



The Beeson Beat

THE GRADUATION ISSUE

Inside this issue:

FAREWELL GRADUATES	1
FAREWELL FROM THE CHIEFS	2
REMINISCENCES CHOOSING WISELY	3
BEESON MYSTIQUE	4
GRADUATE JOURNEYS	6
GRADUATE JOURNEYS, CONT.	7
2014 AWARD WINNERS	8

Farewell Graduates

Mark Siegel

The time has come to say good-bye. Just three years ago, in another June, we welcomed you into our family—new medical school graduates, your families' pride and joy, shimmering with potential. We were thrilled to meet you, and now, with a mix of sadness and joy, we must let you go.

You have the distinction of being Dr. Kapadia's last intern class. And as Cyrus did consistently for many years, he chose magnificently. You are beyond brilliant and, more importantly, you are among the kindest and most dedicated physicians I know.

During your internship, when Dr. Kapadia stepped aside in the fall of 2011, you adopted me as your new Program Director. Thank you for showing faith in me as I struggled to fill his shoes. The truth is that during that first year I had no idea how run a residency program. But we survived—and thrived—because of Drs. Huot and Fisher, four seasoned Program Directors, my Chief Residents, and because of you.

You've transformed our residency during your time here, so much so that we can proudly report today that we have become a "residents' residency." During your

three years, you've created our governing body, the Executive Council; started a residency newspaper, *The Beeson Beat*; and led countless committees dedicated to coaching, mentoring, note writing, information technology, quality and safety, and our curriculum. On your own, you've given birth to more journal clubs than I can count. Along the way, we've transitioned to an immersion block system, and you've responded by creating your own mini-medical teams and mini-societies—true, intimate communities within the larger universe of our program.

As emerging investigators, you've presented and won awards at professional meetings throughout the country. More and more, your research appears in our finest journals. Look around you. In a few short years, you and your colleagues will write the landmark articles that future Yale residents will quote from memory. And with that in mind, I can picture myself at some future morning report, proudly telling my residents that I knew you back then—that you were once—and will always remain—one of ours.

You are extraordinary teachers: on rounds, in conferences, and in the countless hours you've devoted to your students, interns, and attendings. Your three years at Yale will be remembered as a teaching renaissance. Your legacy will live on in the phenomenal inpatient curriculum you created, in our thriving resident-as-teacher group, and in our treasure trove of case vignettes and physical examination videos. As teachers, you've inspired an explosion in the number of Yale students entering Internal Medicine, nearly quadrupling the total during your residency.

Most importantly, you graduate tonight as gifted clinicians. Your medical knowledge, diagnostic acumen, judgment and compassion inspire me beyond words. Your attention to detail, your commitment to excellence, and your kindness and warmth have saved many lives and comforted countless patients and families, and you will continue to do so for many years to come. Every moment of every day, you provide magnificent care, inspire hope, and renew our faith in our profession.

Continued on Page 2

Siegel, continued from page 1

You are entering medicine in a period of great uncertainty, but also a time of enormous excitement. During your careers, you will witness the emergence of personalized therapies and technologies that we can't even imagine today. In just a few years, I suspect many or most of you will carry portable ultrasounds in your lab coat pockets, and your students will shake their heads in amazement when you tell them it wasn't always that way.

But no matter how much medicine evolves, your core mission and your role as physicians will stay the same. It is an exceptional privilege but, equally so, an extraordinary responsibility to graduate from this residency program. Wherever you go and whatever you do, you will make your mark. You will discover novel treatments, mentor and inspire students, and, most importantly, place the well-being of your patients before all other considerations.

As Yale residents, your work has lifted us all. The time has come to set you loose upon the world. May you always cherish the gift of this wonderful career, make extraordinary use of your talents and skills, and always remember to stay in touch with your Yale family.

