



# The Duke Medicine-Pediatrics Newsletter

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## Happy 25th Anniversary Duke Med-Peds!



Image courtesy of Duke Medicine News & Communications

The Duke combined Internal Medicine and Pediatrics Residency Program was started in 1986, making this the 25<sup>th</sup> Anniversary of Duke Med-Peds. We wanted to highlight some of the changes at Duke over the years in this issue.

The creation of the Duke Med-Peds Residency Program was led by Dr. Ralph Corey in the Department of Medicine and Dr. Laura Gutman in the Department of Pediatrics. Dr. Thomas Kinney and Dr. Deborah Kredich followed Dr. Gutman from the Department of Pediatrics. In 2002, the program leadership was transitioned to Drs. Thomas Owens and Suzanne Woods. Currently, Dr. Suzanne Woods serves as Program Director and Dr. Jane Trinh as Associate Program Director.

Initially, as with all Med-Peds residency programs in the country, the Duke Med-Peds Residency Program was supported through the parent residency programs. However, in 2006, the Accreditation Council for Graduate Medical Education (ACGME) supported accreditation of combined Med-Peds residency programs as their own specialty. The Duke Med-Peds Residency Program received its own accreditation in 2006, and successfully completed the first site visit by the ACGME in August of 2008, receiving a five-year re-

view cycle – the longest permitted for a given residency program.

The core training curriculum for Med-Peds at Duke has remained similar over the years. The ACGME sets forth the major requirements which include the core rotations of the categorical medicine and pediatric programs. At Duke, the residents rotate at three month intervals (starting about 1995) between internal medicine and pediatrics; intern year (MP1) is 12 months long. The 2<sup>nd</sup> and 3<sup>rd</sup> years are the JAR years (MP2 and MP3) and the 4<sup>th</sup> year is the SAR year (MP4).

So, what are the rotations for the residents now? The residents still do the CCU as MP1 and MP3's, MICU as MP2's, ICN as MP1 and MP2's, and PICU as MP3's. CAD is a similar machine as before. 9100 continues to serve as a home base for the "liquid tumor" patients, while 9300 is the "solid tumor" base – both of which remain intern-based services.

General medicine leadership at



Duke Hospital and Children's Health Center, 2011  
Image courtesy of Duke University Medical Center Archives

Duke is mainly on the 8<sup>th</sup> floor, with the educational leadership offices and the wall of Chief Residents' photos, but the patients can be found on all the other floors of the hospital. VA general medicine, of course, and the ACC/VA ED are still key parts of the educational experience. Pizza Rounds on Medicine still occur on Friday nights (Dr. Greenfield was one of the last Chair's to attend— he celebrates his 80th birthday this year). Currently, the MP4 residents rotate at DRH for a month on general medicine. For pediatrics, the residents no longer round on the general pediatrics ward (no pediatric wards exist there anymore) or have ED responsibilities

**Continued on page 3**

### Inside this issue:

- Featured Alumni **2**
- Graduate Updates **6**
- New Arrivals **7**
- Congratulations **8**

## Greetings from the Section Chief and Program Director

Twenty five years!! This is a huge milestone for our Duke combined Med-Peds residency program. While much has changed in graduate medical education and at Duke Medical Center in this time, some things are still the same. We still recruit outstanding, motivated and hardworking house staff and celebrate being well integrated in both Departments while maintaining our own identity. This Med-Peds identity has grown in local, regional and national successes. Thanks to everyone who has made our program what it is today!

— Sue Woods, MD



## Perspectives from Duke Med-Peds Alumni in Different Careers

For this issue, we chose to interview a selected group of graduates from a variety of career choices.

### KRISHELLE LEONG, 2007 Neonatology and Palliative Care

What drew me to Duke was that Duke Med-Peds is a well rounded program: strong Internal Medicine, solid Pediatrics, a commitment to Med-Peds specific clinics, a Med-Peds community that became my family.

