updates!

Program Feedback

Curriculum Committee: We reviewed the renal clinical thread this month with education leaders from the renal division. They have been working to update the renal elective educational offerings; this effort is led by Dr. Manny Urra, renal fellow extraordinaire and former chief resident, and Dr. Sarah Young. It looks amazing – highly recommend this elective! We will also be expanding renal WES content next AY and working to have more renal fellows and attendings at noon conference, particularly at the University since there are already renal specific conferences at DH and the VA.

RPEC:

- Look for RPEC end of the year summary in next month's newsletter!
- A block interns had their first RPEC of the year in May to go over the POCUS longitudinal curriculum. B block interns will review this in June
- R2s/R3s are doing a residency SWOT analysis with Dr. Suddarth, results will be shared in next month's newsletter
- Quick hitter updates from our most recent RPECs:
- **Microaggressions/harassment update and program response:** we are working on a consistent follow up process, addressing some of the other areas that were brought up in discussion, and will have debriefing time in WES moving forward next year
- **Communication:** Working on re-launching social media including instagram and twitter (@medicinecu), consistently using platforms, repetition, and closing the loop with you all on feedback we hear. To close the loop, we will use the newsletter, HSM, and when appropriate, a separate email.

Anonymous Reporting: Thank you all for using the [anonymous reporting link](#) on our webpage. For those who have not used this feature, you can [click here](#) to report anything at all to the program. We welcome and encourage and prefer direct feedback to the chiefs, to your class leaders, and our program leadership...but we know that sometimes none of that feels right and you would like to stay completely anonymous but still need us to know about something that has occurred. We get it. Issues reported here go directly to Dr. Connors and are completely unidentifiable. In an effort to close the loop on these reports – as best as we can do without knowing the reporter and while respecting privacy – we will use this section each month to let you know what is happening with anonymously reported issues.

Reports: Thank you to everyone who has continued to submit reports of microaggressions and/or harassment. We had over 30 reports in the second half of the year so far. The reports continue to come from all our hospital sites (13 from University, 11 from Denver Health, 10 from the VA and 1 from Rose). The main sources continue to be from our "target" areas where we continue to focus our efforts. At the University, we continue to have the most feedback from attending to resident interactions. At Denver Health, the main source has been nurse to resident. At the VA it has been predominantly patient to resident, although with an increase in reports regarding interactions with VA staff. We will continue our efforts to make these never events and appreciate your continued feedback on this process.



Resources & Assistance

We know that residency can be a challenging experience. If you need any help for yourself or someone else in the program, please use the following links and contacts. If there is something you want the program to know and/or act on in an anonymous fashion, there are several ways to do that as well...check them out below.

Mental Health Resources:

Need urgent mental health care?

For urgent mental health concerns after-hours, on weekends, or on holidays: call 303-370-9127 for the on-call psychiatry attending.

For urgent concerns during weekdays:

- Call 303-724-4716 and inquire about same-day appointment availability at the resident mental health clinic or email triage counselor, Mandy Doria, LPC at amanda.doria@cuanschutz.edu.
- If you are having problems getting a same day appointment, contact Dr. Rachel Davis directly at 303-724-8244 or rachel.davis@cuanschutz.edu.

Resident Mental Health Clinic (also helps students and fellows)

Routine appointments:

- Call 303-724-4716 or e-mail smhservice@ucdenver.edu

Non-emergent appointments are available:

- Monday through Wednesday (8:00 am – 8:00 pm)
- Thursday and Friday (8:00 am – 5:00 pm)

Where: Department of Psychiatry at the University of Colorado Anschutz Medical Campus, Fitzsimons Building (Building 500), 13001 E 17th Place, 2nd Floor, East Wing; however, all visits are currently virtual.

If you are looking for a MH provider outside of our Resident/Student MH clinic, try cross-referencing your Anthem Provider list on www.headway.com to find a provider that feels like the best fit for you.

Need help? This resource will help you to connect you to the kind of help you need in the time frame in which you need it. [Find help now.](#)

Looking for wellness and mindfulness resources? [Check out these free wellness apps and campus resources.](#)

Confidential Resources:

As a reminder, on the main page of the [residency heartbeat website](#), there is an [anonymous reporting portal](#).

[Confidential Resident Liaisons:](#)

Erin Bammann (R1)

Ellie Krienke (R1)

Francis Wright (R1)

Nicole Rueb (R1)
Roger Winters (R1)
Sarah Beilke (R2)
Connor Enright (R2)
Elizabeth Esselman (R2)
Ally Fuher (R2)
Andrew Pham (R2)
Oliver Bawmann (R3)
Megan Calzia (R3)
Priscilla Collier (R3)
Alana Freifeld (R3)
Lila Steinberg (R3)

Confidential Faculty Liaisons:

Vishnu Kulasekaran (DH)
Rita Lee (UCH)
Jeremy Long (DH)
Rachel Swigris (Lowry)
Caitlin Winget (VA)

Do you have an announcement, accomplishment, photo, reflection, or other content to include in an upcoming newsletter? Email your submissions to elle.contreras@cuanschutz.edu.

Do you know someone who would like to receive these updates? Have them added to the [distribution list](#).