Congratulations. **B**



Farewell from the Chiefs

As this academic year comes to a close and we reflect upon our experiences over the course of the year, we are so thankful for the opportunity to have been your chief residents. Every day in our program, our interns and residents are doing truly exceptional things.

From excellent patient care at the bedside, to effective teaching on rounds, to the many research presentations at national meetings that you've had, to the many committees that you serve on, you are constantly showing us how amazingly talented and extraordinary you are. It has been an honor to have been able to participate in your growth and development over the past year.

We would especially like to thank you for your patience over the course of the year. This year, together we implemented the ambulatory block structure, weathered weekly major winter storms, created several resident-driven committees to improve the program and the hospital, recruited a top notch intern class for next year, and we did this all while integrating the SRC campus into the mix for the first time and staffing four different hospitals. We extend a very special thank you to all of the preliminary interns for your incredible patience and perseverance as we worked through the SRC integration.

We are continuously inspired by your drive, your innovations, your creativity, and most importantly, your care for each other. You have given each one of us so much more than we could have hoped to have given to you. Continue to be the amazing physicians that you are, and never stop striving to be extraordinary. Thank you for a phenomenal year!

Sumair Akhtar
Paul Fiorilli
Varun Kumar
Alia Rehwinkel
Wagahta Semere

What I Miss Most... about being a Yale medicine resident

Selected reminiscences from our faculty

“The saltines and prune juice in the snack room.”
—Susan Kashaf

“I miss my post-call drink of chocolate Boost and coffee to make it through rounds on no sleep.”
—Jeffrey Kravetz

“I miss being able to say, “I don’t know, let me check with my attending first.”
—Rob Fogerty

“The camaraderie at 3am in the Fred Sachs library with your co-residents trying to learn all you could (from actual textbooks) about a sick patient before the group of you had to face the chiefs in morning report and defend your decisions of the night before.

The control of the 2200 beeper and the index card that went with it.

... and fighting with Susan Kashaf for the last chocolate Boost in the MICU supply room. Otherwise, it was Nepro for dinner.”
—Ursula Brewster

“I miss Dr. Kashaf.”
—Lynn Fiellin

“I miss Friday nights at the local watering holes with my comrades after a hard week on the wards. I also miss the spring and summer afternoon softball games for the not-so-talented Beeson Bombers.”
—Peter Marshall

“All of my fellow residents who were brilliant, funny, hardworking and kind. I also miss the Haldol Café at the VA (where the blind rehab students, psych inpatients and housestaff would have breakfast together on post call days—it was truly surreal).
—Seonaid Hay

“Walking down the empty VA hallways late at night, a belt full of pagers, finally feeling like, ‘I got this.’”
—Chris Sankey



Hospital Medicine

Chris Sankey

The Choosing Wisely® campaign, an initiative of the *ABIM Foundation*, “aims to promote conversations between physicians and patients by helping patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.”

It was a good day when I came across the Choosing Wisely list for adult hospital medicine, issued by the Society of Hospital Medicine – a validation to what I had been preaching to medical trainees for years. No longer an anecdotal collection of “Sankey’s pet peeves,” these caveats pick off some of the lowest hanging fruit in the orchard of the unnecessary, expensive, and potentially harmful interventions for hospitalized adults. Created by the Society of Hospital Medicine, this list was whittled down from an initial list of 150 submissions to the 5 that follow:

Don’t place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients.

Acceptable indications for urinary catheter placement include critical illness, obstruction, hospice, and perioperative management for <2 days surrounding urologic procedures. Daily weights are encouraged as an alternative means to monitor diuresis. “Aggressively diuresing a patient without a Foley is just mean” I once heard someone say. *What?* And nice doctors give them CAUTI’s?

Yale-New Haven Hospital has recently implemented a nurse-driven protocol for removal of indwelling catheters that everyone should be familiar with. Special considerations, such as what defines “critical illness” as well as the appropriateness of urinary diversion in advanced pressure ulcers, are not mentioned and should be addressed individually.