After residency, I came to San Diego for a Neonatology Fellowship. During my last year of fellowship, my chairman encouraged me to follow my heart/interests. So I enrolled in a Hospice and Palliative Medicine Fellowship immediately afterward. Having my Med-Peds training gave me the experience of having difficult conversations with families (MICU, Adult Heme/Onc) and the passion for Palliative Medicine even in the realm of babies. This July, I started a faculty position at both UCSD Neonatology and San Diego Hospice & Institute of Palliative Medicine (50% time



Krishelle Leong and fiancé Eric Marc-Aurelle

with each). I attend in the NICU for two weeks of the month then I switch over to both Adult and Pediatric Palliative/Hospice care for two weeks a month. Truly a Med-Peds experience.

I feel that the Med-Peds faculty at Duke encouraged me to think broadly regarding my goals and hopes. Going into Neonatology from Med-Peds was unusual and only a handful of doctors had

done that before. They gave me the support and tools to make my own path.

Advice to trainees: Take the broad training as a

very special way to think about and practice medicine. An extra year and the stress of "switching" leads to a flexibility and confidence that builds over time.

### LARRY KELLY, 1997 Private Practice Outpatient Med-Peds

I was an undergrad and med student at Duke so I had lots of exposure to Duke. As Duke's #1 basketball fan, it was really natural for me to have Duke at the top of my list for my residency choice. I really developed an affinity for medicine because of

the challenges of our most puzzling patients. It was fascinating to tag along for the ride with the Ralph Corey's and the Bill Fulkerson's, and to someday hope I could figure out some of those "fascinomas". At the beginning, pediatrics, for me, played second fiddle. As I had the chance to interact, however, more and more, with the attendings in pediatrics, the more I realized the real love I had for pediatrics. More than this, however, was my fortune to have interacted with some real quality senior residents in Med-Peds, who modeled for me the kind of hard-working, dedicated, critical-thinking physician I wanted to become.

I am in private practice in a six member, Med-Peds group in Pawleys Island, SC, doing both internal medicine, and pediatrics, in an outpatient and inpatient setting. I chose this career path because I wanted to use the full breadth of my training, with the huge bonus of being able to walk barefoot in the surf most anytime I want, hurricanes excepted. I really like being "my own

boss." My wife, Meg, and I, are raising our two girls and two boys here in Pawleys Island, and are very happy that we've chosen a career path and location that allows us to spend quality time with our family, and in a place that is safe and conducive to healthy living for our children.

There are so many ways Duke prepared me well for my career. I think my training was top-tier and probably as good as any training program anywhere. Duke also reinforced that, as a physician, you should always ask, "where's the data? There are so many supposed truisms in medicine and health care, that have proven to be false. As I have worked with many other physicians trained all over the world, it is



Larry, Meg, Mary Katherine, Sarah Louise, Wade and Hampton Kelly.

clear that most programs do not encourage and foster this type of critical thinking.

Additionally, a unique experience I had at Duke absolutely changed my life. That was an opportunity to serve a rotation at a missionary hospital in Ken-

- Continued page 5

## The Duke Med-Peds Residency Fund

Supports our current Med-Peds residents in a variety of educational experiences, including participation in research projects, attendance at national meetings, preparation and presentation of scholarly work, global health opportunities and involvement in community outreach programs.

Please consider making a contribution online at [www.dukechildrens.org](http://www.dukechildrens.org) and indicate "Duke Med-Peds Residency Fund" in the comments section or send a check to Duke Children's Development Office, Attn. Duke Med-Peds Residency Fund, 512 S. Mangum Street, Suite 400, Durham, NC 27701.

### MISSING INFORMATION ON GRADUATE:

We are looking for the following graduate:  
**David Seward, 1991**

If you know where he is located, please let us know as we would like to send him our newsletter and updates too!

### Duke Medicine-Pediatrics Program

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## Happy Anniversary (cont).

since 2008 but they rotate in the Special Care Nursery. Our Med-Peds residents still rotate in the adult and pediatric emergency departments during their MP2

and MP3 years of training. The pediatric wards remain on the 5<sup>th</sup> floor of the hospital, with the ICN and PICU, and the OB unit. You would see similar names for some of the

ward teams, such as Howland, Harris, and Davison, though now it also includes the Katz team, which is a general pediatric and specialty service team, as well as the same fish tank to greet you off the elevators (well, at least since 1998). Lincoln, the community health center in downtown Durham, remains a key rotation for medicine and pediatrics. The global health elective (2-3 month experience) remains one of interest to our MP4 residents yearly— thanks to Dr. Corey for establishing this program and allowing our residents to participate from the onset of the Duke Med-Peds Residency Program. We strive to continue the thoughtful approach of Drs. Gutman and Corey to planning the Med-Peds resident schedules to make sure the key rotations are scheduled in a manner that allows them to progress smoothly through their training over the four years.

