

Saint Joseph Hospital Internal Medicine Residency Curriculum

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Residents at Saint Joseph Hospital manage patients on inpatient rotations in General Internal Medicine, Critical Care, and Cardiology. The pathology seen is very diverse and while residents are given plenty of autonomy, there are always hospitalists and intensivists available in-house 24/7. Electives opportunities exist at Saint Joseph Hospital, Kaiser Permanente, National Jewish Health, and the University of Colorado. Categorical residents will follow and manage a panel of patients in the Caritas Clinic, a charitable clinic for the underserved. Residents have one full day of clinic twice a month.

All rotations strictly adhere to the guidelines and work hour regulations of the American College of Graduate Medical Education.

Rotations

The number of months allotted to each rotation is different for each post-graduate year, as summarized below:

- PGY-1 Preliminary
 - Wards*: 5-6
 - o ICU: 0-1
 - o Float: 2
 - Caritas: 0
 - ED: 0-1 (required for anesthesiology prelim interns)
 - o Admit: 1
 - Electives: 3
- PGY-1 Categorical
 - Wards*: 4-5
 - o ICU: 2
 - Float: 2



Caritas: 1Admit: 0-1Electives: 3

PGY-2

Wards*: 3-4

ICU: 2
 Float: 1
 Caritas: 1
 ED: 1
 CTM: 0-1
 Electives: 4

PGY-3

Wards*: 4-5

ICU: 1
 Float: 0-1
 Caritas: 1
 CTM: 1
 Electives: 5

General Medicine Wards

There are six inpatient ward teams at Saint Joseph Hospital. Each house staff team consists of one senior resident (PGY II or III) supervising one intern (PGY I). All teams will also have either a third- or fourth-year medical student, and some may have both. Medical student education is taken very seriously, and this gives the residents abundant opportunities to teach. Residents are responsible for the care of patients from admission to discharge and are the primary providers for the patients. Residents are supervised by a teaching attending who manages patients and conducts teaching rounds with the house staff team. Four teams are attended by the Midtown Inpatient Medicine group. One team is attended by the National Jewish Hospitalist group, and focuses on complex pulmonary and cardiac disease. The final team is attended by the core faculty of the Internal Medicine program. Teams take "long call" every sixth night, triaging new admissions to the various Ward teams until 9:00 p.m.; there is no overnight call. Overnight admissions are the responsibility of the Night Float team, which transfers the care of these patients to the Ward teams in the morning.

Night Float

There is one Night Float team on service every month, consisting of one supervising resident (PGY II or III) and three interns (PGY I). The supervising resident works 7:00 p.m. to 7:00 a.m. Sunday through Thursday. On Friday and Sunday, a supervising resident from an elective covers this shift according to a schedule made by the Chief Resident. Interns rotate through two days of 3:00 p.m. to 3:00 a.m., two days of 7:00 p.m. to 7:00 a.m., and two days off. The team is responsible for cross-cover management of inpatients on the teaching services and for new admissions. Supervision of the Night Float team is by the admitting attending physician for each specific patient.

^{*}Wards include a combination of MiM, FI, NJH and Cardiology services.



Cardiology Wards

This team consists of a senior resident (PGY II or III) supervising one intern (PGY I). This team is attended by a Cardiologist, and is focused on Cardiology consultative care. Patients are seen primarily by one of the other services, and this team consults on their Cardiology needs, both in the ICU and on the floors. This team does not participate in the evening call schedule. There is a focus on evaluation and management of cardiovascular disease, as well as EKG and Echocardiography interpretation.

Intensive Care Unit

Three critical care teams are on service each month at Saint Joseph Hospital, consisting of a senior resident (PGY II or III) supervising one intern (PGY I), and frequently one sub-intern (MS IV). Residents are the primary caretakers of patients in the Intensive Care Unit, responsible for admission and ongoing management. The teams rotate through ten day shifts followed by five night shifts. The day teams alternate rounding and on-call, with the on-call team triaging admissions during the day until 8:00 p.m., and the rounding team helping with admissions and patient care until no later than 1:00 p.m. The night call team arrives at 8:00 p.m. and is responsible for new admission and cross-coverage until 7:00 a.m., but stays until 9:00 a.m. to complete their work, to check-out to the day teams, and to participate in teaching rounds. The long-call and night call teams respond to and manage all adult Medical Resuscitation Alerts calls, and all Rapid Response Team calls in the hospital. When patients transfer out of the ICU, one of the floor teams assumes their care. Formal teaching/management rounds are made each weekday by National Jewish Health Intensivists. Bedside ultrasound is taught and frequently utilized. During this month the residents do not have responsibilities at the Caritas Clinic.