Continued on page 5

The Beeson Mystique

Beth Heuzey

As our third years graduate, an alumnus reflects on the former Chair of Internal Medicine fifty years after his intern year

The Iron Terns are Dr. Beeson's last group of interns. They met with Dr. Beeson every five years to update him on their lives, and they recently met for their 50th reunion. Of the fifteen Iron Terns, eleven became Professors of Medicine, and some became Deans and Department Chairs. Here I paraphrase my interview with Dr. John Forrest, Jr., Professor of Medicine, Chairman of the Thesis Committee of Yale Medical School, and Program Director for TL1, which funds clinical research training for medical, nursing, and biomedical engineering students.

Why did you call yourselves the "Iron Terns?"

That phrase was on our softball jerseys. We played at Dr. Beeson's house.

What do you remember most about Dr. Beeson?

There was a "Beeson mystique." I've often wondered why it existed. Probably what struck me the most was that everybody felt a personal connection to him. No one wanted to let him down. One day, I saw him in the bookstore, and I felt incredibly guilty that I was not in the hospital. I never questioned what he was doing in the bookstore!

He combined a rare humility with an iron, steel-like will of excellence. When he spoke, people listened. People didn't want to be seen as wanting in his eyes.

He left Yale when he felt the Department of Medicine had become too large, and he went to Oxford to become a Nuffield Professor. He was eventually knighted. His biographer, Richard Rappaport, had entitled his book *The Last Great Physician*, but Dr. Beeson had him change the title.

What was your best memory about Dr. Beeson?

I had a wonderful interview for residency with him. He interviewed each applicant personally. We talked about ethics in the early days of organ transplantation.

But perhaps my best memory was one that showed his humility. He used to come over to the Memorial Unit—the private side of the hospital—every Friday. He would be presented one or two patients. One day, a young man was presented to him who had high fevers and negative blood cultures. There was a question about bacterial endocarditis, but there was a lot of purity about the use of antibiotics in those days. Dr. Beeson listed the reasons why he didn't think he the man should have antibiotics. He commented that he would be "devastated" if the man had bacterial endocarditis. The young man eventually died. I went to the

autopsy with Dr. Beeson, and his first words were, "I am devastated. I made a mistake."

What lessons did you learn from Dr. Beeson?

Always pull up a chair at the patient's bedside and listen to his or her story. Do not stand as a tall person looking down.

Let the person tell you his or her story, even if it had been told many times previously.

Listen to patients so that you may engender trustful relationships, and sometimes even friendships. **B**



The Iron Terns' 50th Reunion



Dr. Forrest recounting tales of residency

Choosing Wisely, Sankey, page 3

Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.

I cringe when I see the intern note that lists “GI” next to “DVT” in the prophylaxis section that usually concludes a form-written (and oft-copy-forwarded) progress note. Clearly the crux of this admonition is the interpretation of who is truly at high risk for stress ulcers.

Suffice it to say that the number of patients who fall into the ‘high-risk’ category is quite small and they do not occupy beds outside of the ICU. Though not explicitly mentioned, the agent used when prophylaxis is indicated should be an H2 blocker rather than a PPI in the absence of a specific contraindication.

Also of note: While this does not specifically address the issue of prophylaxis for nosocomial upper gastrointestinal bleeding, those of you who reflexively prescribe PPIs in this clinical scenario should also rethink this practice as well.

Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.

The data on blood transfusions has blossomed in recent years. In many diverse clinical scenarios – including critical illness, acute GI blood loss, and others – transfusion frequently demonstrates a lack of benefit, and also the potential for harm. Restrictive transfusion strategies have recently been associated with fewer nosocomial infections.

The area in which data remain conflicting is in patients who are experiencing acute myocardial ischemia; though a recent study has suggested a potential increase in in-hospital cardiac events for transfusion in patients undergoing PCI, further follow-up data regarding transfusion in acute ischemia should be forthcoming.

Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.