The most significant physical change is on the Pediatric side as you walk up to the hospital. The Children’s Health Center (CHC) was opened in 2000 which houses the majority of Pediatric subspecialty clinics and Rainbow Day Hospital. No longer do you have to walk to the sub-basement level of the Brown Zone in Duke South to get to

pediatric subspecialty clinics. In addition, the pediatric educational leadership offices moved to the CHC to make room for the creation of the Pediatric Cardiac

Intensive Care Unit, as well as expansion of the ICN (with transitional nurseries) and remodeling of the PICU. There are even some pediatric beds on 7700. 5200 has evolved into the Bone Marrow Transplant Unit from the Adolescent unit.

Further expansions took place in the Emergency Department in 2007, which allowed for 3 adult care areas, a larger pediatric ED (18 versus 6 beds!), a disaster planning area, dedicated CT scanners and stress test room. The Emergency Department leadership is now under emergency medicine physicians, and not split between medicine and surgery. There are three board-certified dedicated pediatric emergency medicine attendings, who staff the Pediatric ED, in-



Duke Hospital Entrance, 2010  
Image courtesy of Duke Medicine News & Communications

cluding a Duke Med-Peds graduate (Jamie Fox, 2003), in addition to the other emergency medicine faculty. Over the last couple of years, the Duke Med-Peds residents also participate in a specific Med-Peds ambulatory rotation, where they rotate at the Durham County health department, podiatry clinic, the adult congenital heart clinic, Dr. Jim Short’s (Duke Med-Peds graduate 1993) private med-peds practice in Roxboro, NC, and a sports medicine clinic.

However, the most striking differences in residency training come up when discussing duty hour regulations that have evolved since the implementation of the initial ACGME poli-

tics in 2003. Early in the residency program history, the call schedules were rigorous, with residents often doing call in the intensive care units every other night to every third night. Calls on the wards were q4 long call since at least 1994. Residents stayed until the work was done the following day. Clinic patients were still scheduled despite being on call overnight. In 2003, the ACGME implemented rules limiting residents to an 80 hour work week and no more than 30 consecutive hours on duty. Adjustments to rotation schedules were made; though, many rotations retained a set overnight call system (i.e. MICU/CCU was still every 3<sup>rd</sup> night, the wards were every 4<sup>th</sup> night in house call, etc). Residents preferred retaining the overnight call system, as compared to the night float trial that took place on Duke Gen Med.

You did not attend clinic post-call, and you were ensured, on average, over a four week time period, one day off per week.

In July 2011, the ACGME implemented a new set of duty hours that limits interns from working more than 16 hours consecutively, and additionally limits residents from working more than 28 hours in a row. There are further rules on how many hours a resident must have off between “shifts.” As a result, significant changes to individual rotation schedules have had to be made on both medicine and pediatrics to allow for compliance with these rules. Almost all of the intern rotations on medicine have switched to weeks of days and then nights. Many of the resident



Children’s Health Center, 2010  
Image courtesy of Duke Medicine News & Communications

schedules have also changed significantly to cover more nights as opposed to >24 hour call days. The intensive care units currently remain on an every 3<sup>rd</sup> night call schedule in medicine. On pediatrics, the majority of the inpatient rotations have switched to day team and night team models. The “perfect” system for each rotation has not been found but each side is working hard to determine what is best to balance patient care, education, and autonomy with patient safety and minimization of handoffs, in the setting of the duty hour regulations.

The Duke Med-Peds resident continuity clinic has also evolved over the last 25 years. Some of you will recall separate medicine and pediatric clinics, supervised by categorical attendings, alternating from week to week from adult to

## Happy Anniversary (cont.)

children. The adult clinics were “MOPC” at Duke South, and the pediatric clinics were located on Hillandale Road until 1994. The clinic moved to 4020 N. Roxboro Street in 1995-1996 but remained as separate medicine and pediatric clinics until 2006. There were combined attendings since 1999 but not for all clinic sessions. The “Med-Peds” clinic now occupies its own half of the building, where adult and pediatric patients are seen together, and is staffed by all board-certified med-peds faculty members. At Roxboro Street, the residents attend continuity clinic generally once per week as interns and usually, twice per week as upper level residents, depending on the clinical rotation. Each clinic session contains 50% adults and 50% pediatric patients. Schedules allow for acute, return, and annual/well child visits for both adults and children.

