
183 and Counting; Internal Medicine Residency Advising Reception; 3-Year Pathway & Summer Research Fellowship Alumni Career Night; The Empathy Project; CME Highlight featuring Asthma, Airways, and Environment Symposium; Innovations in Medicine featuring Jennifer M. Reckrey, MD; Beyond the White Coat and Faculty QuickTake Video featuring Sapna Mehta, MD; Featured Student Essay by Abigail Korenek

May 2025

INSIDE *Medicine*

The Newsletter of the Department of Medicine



A Message from the Chair, Steve Abramson

183 and Counting

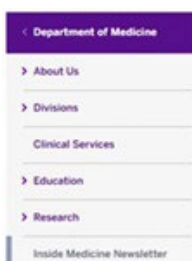
On May 14, we celebrated the 183rd graduating class of the NYU Grossman School of Medicine. Graduates, together with families and friends, filled Carnegie Hall, celebrating this milestone with pride and joy. We thank the members of the Class of 2025 for the mark they have each made on our school and wish them great success as they embark on the incredible journey ahead.

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Department of Medicine
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Inside Medicine Newsletter



See One, Do One, Teach One

April 2025

See One, Do One, Teach One: Shaping the Future of Medicine: Alec C. Kimmelman, MD, PhD, Appointed Chief/Executive Officer of NYU Langone Health and Dean of NYU Grossman School of Medicine; Healthcare Policy Headwinds; Match Day 2025: 40th Annual Hospital Medicine Symposium; CME Highlight featuring the NYU Langone Health Seminar in Advanced Rheumatology; Innovations in Medicine featuring Anoma Nellore, MD; Humanities and Art in Medicine: Featured Student Essay by Jeffrey Park



Sustaining Excellence: National Recognition Sets Us Apart

March 2025

U.S. News & World Report Edition; House Staff Appreciation Week; Inpatient Protected Time; Connecting Future Physicians; Inspired MD Summit; Innovations in Medicine featuring Jeremy R. Bettler, MD, MPH; Histories Is In

Internal Medicine Residency Advising Reception

Guiding the Student Class of 2026 Through the Match Journey



Michael LoCurcio, MD, holds a panel featuring (L-R) Mark B. Pochapin, MD; Peter Zhang, MD; Milna R. Rufin, MD; Patrick M. Cocks, MD

The Department of Medicine hosted an Internal Medicine Advising Reception for members of the Class of 2026, welcoming students who will be applying to Internal Medicine residency programs this summer. The event was organized and led by Michael LoCurcio, MD, Associate Professor of Medicine, Associate Chair for Education, Chief of the Linda Laubenstein Firm, and Director of the Core Medicine Clerkship. The event brought together Department of Medicine faculty, residents, and students for an evening of conversation, guidance, and mentorship.

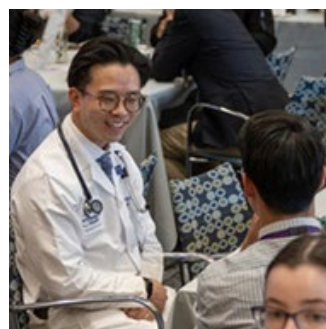
Designed to support students at a pivotal point in their medical training, the event offered an opportunity to hear directly from current residents and faculty members from the Department of Medicine. A panel discussion featuring Patrick M. Cocks, MD, the Abraham Sunshine Assistant Professor of Clinical Medicine, Co-Director of Foundational Clinical Skills in the Office of Medical Education, and Associate Chair of Education, Department of Medicine; Mark B. Pochapin, MD, Director of the Division of Gastroenterology & Hepatology and Vice Chair of Clinical Affairs in the Department of Medicine; Milna R. Rufin, MD, Clinical Assistant Professor of Medicine, Director of Medical Student Summer Research Fellowship Program, Director of the Medical Student Engagement, and Site Director of the Internal Medicine Residency Program; and Peter Zhang, MD, PGY-2, and future Chief Resident of Internal Medicine, provided students with an opportunity to ask questions. Participants learned about the structure and timeline of the residency application process, importance of crafting a strong personal statement and

CV, and how to approach interviews and letters of recommendation with confidence.