Consult and Triage Medicine

A senior resident works side by side with the on-call Hospitalist, answering pages and providing consults for the first half of the shift (10a-3p). The focus is on triaging calls from the Emergency Department or from outside facilities, and taking consult calls from other services. During the second half of the shift (3p-8p), the resident works with an intern to assist the long call team with admissions.

Caritas Clinic

Every month there are 2 or 3 categorical residents rotating at the Caritas Clinic. Residents take care of patients with acute illness, follow-up on hospital discharges, and are trained in how to perform numerous joint injections, skin biopsies, and cryotherapy. Time is also allotted to teaching residents about specific ambulatory care topics and all residents learn about malpractice at Colorado's largest malpractice insurance carrier. Residents also develop and implement a quality-improvement project at the Caritas Clinic.

Emergency Medicine

All categorical residents and preliminary interns that require an Emergency Medicine month will rotate in our Emergency Medicine Department. Residents are responsible for assessing patients as they enter the Emergency Department, formulating and implementing the plan of care, and discharging them appropriately. Residents work on a shift schedule and are supervised by Emergency Medicine attending physicians.



Electives

Elective months are available to all residents in each year of training. Residents have numerous options for their elective months, allowing them to tailor their training to their interests. Elective rotations are available in all specialties, and are offered at Saint Joseph Hospital, Kaiser Permanente, National Jewish Health, and the University of Colorado. Residents may also arrange unique elective months to suit their own educational goals; these include research electives and electives in rural, out-of-state, or international settings.

Didactics

The Internal Medicine Residency Program provides an extensive series of weekday conferences in general internal medicine, medical subspecialties, and related disciplines. The goal of the conferences is to provide an intellectual atmosphere conducive to the acquisition of medical knowledge, and the interchange of ideas relevant to the management of internal medicine patients.

Afternoon Report

Afternoon Report, typically facilitated by the Program Director, is a clinically directed conference where residents present 2 patient cases from the inpatient services. Laboratory values, imaging, and electrocardiograms are reviewed, and appropriate management and clinical decision-making is discussed with an emphasis on evidence-based medicine and high-value care. Residents are required to review a key teaching point about each patient that is presented.

POCUS Conference

Ultrasound Conference is held several times a month. Attendees practice and enhance their skills in image interpretation.

Noon Conference

Noon Conferences are held daily and include lectures in all specialties with an emphasis on core Internal Medicine topics. Additional educational opportunities include Medicine Grand Rounds, Clinical-Pathological Conference, and Morbidity & Mortality Conference.

Clinic Conferences

Clinic conferences focusing on common ambulatory medicine topics are held daily by a core faculty member in the Caritas Clinic. This is protected learning time and occurs before the residents are scheduled to see patients.

Simulation Lab

Residents get formal training on the use of ultrasound in performing routine procedures such as central lines, thoracentesis, paracentesis, radial arterial lines and lumbar puncture. Residents also receive formal training in intraosseous line placement, bedside diagnostic ultrasound, airway management, and how to run a code/rapid response.



Journal Club

Journal Club is held monthly to review and critique meaningful scientific articles in Internal Medicine. Each meeting is focused on a specific sub-specialty in Internal Medicine (e.g. Cardiology). Articles are reviewed and presented by senior residents (PGY II and III), followed by a discussion with 1 or 2 expert sub-specialists, Internal Medicine Faculty, and an expert statistician. Residents learn evidence-based medicine and how to interpret the literature with a focus on both statistical significance and clinical relevance.