The Duke Med-Peds clinic is staffed by our Med-Peds Primary Care Section. The Section was created in 2006, under the leadership of Suzanne Woods as Section Chief. The clinic preceptors are Suzanne Woods, Ed Evans, Dan Ostrovsky, Dean Miner, Jane Trinh, and Aimee Chung. In addition, recently we have been fortunate to include former Med-Peds residents who are serving as Pediatric Chief Residents to precept in clinic with us. This year, Kanecia Zimmerman serves in that role. Having all med-peds attendings precept the residents permits residents to learn primary care medicine and pediatrics from combined trained supervisors and provides them with a Med-Peds “home” within the clinic.

Other parts of Duke that have changed over the 25 years are the remodeling of Duke South to become Duke Clinics, and its surrounding buildings. The colored zones are still there to help you find your way but the clinics have been renovated. The School of Medicine remains

based in the Green Zone (“Davison Building”) right now but a new Learning Center is well underway, and is scheduled for completion in 2012. The Bell Building between Duke North and Duke South is no longer standing, and in its place will be the Duke Cancer Institute. The helicopter pad now sits on top of the hospital, and behind the ED is the Hospital Addition for Surgery Building that was completed in 2008, which contains perioperative service support, four operating rooms and family waiting areas. The ED has also been expanded as mentioned previously. The medical center library remains on the walkway between Duke North and Duke South, but the medical center bookstore has moved to Duke South/Duke Clinics. The walkway itself is under renovation and the Duke PRT (personal rapid transit) tram closed in 2008; it had been running at Duke in the late 1970’s. You will also no longer see the coal delivery on the railroad tracks at night between North and South.

Outside of the main campus in Durham, Duke has experienced even more growth in the Triangle – with a presence in Wake County, including Duke Raleigh Hospital (formerly Raleigh Community Hospital) and primary care clinics, and Durham County, including Durham Regional Hospital and primary care clinics. Duke University Healthy System has also expanded to other surrounding counties, Alamance, Person, and Vance Counties to name a few. In addition, Duke has a medical

school in Singapore.

Within the main campus of the Duke Medical Center, several Centers have been created to enhance collaboration among departments within the medical center and beyond. To name a few are the Hubert-Yeargan Center for Global Health, the Duke Global Health Institute, Duke Cancer Institute, Duke



Inside Children’s Health Center, 2010  
Image courtesy of Duke Medicine News & Communications

Heart Center, Duke Institute for Genome Sciences and Policy, and Duke Translational Medicine

Institute.

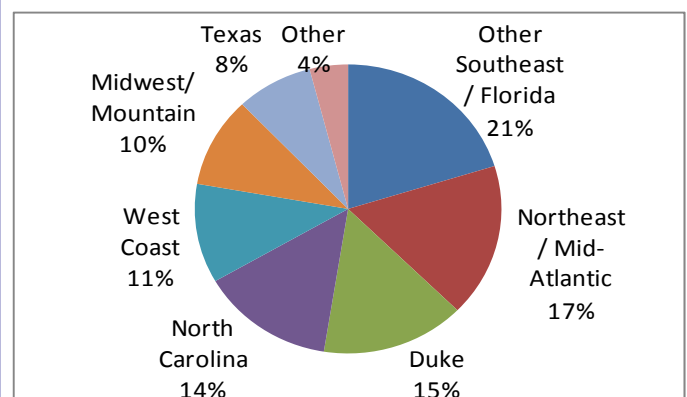
What hasn’t changed in the Duke Med-Peds Residency Program is the strong presence in both departments. Our residents represent the program in both medicine and pediatric residency councils and leadership positions. One of our residents (Ketan Shah) was elected to serve as the Housestaff representative on the ICGME (institutional committee for graduate medical education) this year. We have had 3 internal

medicine Chief Residents and 11 pediatric Chief Residents in the 25 years. In addition, we now have 14 Duke Med-Peds graduates who are on faculty in either or both departments, and one fellow.