The fallacy that patients on telemetry are somehow “more closely monitored” endures for reasons that are not clear to me. I continue to find patients on telemetry who are admitted for non-cardiac indications (asthma, pneumonia, urinary infections, and many others); additionally, those with low-risk cardiac diagnoses (stable atrial fibrillation, low-risk ROMI, stable exacerbations of CHF) are commonly monitored by telemetry as well.

Inappropriate telemetry usage is more than initiation for inadequate indications – also prevalent is failure to discontinue in a timely manner, as very few patients outside of the ICU or off of the cardiology ward require telemetry for > 24 hours.

Minimizing telemetry use has a range of benefits from the patient level (delirium, others) to the system level (improved throughput and decreased ER waiting times).

Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

The justifications for this suggestion are limitless. Patients don't like being stuck. Laboratory testing represents a significant cost (~\$25 million annually) for Yale-New Haven Hospital. Erroneous or insufficient results yield repeat testing, with more sticks and more cost. Local forces are at work to assist us in the endeavor of minimizing unnecessary lab testing.

As of April 2014, you have been able to view the financial impact of various laboratory tests in Epic.

A collaborative against unnecessary laboratory ordering has been organized, entitled Physicians for Responsible Ordering (<https://sites.google.com/site/prophysicians/home>); Yale-New Haven Hospital is likely to become a member of this collaborative in coming months.

This is an important list. I advocate that we, as a training program, wholeheartedly adopt these suggestions in an effort to curb unnecessary and potentially harmful interventions. See you on the wards; gone will be the list of “Sankey's pet peeves,” replaced by the hospital medicine Choosing Wisely list. **B**

OH, THE PLACES YOU'LL GO

Jeffrey Adler	Gastroenterology Fellowship	Dartmouth Hitchcock Medical Center
Sumair Akhtar	Academic Hospitalist	Yale University School of Medicine
Nicholas Arger	Pulmonary & Critical Care Fellowship	University of California, San Francisco
Elisabeth Baker	Pulmonary & Critical Care Fellowship	University of Pittsburgh Medical Center
Marguerite Balasta	Chief Resident	Yale University School of Medicine
Trevor Bledsoe	Radiation Oncology Residency	Yale University School of Medicine
Kawai Cheung	Private Practice	Kaiser Permanente, Santa Rosa, CA
Michael Chiorazzi	Hematology/Oncology Fellowship	Yale University School of Medicine
Moulin Chokshi	Hospitalist	Yale University School of Medicine
Bennett Cua	Cardiology Fellowship	Yale University School of Medicine
William Damsky	Dermatology Residency	Yale University School of Medicine
Rachel David	Chief Resident	Yale University School of Medicine
Claudiu Diaconu	Neurology Residency	New York Presbyterian/Columbia
Aletheia Donahue	Occupational Medicine Fellowship	Icahn School of Medicine, Mt. Sinai
Sara Dudley	Radiation Oncology Residency	Stanford University Medical Center
Victoria Ebiana	Neurology Residency	University of California, Los Angeles
Anna Evans	Gastroenterology Fellowship	New York Presbyterian/Columbia
Ghideon Ezaz	Hospitalist	Beth Israel Deaconess Medical Center
Paul Fiorilli	Cardiology Fellowship	University of Pennsylvania
Silpa Gadiraju	Endocrinology Fellowship	Johns Hopkins University School of Medicine
James Higham-Kessler	Gastroenterology Fellowship	University of Colorado School of Medicine
Ryan Houk	Cardiology Fellowship	Ochsner Clinic, New Orleans
Peter Jackson	Pulmonary & Critical Care Fellowship	Oregon Health Sciences University
Brenda Juan Guardela	Pulmonary & Critical Care Fellowship	Yale University School of Medicine
Ali Keramati	Cardiology Fellowship	Yale University School of Medicine
Varun Kumar	Gastroenterology Fellowship	Yale University School of Medicine
Saien Lai	Neurology Residency	Yale University School of Medicine
Vincent Lau	Neurology Residency	Yale University School of Medicine
Janet Li	Dermatology Residency	University of Texas, Houston
Fuad Makkouk	Ophthalmology Residency	University of Texas Medical Branch, Galveston
Steven Maron	Hematology/Oncology Fellowship	University of Chicago
Kristen Marrone	Hematology/Oncology Fellowship	Johns Hopkins University School of Medicine