Professor's Rounds

Professor's Rounds are conducted with each inpatient team monthly by the Program Director for indepth discussion of specific cases. In the Intensive Care Unit, daily rounds are made with Pulmonary critical care specialists. On the ward teams, attending rounds occur daily with an assigned teaching attending.

Intern Lecture Series

During the first month, the intern lecture series will be provided by upper-level residents. Topics during this series include discussions addressing commonly encountered conditions in the hospital and how to manage these issues while on call.

Caritas Clinic

Caritas Internal Medicine

For more than 40 years, the Caritas Internal Medicine Clinic, Latin for charity and love, has been meeting the community's growing need for acute illness care, chronic disease management, and a proactive approach to routine prevention and screening for disease. The Caritas Internal Medicine Clinic is open Monday through Friday from 7:30 a.m. to 5:00 p.m., serves an ethnically diverse patient population, and delivers the highest quality care to an underserved and vulnerable population in Colorado. We have an extraordinary ancillary staff that includes acute transitional care, social workers, referral coordinators, behavioral health psychologist, and substance abuse counselors in addition to our bilingual front desk and medical assistants who work diligently to support our patient and the residents through training.

Continuity Clinic

The continuity clinic at Caritas Internal Medicine is required for all categorical residents. The Internal Medicine Resident will receive extensive training in ambulatory care and preventative medicine. The resident functions as the primary care provider, making all management decisions regarding their patients under the supervision of the Internal Medicine faculty. Residents are scheduled to see patients one full day twice a month throughout residency training to maximize continuity of care. You begin your ambulatory experience with three days of orientation to the clinic that includes shadowing a senior resident and introductions to all clinic departments. You will initially be scheduled 2 patients per half day and progress throughout residency to seeing 13 patients per full day of clinic. Intermountain Health has chosen EPIC to manage electronic medical records and we utilize EPIC Ambulatory, so residents have full access to inpatient and outpatient medical record data. During your continuity clinic you will receive an



ambulatory didactic curriculum built on core primary care topics presented weekly by faculty and residents.

Ambulatory Clinic Block

During residency, all categorical residents are scheduled to complete a 1-month block of ambulatory care each academic year at Caritas Internal Medicine Clinic in addition to scheduled Continuity Clinic dates. Residents experience a variety of outpatient specialty clinics during the Ambulatory Clinic Block that include: Acute Clinic – same/next day appointment for urgent issues; Joint Clinic – joint injections; Dermatology Clinic – work directly with a dermatologist attending to perform routine dermatology focused primary care evaluation and procedures; Rheumatology clinic- work directly with a Rheumatologist to manage interesting rheumatologic disorders. Additionally, upper level / senior residents spend 3 days rotating at Colorado's largest malpractice insurance carrier (COPIC) to gain knowledge around legal matters as it pertains to general medical practice. The Resident of the Month is also responsible for triaging patient telephone calls for medical advice and supporting ancillary staff for ongoing patient care needs in the clinic.

After Hours Care of Caritas Clinic Patients

When Caritas Internal Medicine patients have after hours medical needs the initial call is received / triaged by an answering service, and urgent medical needs are paged to the clinic on-call pager covered by the on-call resident who is in the hospital.

Inpatient Care of Caritas Patients

When a Caritas Internal Medicine patient is evaluated in the Emergency Department, the primary care physician receives a summary of the care provided to the patient. The resident is expected to review the summary of care and communicate any special follow-up needed to the Transitional Care Coordinator. Should the patient require admission, they are admitted to the inpatient faculty teaching service. The resident for the patient will receive notification of admission and they are expected to follow the hospital course of care through the electronic medical record and although it is appreciated by patients to receive a courtesy visit, the inpatient medical team will round on the patient and provide the assigned primary care physician a discharge summary. Once the discharge summary is reviewed, the primary care physician should communicate with the Transitional Care Coordinator regarding appropriate follow-up needs for the patient.

Caritas Internal Medicine Quality Improvement

PGY-3 Internal Medicine Residents are required to be involved in quality improvement projects for Caritas Internal Medicine. An emphasis is placed on a topic of interest to the resident and should focus on a direct benefit to clinic patient outcomes. The PGY-3 residents are expected to present their quality improvement project to the residency program at the end of the academic year.