To date, there have been 102 physicians who have graduated from the Duke Med-Peds Residency Program. The graduates have pursued diverse careers and are in practice in both academic and private settings throughout the United States and beyond. Recent graduates have entered community practices, taken academic positions as general medicine and/or pediatrics faculty (outpatient and inpatient), joined the CDC EIS program, worked in public health programs, and pursued combined or categorical subspecialty training in infectious diseases, cardiology, pulmonary and critical care medicine, endocrinology, and emergency medicine. The Duke Med-Peds graduates participate in the examinations for board certification by both the ABIM and the ABP. In the past 8 years, the pass rate for the Duke Med-Peds graduates for both boards is 100%. Please see graphs to see the distribution of career paths and where our graduates are located now. We are proud to graduate such a diverse group of physicians!

— By Jane Trinh

### Where are our graduates?



## Med-Peds Alumni (cont.)

ya. At Tenwek Hospital in western Kenya, I saw the sacrifice and dedication by a group of Christian missionary doctors and staff, that was simply overwhelming to me. I treated all kinds of illness and injury I would never otherwise had the opportunity to treat, from ascariis intestinal obstructions to arrow wounds to the chest to esophageal cancer in 16 year old girls, to prune belly syndrome, to CHF in 7 year olds due to rheumatic valvular disease, to lion attack wounds to malaria.

I have been extremely fortunate, since that 4<sup>th</sup> year rotation at Tenwek for 3 months, to have gone back on 2 more occasions for a month term each. And now for six years, a group of medical professionals & I from my church have done a medical clinic in a very rural medically unserved village of Zapote, Guatemala. This allows us to, in some small way, "give back." If anyone reading this ever has any interest in going with us for a one week trip, please give me a ring or email me.

Advice to trainees: There is a light at the end of the tunnel. Especially in the first two years, the training is intense and difficult, and you are sleep deprived and may get discouraged. But put your head down and keep moving ahead. No one can stop the clock, and the investment you are making now is for a lifetime of gratifying practice in a small but pretty elite group of doctors. As someone on the other side, I can tell you the self-sacrifice now is worth the result.

### ADAM BRESSLER, 2002 Private Practice Adult Infectious Diseases

Duke Med-Peds was the first interview I had as a 4th year student. Although I went on 7 more, I knew from the beginning I would end up at Duke. I was instantly attracted to the quality, character, and camaraderie of the program. The culture

of excellence that pervaded the whole institution was especially evident in the MP program. In truth, it was witnessing then current residents like Sue-Woods, Tom Owens, Marshall Lyons, and Cindy Brown, that made me want to be a part of the program.

Currently I am in private practice Infectious Diseases with 4 other doctors in Decatur, GA (metro Atlanta). We have an office where we see all aspects of ID, staff a wound care center, as well as serve a 3 hospital



Adam: "My family and my work are my life but fishing is still my passion."

system and a smaller outlying community hospital. I also am the medical director for the clinical microbiology labs and infection control departments for our hospitals. ID had always been on my radar since before medical school when I worked in the Grady Hospital micro lab briefly. I came back to Atlanta for fellowship in ID and Medical Microbiology at Emory to be close to family and we stayed to raise our children amongst our extensive family network here. I decided on my current practice for many reasons including location, my partners that I am working with, and the rare opportunity it provided me to practice ID but still get to be involved in the micro lab.

The Duke MP program was absolutely integral to and influ-

ences everything I do in my career. I consider the training, work ethic, confidence, and commitment it instilled as the most formative part of my medical training by far. I thought my medical education at MCG was superb, my fellowship at Emory excellent, but I still define myself and my way of practice as a Duke MP resident. And in talking to many ex-fellow-residents who are doing different things at other places, it seems they do the same.

Advice to trainees: I would recommend trainees to take it all in, push themselves hard academically, clinically, etc. You can always back down in life but it's very hard to accelerate and pick up what you missed. You get this intense, exciting, opportunity to work with amazing people who will end up being life-long friends. And as long as some days and nights seem, the whole thing is over before you know it, so take advantage of it. Also, I definitely do not feel that any part of the training is a "waste." No matter what you end up doing with it, it will make you better in that field.