The evening also included small-group discussions, where students were able to ask questions about faculty members' personal journeys in medicine, seek advice on navigating the match, and explore research opportunities. Current residents shared candid insights into day-to-day life during residency and offered practical tips for thriving in the months ahead.

Students were encouraged to set up one-on-one meetings with departmental advisors following the event, reinforcing the department's strong commitment to individualized support and mentorship. The current residents, faculty members, and administrative leaders emphasized the importance of early engagement, thoughtful preparation, and tapping into the many resources available through the Department of Medicine.

Overall, the event reflected the department's proactive approach to helping students feel confident, informed, and supported as they prepare to take the next step in their medical careers. The evening was filled with positive energy, practical insights, and a shared sense of excitement about the journey to come.



3-Year Pathway & Summer Research Fellowship Alumni Career Night

Connecting Students with Residency and Department Leadership



Milna R. Rufin, MD, leads an interactive game to help students connect with Internal Medicine residency leadership

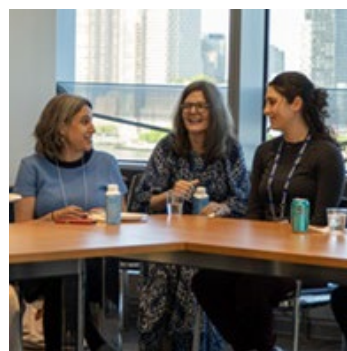
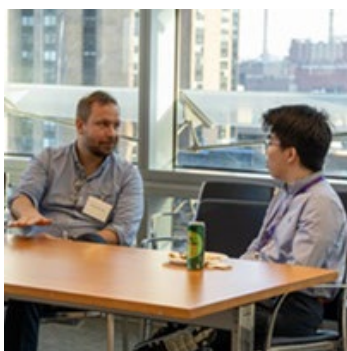
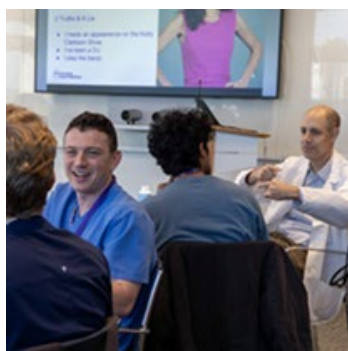
On May 1, medical students gathered in the Science Building for an engaging 3-Year Pathway-Accepted Students and Summer Research Fellowship Alumni Career Night. The event was hosted by Milna R. Rufin, MD, Director, and Adam H. Skolnick, MD, Associate Director, of the Medical Student Summer Research Program, as well as Margaret R. Horlick, MD, Program Director of the NYU Grossman Internal Medicine Residency Program.

The evening offered students a valuable opportunity to connect directly with residency program leadership—including associate program directors, site directors, and rising chief residents—who will one day serve as their mentors, advisors, and advocates during residency.

Attendees also participated in interactive ice breaker sessions, including a game that explored the program's core values and highlighted key initiatives, such as Inpatient Protected Time and the Resident as Teacher curriculum—both of which reflect the department's commitment to house staff education and professional development.