Scholarly Activity

Residents are encouraged to participate in clinical and basic research projects throughout their training. Each resident is assigned to a Faculty mentor who is available to assist in developing projects. Saint



Joseph Hospital has opportunities for physicians to conduct clinical research (see figure below for available resources.) For those residents interested in the basic sciences, research may be conducted through our relationship with National Jewish Health, or through our affiliation with the University of Colorado.

Residents who perform research are given the opportunity to present their work at multiple venues. Residents are given financial support and coverage to be able to present their work regionally or nationally. Residents most commonly present their scholarly work at The American College of Physicians (ACP), Society of General Internal Medicine, and Hospital Medicine Symposium meetings. Over the past 20 years, Saint Joseph Hospital has an outstanding track record for being selected to present at national meetings.

Resident Projects

American Thoracic Society, San Francisco, CA, May 18-19, 2025

Oral Presentations

Kelsey Klingel, DO: Outcomes In Persistent Covid-19 Pneumonia In Patients Receiving Anti-CD20
Therapy: A Potential Role For IVIG Therapy

Poster Presentations

- **Veronica Graham, DO:** Location, location: chest tube complication in critically ill patients a case series
- Fengxin (Jane) Li, DO: BRAF V600E lung adenocarcinoma presenting as pneumonia: a case series
- Kelsey Klingel, DO: Beyond Breathlessness: A Hidden Rupture Unveiled in a Case of Suspected Pneumonia
- Alyssa Mateufel, DO: The effect of the number of centrally acting medications on intubation duration, ICU length of stay, ICU delirium rates, in-hospital and overall mortality among incubated patients.
- Lauren Martin, DO: A Case of systemic paradoxical emboli through an intrapulmonary shunt
- Gabrielle Porzenski, DO: A life-threatening case of acute respiratory distress syndrome amid ecigarette or vaping-induced lung injury and lipoid pneumonia

American College of Physicians, Colorado Chapter Resident Meeting, Denver, CO, May 1, 2025 Oral Presentations

- Veronica Graham, DO: Simultaneous Cases of Methamphetamine Induced Heart Failure Presenting with Spontaneous Coronary Artery Dissection (FIRST PLACE WINNER)
- Megan Parfait, MD: Coexisting Anti-Brush Border Antibody Disease and Minimal Change Disease Presenting as Nephrotic Syndrome
- **Gabrielle Porzenski, DO:** Classic presentation of Miliary Tuberculosis with Rare Pneumothorax ex Vacuo as a Complication

Poster Presentations

- Veronica Graham, DO: Lithium Toxicity Causing Profound Bradycardia and Troponin Elevation
- **Veronica Graham, DO:** Pulmonary Vein Stenosis Presenting as Hemoptysis: A Rare Complication From Routine Atrial Fibrillation Treatment (SECOND PLACE WINNER)
- Veronica Graham, DO: Symbiotic Microbiome Turned Pathogen: a Rare Case of Lactobacillus Endocarditis
- Mitchell, Kerr, MD: A case of severe Takotsubo cardiomyopathy where preload reduction improved hemodynamics



- Riley Parr, MD: Hapless Hyperglycemic Hemichorea: A Rare Complication of Uncontrolled Diabetes
- Jingfan Wu, DO: Appendicitis Mimic Fibrous Obliteration of the Appendix
- Madeline Youakim, MD: A Throat Tickling Tale: Rare Case of Pharyngolaryngitis due to Neisseria Meningitidis

American College of Physicians, National Meeting, New Orleans, LA, April 3-6, 2025

Oral Presentations

• Ashley McKenzie, MD: Storytelling: Humanism in Medicine Workshop

Poster Presentations

- **Veronica Graham, DO:** Undercover Mr. Abscess: a Rare Case of Aseptic Abscess Syndrome in Untreated Ulcerative Colitis
- Riley Parr, MD: Hapless Hyperglycemic Hemichorea: A Rare Complication of Uncontrolled Diabetes
- **Veronica Graham, DO:** Undercover Mr. Abscess: a Rare Case of Aseptic Abscess Syndrome in Untreated Ulcerative Colitis
- Madeline Yoakim, MD: A Throat Tickling Tale: Rare Case of Pharyngolaryngitis due to Neisseria Meningitidis