### WEIJEN CHANG, 1998 Adult and Pediatric Hospitalist

Once I had decided to do Med-Peds, I, of course, did research into Med-Peds programs that were well-established and also had strong, balanced Medicine and Pediatric programs. Duke fit the bill, and I actually did a visiting sub-internship as a fourth year student. I had a great experience all-around, and I ranked Duke as my first choice.

I am currently a hospitalist both in Internal Medicine and Pediatrics at UCSD Medical Center and Rady Children's Hospital in San Diego. I was recently promoted to Associate Clinical Professor. My job involves patient care, medical student teaching, quality improvement, and other assorted activities.

I arrived at hospital medi-

**We want to hear your good news too - from births, to awards and publications. Please email us at [woods038@mc.duke.edu](mailto:woods038@mc.duke.edu) or call us at (919) 681-3009. Also, if you know of a Med-Peds alum who is not receiving this Newsletter and would like to be on our mailing list, please let us know!**

cine as a career after spending almost five years in primary care at Mass General (during which time I precepted residents in the MGH Med-Peds program). Although I was passionate about primary care at the start of my career, what I found was that it did not match my personality. In my group we were all responsible for rounding daily on our own patients at "the General." Eventually I discovered that I enjoyed my daily hospital rounds, as well as my ward attending weeks, much more than my time in the office. This led to my changing jobs to a hospitalist at Dartmouth-Hitchcock Clinic, which was a community position in Southern NH. However, I missed the academic and teaching aspects of my former job, which led me to my current position, which is a perfect mix for me. And the weather isn't bad in San Diego either!

Despite the fact that I was very focused on going into primary care while I was at Duke, I didn't realize that I was being trained to be a Med-Peds hospitalist. I think all Med-Peds residency alumni will agree that it seems the bulk of Med-Peds training is geared towards hospital care. In addition, the focus on research and quality improvement at Duke at least opened my eyes to the nature of that aspect of hospital medicine.

When I first started in Med-Peds, I viewed it primarily as training for primary care. After experiencing 3 different Med-

- Continued page 6

## GRADUATE UPDATES

### ABOVE THE CALL OF DUTY

Watch Jennifer Taylor (2002) in action: <http://www.youtube.com/watch?v=S5HkO3wWoGk>

### DUKE AWARDS

**Jamie Fox** (2003) received the CORE Award for the best Pediatric Curriculum (for Pediatric Emergency Medicine).  
**Aimee Chung** (2009) received an honorable mention for the Sam Katz Faculty Teaching Award.

### PUBLICATIONS

**Richard Chung** (2009) published "Hormonal Contraception and Thrombotic Risk: A Multidisciplinary Approach" in *Pediatrics* 2011;127;347.

### JOB UPDATES

**Suzanne Woods** (1998) was selected to be a member of the ACGME Pediatric Residency Review Committee.  
**Shannon Hader** (1999) is Vice President and Director of the Center for Health Systems and Solutions in The Futures Group, in Washington D.C.  
**Jamie Fox** (2003) has been named the Co-director of Duke's Teaching and Leading EBM: A workshop for teachers and champions of evidence-based medicine, which is in its 10th year.  
**Bijal Shah** (2008) is an Assistant Professor at the Moffitt Cancer Center in Tampa, FL, specializing in lymphomas and leukemias.  
**Susan Hunt** (2008) has joined the faculty at University of Washington Medical Center and Seattle Children's Hospital with joint appointments in both the Department of Medicine and the Department of Pediatrics.  
**Jon Bae** (2009) was named one of the Associate Program Directors in the Duke Internal Medicine Residency Program for Quality Improvement.  
**Erin Vanscoyoc** (2009) joined the faculty at Brown University with the Med-Peds Program.



Weijen, Laurie, and children Madeline and Nick (Batman).

Peds residency programs and seeing generations of Med-Peds residents graduate, I almost see it as a liberal arts education, as Med-Peds graduates from all programs that I've experienced go on to such a wide variety of careers. There really isn't a "typical" career path. That's what makes it a hard sell to medical students, in that it's hard to describe what you "do" with Med-Peds. But for the right student it really excites them to know that the future is so wide open in Med-Peds.