OH, THE PLACES YOU'LL GO

Olga Martins	Anesthesiology Residency	NYU Langone Medical Center
John McGinniss	Chief Resident	Yale University School of Medicine
Michael McLeod	Dermatology Residency	University of California, Irvine
Sameer Nagpal	Chief Resident	Yale University School of Medicine
Reshma Narula	Neurology Residency	Yale University School of Medicine
Julius Oatts	Ophthalmology Residency	University of California, San Francisco
Charles Odonkor	Physical Med & Rehabilitation Residency	Johns Hopkins University School of Medicine
Vatsal Patel	Diagnostic Radiology Residency	Yale University School of Medicine
Ana Perdigoto	Endocrinology Fellowship	Yale University School of Medicine
Zachary Porterfield	Infectious Diseases Fellowship	Yale University School of Medicine
Alia Rehwinkel	District Clinical Advisor	Partners in Health, Rwanda
Shelly Rivas	Dermatology Residency	North Shore—LJ
Wagahta Semere	RWJ Clinical Scholars Program	Yale University School of Medicine
Chirag Shah	Cardiology Fellowship	Yale University School of Medicine
Dhvani Shah	Gastroenterology Fellowship	Albert Einstein College of Medicine
Radhika Shah	Pulmonary & Critical Care Fellowship	University of Maryland Medical Center
Ruchit Shah	Cardiology Fellowship	Medical College of Georgia
Christine Shaver	Dermatology Residency	Drexel University College of Medicine
Morgan Soffler	Chief Resident	Yale University School of Medicine
Andrezza Souza	Neurology Residency	University of Southern California
Uyen Kim To	Gastroenterology Residency	Yale University School of Medicine
Andrea Uradu	Cardiology Fellowship	Indiana University School of Medicine
Andrae Vandross	Hematology/Oncology Fellowship	University of California, Los Angeles
Jordan VanLare	Medical Consultant	McKinsey & Company
Ephraim Weiss	Cardiology Fellowship	NYU Langone Medical Center
Bing Xia	Hematology/Oncology Fellowship	Yale University School of Medicine
Howa Yeung	Dermatology Residency	Emory University School of Medicine

2014 Award winners

Stephen Shell Award *for possessing an uncompromising commitment to Internal Medicine and to the best interest of patients*

Morgan Soffler
Kristen Marrone

Fred Sachs Award: *Elected by your peers as possessing those attributes of the heart and mind that best exemplify the dedication to learning and empathy toward patients that were the hallmarks of the career of Dr. Frederick Sacks*

Morgan Soffler
Kim To

Fellow of the Year: Grant Bailey

YNNH Teacher of the Year: Christopher Sankey

VA Teacher of the Year: John Chang

Samuel Kushlan Award for Clinical Excellence, PGY1:
Samantha Gelfand

Samuel Kushlan Award for Clinical Excellence, PGY2:
Aaron Soufer



The Beeson Beat Staff

Editors-in-Chief

Radhika Shah
Beth Heuzey

Editors

Sam Gelfand
Anne Mainardi
Kristen Marrone
Austin Robinson
Radhika Shah
Krishna Sury

Staff Writers

Karl Langberg
Armand Russo

Layout

Debbie Doroshow
Anne Mainardi
Austin Robinson

Faculty Advisor

Christopher Sankey

Think we missed something?

**Like to try your hand at a
contribution?**

**Send comments
suggestions
and submissions**

To

yaleIMnewsletter@gmail.com