American College of Cardiology, Chicago, IL, March 20-21, 2025

Oral Presentations

 Nicholas Wenz, DO: One Month and One Year Hemodynamic Comparisons of the 5th Generation Edwards Sapien 3 Ultra Resilia Compared to Sapien 3 and Sapien 3 Ultra for Transcatheter Aortic Valve Replacements: A Single-Center Study

Poster Presentations

- **Michell Kerr, MD:** A case of complete heart block secondary to thyrotoxic hypokalemic periodic paralysis rapidly resolved with antithyroid therapy.
- Mitchell Kerr, MD: Cardiac tamponade due to systemic minoxidil complicated by pericardiocentesis induced right ventricular pseudoaneurysm.
- Mitchell Kerr, MD: Pulmonary artery dissection causing massive hemothorax, a rare complication of right heart catheterization.

American College of Physicians, Colorado Chapter Meeting, Colorado Springs, CO, February 7, 2025 Oral Presentations

• **Veronica Graham, DO:** Undercover Mr. Abscess: a Rare Case of Aseptic Abscess Syndrome in Untreated Ulcerative Colitis

Poster Presentations

- Monica Ayala, DO: Libman-sacks on a Bioprosthetic Valve: Which Pathology Occurred First
- Nicole Bonfig, MD: TB or not TB, the correct test is the answer.
- Gabrielle Porzenski, DO: Isolated ovarian TB mimicking malignancy
- Riley Parr, MD: Hapless Hyperglycemic Hemichorea: A Rare Complication of Uncontrolled Diabetes

Society for Cardiovascular Angiography and Interventions, Denver, CO, October 17-18, 2024

• **Nicholas Wenz, DO:** "Clip-ella": A case of cardiogenic shock highlighting the use of early hemodynamic stabilization techniques as a bridge to MitraClip implantation.



• **Veronica Graham, DO:** Improved biventricular heart failure after off-label use of transcatheter tricuspid valve-in-valve replacement.

Chest, Boston, MA October 17, 2024

 Mitchell Kerr, MD: Case of ANCA vasculitis causing diffuse lymphadenopathy requiring tracheostomy placement.

Cardiovascular Innovations Symposium, Denver, CO, July 18-20, 2024

- Veronica Graham, DO: Bioprosthetic Mitral Valve Dysfunction Complicated by PEA Arrest
 Subsequently Requiring Transcatheter Replacement and Staging of Secondary Aortic Stenosis
- Nicholas Wenz, DO: Pulmonary Artery Perforation After Elective Left Atrial Appendage Occlusion

American College of Physicians, Colorado Chapter Resident Fellow Meeting, Denver, CO, May 22, 2024 Oral Presentations:

- Jane Li, DO: Acinar Predominant Invasive BRAF V600E Adenocarcinoma of the Lung Presenting as Pneumonia: A Case Series (THIRD PLACE WINNER)
- KC Moore, MD: Mastication-Induced Vertigo
- Zach Schultz, DO: Suspicious Cysts: A Spontaneous Tension Pneumothorax leading to the Diagnosis of Familial Birt-Hogg-Dube Syndrome (SECOND PLACE WINNER)

Poster Presentations:

- Konner Feldhus, DO: Chest pain, an uncommon case of STEMI during pregnancy
- Veronica Graham, DO: Case of bioprosthetic valve failure with concomitant coccidioidomycosis
- **Erica Hinricher, DO:** Extreme Lactate Elevation in the Setting of Thrombotic Thrombocytopenic Purpura
- Hamid Hussaini, DO: A Case of Tumefactive Multiple Scelrosis, A Rare Diagnostic Challenge
- Mitchell Kerr, MD: Case of ANCA vasculitis causing diffuse lymphadenopathy requiring tracheostomy placement
- Mitchell Kerr, MD: Case of vitamin D deficiency causing a type II renal tubular acidosis Fanconi syndrome
- Jane Li, DO: The narrower, the puffier: SVC syndrome presenting as recurrent angioedema
- Ashley McKenzie, MD: Impact of Rheumatic Disease on Fertility and Desired Family Size for Women: A Proposed Methodology (SECOND PLACE WINNER)
- KC Moore, MD: The painless puzzle: a rare clinical manifestation of calciphylaxis
- Megan Parfait, MD: Incidental findings on high-resolution computed tomographic lung imaging in individuals with rheumatoid arthritis (THIRD PLACE WINNER)
- Riley Parr, MD: Barriers to Accurate and Timely Urine Output Measurements in the Inpatient Setting
- Riley Parr, MD: Inflammatory Interloper: A Case of Intrathoracic Pancreatic Pseudocyst leading to Respiratory Failure
- Nicholas Wenz, DO: New fibromuscular dysplasia presenting as a hypertensive emergency;
 complicated by spontaneous coronary artery dissection and stress cardiomyopathy

American Thoracic Society International Conference, San Diego, CA, May 17-22, 2024

 Kelsey Klingel, DO: Malignant Masquerader: A Case of Hepatocellular Carcinoma Extending Through the Inferior Vena Cava to Present as an Isolated Right Atrial Mass



- Jane Li, DO: The Narrower, The Puffier: SVC Syndrome Presenting as Recurrent Angioedema
- Alyssa Manteufel, DO: Inflammatory Interloper: A Case of Intrathoracic Pancreatic Pseudocyst Leading to respiratory Failure

Society for Hospital Medicine Converge, San Diego, CA, April 12-15, 2024

Hamid Hussaini, DO: A Case of Tumefactive Multiple Scelrosis, A Rare Diagnostic Challenge

American College of Cardiology, Atlanta, GA, April 6-8, 2024

Oral Presentations

- Mitchell Kerr, MD and Michal Klepadlo, DO: Cardiac Extramedullary Plasmacytoma Poster Presntation
 - **Konner Feldhus, DO:** LVEF by echocardiogram does not correlate with findings on advanced cardiac imaging in cardiac sarcoidosis patients

American College of Physicians, Colorado Chapter Annual Meeting, Colorado Springs, CO, February 9-10, 2024

Oral Presentations

 Kelsey Klingel, DO: Malignant Masquerader: A Case of Hepatocellular Carcinoma Extending Through Inferior Cava Presenting as Isolated Right Atrial Mass

Poster Presentations

- Dylan Bergstedt, MD: Swimming Induced Pulmonary Edema
- Veronica Graham, DO: Sequelae of Kawasaki disease in adults: long-term complications and limited treatment options
- Samantha Schapiro, DO: Mind Melting Mosquitoes: A Case of Necrotizing West Nile Virus
- Nicholas Wenz, DO: A Unique Diagnostic Case of a Masquerading Facial Rash; That's Not Dermatomyositis!
- Madeline Youakim, MD: Hemolysis Happens

Critical Care Congress, Society of Critical Care Medicine, Phoenix, AZ, January 21-23, 2024 Oral Presentations

• Jane Li, DO: Bubbling Pancreas

Western Medical Research Conference, Carmel CA, January 18-20, 2024

Oral Presentation

 Megan Parfait, MD: Incidental Findings on High Resolution Computed Tomography Scanning of the Lungs Performed to Evaluate for Interstitial Lung Disease in Rheumatoid Arthritis

CHEST Annual Meeting, Honolulu, HI, October 8-11, 2023

• Samantha Schapiro, DO, et al.: Simultaneous use of Chemotherapy and Extracorporeal Membrane Oxygenation in Acute Respiratory Failure due to Hairy Cell Leukemia

Mountain West Society of General Internal Medicine, Aurora, CO, October 6, 2023

- Konner Feldhus, DO, et al.: Digoxin Toxicity
- Alyssa Manteufel, DO: Syndrome of Inappropriate ADH Secretion After Cutaneous Herpes Zoster
- Megan Parfait, MD, et al.: Conservative Management of Emphysematous Gastritis