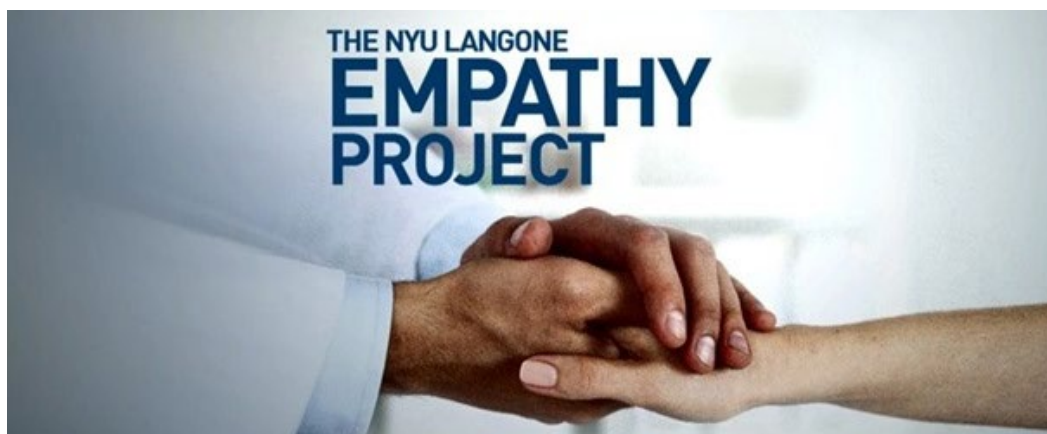
Dr. Rufin opened the evening with welcoming remarks, encouraging students to reach out to these leaders, emphasizing their eagerness to support, guide, and invest in students' growth throughout medical training. What followed were lively small-group conversations where students asked thoughtful questions and gained insights into residency life and beyond.

This event offered students—especially those in the 3-Year Pathway and Summer Research Fellowship programs—a chance to build connections, learn about the residency program's supportive culture, and begin envisioning their futures in Internal Medicine. Students left feeling informed, inspired, and welcomed into a community that values mentorship, innovation, and leadership. The evening exemplified the department's dedication to nurturing the next generation of physicians.



The Empathy Project

Supporting a Culture of Empathy in Medicine



The Empathy Project, based within NYU Langone Health's (NYULH) Institute for Innovation in Medical Education, promotes a culture of empathy in medicine. The Empathy Project was founded by Jonathan LaPook, MD, the Mebane Professor of Gastroenterology in the Department of Medicine. Dr. LaPook is a practicing internist and gastroenterologist at NYU Langone Health as well as the Emmy award-winning

Chief Medical Correspondent for CBS News.

The Empathy Project's curricula are integrated into the medical school and residency and are available for NYULH employees across the medical center. The Empathy Project uses stories, high-quality short films, and interactive workshops and activities to train students and healthcare providers to be more humane and empathic and to educate patients to demand it.

One example is *The Elephant in the Waiting Room* (TEITWR), a short, animated film produced by The Empathy Project. Accompanied by a comprehensive curriculum, the film has had a huge impact. Through 70 facilitated workshops with nearly 1800 learners within NYULH and at medical conferences, TEITWR has helped expand and inform the learners' understanding of the interplay between implicit bias and empathy in medical settings. [To view the film: empathyproject.com]

In March 2025, The Empathy Project's Empathy Boot Camp was chosen out of more than 1400 abstract submissions for a workshop at South by Southwest (SXSW) EDU in Austin, Texas. SXSW EDU brings together educators, thought leaders, and creatives from around the world to transform the future of learning.

The Empathy Project's hands-on session built foundational skills of empathy, with a focus on the critical roles of observation and interpretation. Jennifer G. Adams, MD, Frankfort Family Director, NYULH Center for Empathy in Medicine, alongside our partner at The Whitney Museum, presented the interactive workshop to an overflowing room of engaged educators.

As one participant shared: "I was incredibly impressed in The Empathy Project's SXSW EDU session. Using a painting to demonstrate how we all have different viewpoints and biases is genius. I hope to use the same technique in my work."

The Empathy Boot Camp workshop will be presented at the prestigious "Aspen Ideas: Health 2025" conference in June—one more step on the road to helping to promote a culture of empathy.



The Empathy Boot Camp at a workshop at SXSW EDU in Austin, Texas

CME Highlight

Asthma, Airways, and Environment Symposium



Course director Joan Reibman, MD, delivers the opening remarks at the symposium

The NYU Langone Health and NYC Health + Hospitals/Bellevue's Asthma, Airways & the Environment Research team, led by Joan Reibman, MD, and Gail E. Schattner, MD, hosted its 5th Asthma, Airways, and Environment Symposium on April 24, 2025. This biennial event, first launched in 2017, brings together experts across disciplines to explore how environmental factors shape the management of airway diseases. This year's symposium expanded its reach to include collaborators such as Monica Kraft, MD (Mt. Sinai) and Emily DiMango, MD (Columbia).