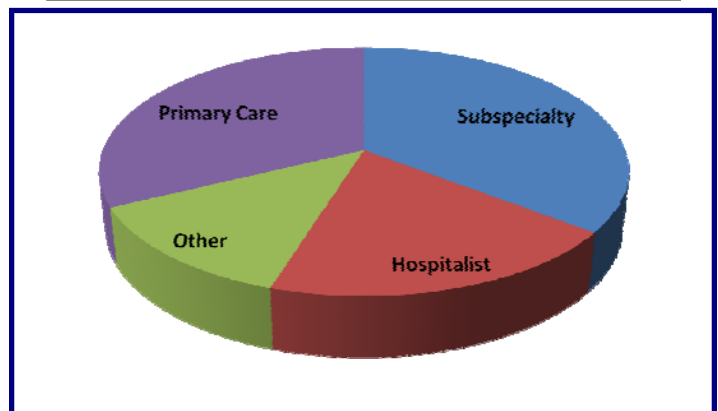
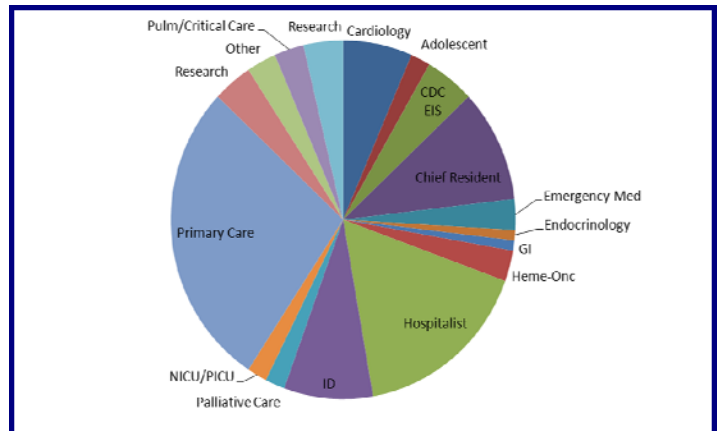
Advice to trainees: I would encourage residents to keep an

open mind about career path. There is so much that Med-Peds residents can do, that being overly focused on just one path can lead to years of being in an ill-fitting career. I would also

encourage residents thinking of careers in academic medicine to consider additional training in clinical research if their prior backgrounds were not research-heavy. I have gone back and taken course work in clinical research at UCSD (paid for by my division). I don't think I need to encourage Duke residents to go out and enjoy themselves, as I think Duke residents, despite the institution's reputation, are the most committed partiers I ever knew.

And one more piece of advice to Duke residents: "Don't park near trees during a hurricane" (ask Sue to elaborate). ☺

## Graduate Career Choices





Duke Cancer Center and Duke Medicine Pavilion plans  
Image courtesy of Duke Medicine News & Communications



Duke Med-Peds Resident Clinic on Roxboro Street  
Image courtesy of Duke University Health System



Duke School of Medicine Learning Center plans  
Image courtesy of Duke University Health System



Duke Clinics (formerly Duke South)  
Image courtesy of Duke University Health System

## GRAND ROUNDS SPEAKER

We are excited to have **Russell Rothman, MD, MPP, Duke Med-Peds Class of 2000**, as the Pediatric Grand Rounds speaker in honor of the 25th anniversary of Duke Med-Peds, on February 28, 2012. Dr. Rothman is an Associate Professor of Internal Medicine and Pediatrics at Vanderbilt University. He serves as the Director of the Vanderbilt Center for Health Services Research and is the Chief of the Vanderbilt Med-Peds Section. He will discuss his research in health literacy and health communication.

Check out our new website:

[pediatrics.duke.edu/education-and-training/residency-programs/med-peds-residency](http://pediatrics.duke.edu/education-and-training/residency-programs/med-peds-residency).

## NEW ARRIVALS

Keri Livingstone (2001) and Gary Kleiner (Peds BMT Fellow 2001) welcomed Ari Micah on January 18, 2011. He joins big brother Jordan Benjamin, who is now 2 years old.

Alyssa Stephany (2008) and husband Chris DeCiantis welcomed Genevieve Elizabeth DeCiantis on May 20, 2011.