Congress of Clinical Rheumatology, San Diego , CA, September 5-8, 2024

• **Ashley McKenzie, MD**: Sex-Related Differences in Treatment of Severe Osteoporosis: parenteral versus oral medication following hip fracture in veterans over age 65

American Thoracic Society, National Meeting, Washington DC, May 21-24, 2023

- Dylan Bergstedt, MD, et al: Erysipelatoclostridium Ramosum: A Rare Cause of Fournier's Gangrene
- Sophia Raia, MD, et al: HIDDEN DANGERS: A Case of Progressive Lung Disease in an Immunocompromised Patient, Found to Have Persistent COVID Positivity on Bronchoscopy

American College of Physicians, Colorado Chapter Resident Fellow Meeting, Denver, CO, May 17, 2023 Oral Presentations:

- **David Baldwin, DO**: Recurrent squamous cell carcinoma with metastatic lesions to right ventricle (FIRST PLACE WINNER)
- Jane Li, DO: A Curious Case of Recurrent Abdominal Abscesses
- Alyssa Manteufel, DO: Cerebral Vasculitis, an atypical presentation of Granulomatosis with Polyangiitis
- Rachel Resnick, DO: Paralysis by Analysis

Poster Presentations:

- Hamid Hussaini, DO: A case of statin induced necrotizing autoimmune myositis
- Brian Lelling, DO: Neurosyphillis: Which test is best? (FIRST PLACE WINNER)
- Alyssa Manteufel, DO: Using Point of Care Ultrasound to Diagnose a Trapped Lung (SECOND PLACE WINNER)
- **Dave Sheneman, MD**: Drug-induced thrombotic microangiopathy due to pegylated liposomal doxorubicin: a case report

Society of General Internal Medicine, National Meeting, Denver, CO, May 10-13, 2023

 Anand Tekriwal, MS, Dylan Bergstedt, MD, et al: Challenges in treatment and follow-up of undocumented persons

American College of Physicians, National Meeting, San Diego, CA, April 27-29, 2023

 Michael Cerniglia, MD: Improving Breast Cancer Screening Compliance in an Uninsured Population (CO Chapter Governor's Choice Award)

American College of Physicians, Colorado Chapter Annual Meeting, Colorado Springs, CO, February 10-11, 2023

Oral Presentations:

 Michael Cerniglia, MD: Improving Breast Cancer Screening Compliance in an Uninsured Population

Poster Presentations:

- Peter Huang, DO: A Case of AIDP in Waldenstrom Macroglobulinemia
- **Sam Schapiro, DO**: Act Fast or Disseminate More: and the catastrophic consequences of Tuberculous Meningitis



American Thoracic Society Meeting, San Francisco, CA, May 13-18, 2022

- Laura Harper, MD and Ken Lyn-Kew, MD: Not a Contaminant: A Case of Cornybacterium Infection
- **Sophia Raia, MD**, Chelsea Ratliff, MD and Ken Lyn-Kew, MD: Double Trouble in the ICU: Point-of-Care Ultrasound Detection of Simultaneous Hemothorax and Empyema
- **Sophia Raia, MD**, Elizabeth Wittrock, DO, et al: An Examination of Early Intubation Versus Initial Trial of Non-Invasive Ventilation on outcomes in COVID-19 Pneumonia
- **Elizabeth Wittrock, DO**, Sophia Raia, MD, et al: Examining the unintended Consequences of Steroid Use is Severe COVID-19 Disease: A Retrospective Observational Analysis

American College of Physicians, Colorado Chapter Resident Fellow Meeting, Denver, CO, May 10, 2022 Oral Presentations:

- **Elizabeth Wittrock, DO:** Intercostal Arteries: The Only Thing that Doesn't Sag with Age (FIRST place Winner)
- **Michael Stachler, MD:** Adult Minimal Change Disease After SARS-COV2 mRNA Vaccination Poster Presentations:
 - Josh Knol, DO: It Is Not From the Milk
 - Michael Klepadlo, DO and Jason Wang, MD: To (Fluid) Resuscitate or Not to Resuscitate: A Case of Abdominal Compartment Syndrome in the Setting of Acute Pancreatitis

American College of Physicians, Colorado Chapter Annual Meeting, Colorado Springs, CO, February 3-5, 2022

Oral Presentations:

• Elizabeth Wittrock, DO and Sophia Raia, MD: Under Pressure

Poster Presentations:

- Laura Harper, MD and Ken Lyn-Kew, MD: Not a Contaminant: A Case of Cornybacterium Infection
- Michael Klepadlo, DO: Neisseria gonorrhea Infective Endocarditis
- Morgan McCarthy, MD and Dylan Bergstedt, MD: Fat emboli Syndrome: A Traumatic Ending to an Elective Orthopedic Surgery
- **Richard Stephens, DO** and Amy Cacace, MD: Papillary Muscle, Intra-Parenchymal and Pulmonary Abscesses: The Take of Disseminated Norcardia paucivoran

Resident and Faculty Publications

Resident Publications:

- 1. Van Ochten N, deQuillfeldt NP, Edward JA, Meyer M, Bollinger D, **Le P**, Frasca K, Garcia Rivera MV, Moudgal AN, Rogers K. Challenging chest pain: salmonella myopericarditis. *BMJ Case Rep*. 2024 Aug 24;17(8):e260573. doi: 10.1136/bcr-2024-260573. PMID: 39181573.
- Sheneman, D. W., Hu, J., Das, S., et al. Chemotherapy delivery in early-onset colorectal cancer is impacted by urban versus rural settings in Colorado. *Colorectal Cancer*, 13(1), 2024. https://doi.org/10.1080/1758194X.2024.2400045
- 3. Paek M, Rinderle T, **Resnick R**, Bekelman D. Fast Facts and Concepts #467: Palliative Care Issues in Aortic Stenosis. Palliative Care Network of Wisconsin, 2023.



- 4. **Cerniglia M, Klepadlo M, Sheneman D**, Kim SS. Response to PD-1 inhibitor after progression on PD-L1 inhibitor in advanced HCC. BMJ Case Rep. 2022 Aug 12;15(8):e250009. doi: 10.1136/bcr-2022-250009. PMID: 35961684.
- 5. **Bergstedt DT**, Tarter WJ, Peterson RA, et al. Antibodies to Citrullinated Protein Antigens, Rheumatoid Factor Isotypes and the Shared Epitope and the Near-Term Development of Clinically-Apparent Rheumatoid Arthritis. Front Immunol. 2022 Jun 22;13:916277. doi: 10.3389/fimmu.2022.916277. PMID: 35812446; PMCID: PMC9265214.
- 6. **Cerniglia M**, Xiu J, Grothey A, Pishvaian MJ, et al. Association of Homologous Recombination-DNA Damage Response Gene Mutations with Immune Biomarkers in Gastroesophageal Cancers. Mol Cancer Ther. 2021 Nov 1. doi: 10.1158/1535-7163.MCT-20-0879. PMID: 34725190
- 7. Ebbs D, Hirschbaum JH, **Mika A**, Matsushita SC, Lewis JH. Expanding Medical Education for Local Health Promoters Among Remote Communities of the Peruvian Amazon: An Exploratory Study of an Innovative Program Model. Adv Med Educ Pract. 2020;11:215-223.
- 8. **Rinderle T**, Willett J. Bioethical Distinctions of End of Life Care Practices. Palliative Care Network of Wisconsin. 2021; (422).
- 9. Blankenship JM, **Rosenberg RC**, Rynders CA, Melanson EL, Catenacci VA, Creasy SA. Examining the Role of Exercise Timing in Weight Management: A Review. Int J Sports Med. 2021.
- Wells L, Cerniglia M, et al. Treatment of Metastatic Disease with Immune Checkpoint INhibitors Nivolumab and Pembrolizumab: Effect of Performance Status on Clinical Outcomes. Journal Clinical Oncology. 2021 10.1200/JCO.2021.39.15 suppl.e21574.
- 11. **Claus D**, Anderson D, Staley V, Forster J, Meron A. Trends in the Physical Medicine and Rehabilitation Match: Analysis of NRMP Data from 2007 to 2018. PM R. 2020.
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