Eleni Boussios (2009) and Rusty Jacobs welcomed David Alexander Jacobs on June 4, 2011.

Caroline Lee, husband Jason, and son Carson welcomed Darren Sims Lee on July 30, 2011.

## Congratulations!

### PUBLICATIONS

**Jordan Awerbach** published "Atrial Ectopic Tachycardia in a Patient With Marfan Syndrome." in The Ochsner Journal: Summer 2011, Vol. 11, No. 2, pp. 125-127.

**Ann Marie Navar-Boggan** published "Congenital rubella syndrome and autism spectrum disorder prevented by rubella vaccination - United States, 2001-2010" in BMC Public Health, May 19, 2011, Vol. 11, p 340.

### POSTERS

**Sima Pendharkar** had her community gardens poster accepted at the Future of Pediatrics Conference sponsored by the American Academy of Pediatrics, July 29, 2011.

**Ketan Shah** had his poster on "Fructose as a risk factor for insulin resistance and NAFLD in children" accepted to the Duke Internal Medicine Resident Research Day, on June 15, 2011, the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition Meeting in Orlando, FL on October 20, 2011, and the American Association for the Study of Liver Diseases Annual Meeting in San Francisco, CA on November 7, 2011.

**Carolyn Avery** had her poster on "Group B Streptococcus sepsis: Extending beyond the nursery walls" accepted to the American Academy of Pediatrics Meeting, Med-Peds Section, in Boston on October 16, 2011.

**Ann Marie Navar-Boggan** and **Joel Boggan** had their abstract "Evaluating Hypertension Control Performance of Duke Cardiologists: Patient-level factors, provider variability, and future opportunities" accepted to the American Heart Association in Orlando, FL. November 12-16, 2011. They also submitted the same abstract for the 2011 Califf Awards.

Several residents had posters accepted to the NC Pediatric Society Meeting in Asheville, NC on August 19, 2011: **Carolyn Avery, Joel Boggan, Aparna Dave, Olivia Granillo Johnson, Priya Gopwani, Ketan Shah, and Andy Livingston.** **Aparna Dave and Ketan Shah** both received Honorable Mentions for their posters!

### RESEARCH AWARDS

**Ann Marie Navar Boggan** tied for 1st place for the Robert M. Califf, MD, Housestaff Award for her research with Dr. Eric Peterson, entitled "Evaluating Hypertension Control Performance of Duke Cardiologists: Patient level factors, provider variability, and future opportunities." She presented her research at Internal Medicine Resident Research Day, June 15, 2011.

**Ann Marie Navar Boggan** received a Department of Medicine Faculty Resident Research Award: Evaluating Outpatient Hypertension Control Among Patients of Duke Cardiology. Her mentor is Eric Peterson, Cardiology.

**Sima Pendharkar** received a Department of Medicine Faculty Resident Research Award: Positive Blood Culture for Enterococcus: What is the Significance? Her mentor is Dev Anderson, Infectious Diseases.

### HONORS

**Ketan Shah** was voted the ICGME Housestaff representative for 2011-2012. He will represent the entire Duke Housestaff on the Internal Committee for Graduate Medical Education (ICGME).

**Rebecca Sadun** was voted one of the Pediatric representatives to the ICGME.

**Joel Boggan** is the Med-Peds representative for the Medicine Residency Council.

**Jordan Awerbach, Olivia Granillo Johnson, and Carolyn Avery** are the Med-Peds representatives for the Pediatric Residency Council.

**Rebecca Sadun and Priya Gopwani** (2011) received the intern and senior level resident Appleseed Teaching Awards, respectively, from the medical students.

**Andrea Shaw** received the NICU Junior Resident Award.

**Maria Monge** (2011) was selected as one of 2 best Pediatric SAR Talk Awards and presented her talk on HPV vaccine in Men at Pediatric Grand Rounds on June 14, 2011.

**Tacy Downing** (2011) received the LeCoq Award, 2nd place, for the best Internal Medicine SAR talk. Her talk was on Bariatric Surgery for the Primary Care Physician.

**Carolyn Avery** was selected as the Med-Peds AAP representative from Duke.

### WEDDING

**Carolyn Avery** and Lars Grimm were married on October 8, 2011.