Dr. Reibman opened the day with a reflection on the environmental movement and the founding of the Environmental Protection Agency in 1970, emphasizing the link between cleaner air and improved health outcomes. She ended with a question about the impact of the new revised goals of the Environmental Protection Agency. Morning sessions focused on environmental airway insults, including outdoor air quality (Roisin Commane, PhD), indoor pollutants (Alison Lee, MD), microplastics (Rebecca Florsheim, MD, MPH), and wildfire exposure (Ilona Jaspers, PhD). Presentations also covered social and environmental stressors (Stephanie Lovinsky-Desir, MD) and climate change-related allergen exposure (Alex Bain, MD).

Afternoon sessions shifted toward clinical care, addressing the role of community health workers (Kasha Caesar, AS), the carbon footprint of inhalers (Emily DiMango, MD), and new strategies to improve inhaler use (Elliot Israel, MD). Ravi Kalhan, MD, discussed lung health across the lifespan and evolving chronic obstructive pulmonary disease (COPD) management. The day concluded with insights into innate immune mechanisms (Monica Kraft, MD) and the potential for biologics to achieve clinical remission in asthma (Geoffrey Chupp, MD).

With nearly 200 attendees joining in person and online, the event reinforced the urgent need to understand and address asthma and COPD as diseases influenced by modifiable environmental factors.



Innovations in Medicine:

Conversations with Our Expert Faculty



Jennifer M. Reckrey, MD
Member of the Faculty, Department of Medicine

This month, we spotlight Jennifer M. Reckrey, MD, a nationally recognized leader in geriatrics and home-based primary care who recently joined the Division of Geriatric Medicine and Palliative Care in the Department of Medicine at NYU Langone Health (NYULH). Dr. Reckrey brings a deep commitment to improving care for older adults with complex medical conditions, cognitive impairment, and functional challenges—patients who are often poorly served by traditional healthcare models. In this interview, she shares her vision for expanding home-based care across NYULH, discusses the importance of grounding medical decisions in what matters most to patients, and highlights how partnerships with caregivers, community organizations, and other specialties can lead to more effective, compassionate, and practical care for those aging at home.

What inspired you to join NYULH, and what excites you most about your new role in the Department of Medicine?

Many older adults face complex health and care needs that most systems struggle to meet. I've long admired NYU Langone Health's commitment to developing innovative, real-world solutions—rather than relying on traditional models. I'm excited to join a department of creative thinkers dedicated to improving care for older adults and people with serious illness. I look forward to working with colleagues to address gaps in the system and find better ways to serve these patients.

Can you share your vision for advancing geriatric care and home-based medicine at NYULH?

In hospitals and clinics, it's easy to miss how patients manage once they're home. Geriatricians take a broader view—considering function, cognition, goals, and caregiving support. Home-based care provides critical insights into the challenges patients face in their daily lives. Seeing someone in their home helps us better understand their life day-to-day and build care plans that are realistic, personalized, and actionable. For older adults with complex conditions, this approach is essential to delivering care that truly meets their needs.

What are some of the biggest challenges facing home-based care today, and how do you see NYULH addressing them?

Home-based care comes in many forms. One type is home-based medical care—like hospital-at-home, transitional provider visits, and home-based primary care—which require a different infrastructure than traditional care models. While these care models can lower costs, sustainable financing remains a challenge. But there are other types of home-based care too, including skilled home health, home hospice, family and paid caregivers in the home, home meal delivery, and more. Remote monitoring and telehealth further improve access, especially for patients who struggle to leave home. NYULH uses many forms of home-based care to understand what truly drives health. They also partner with home health agencies, hospices, and community organizations to care for the system's most complex and vulnerable patients.

Geriatrics is an evolving field with a growing need for innovative care models. Are there any programs or research initiatives you hope to develop or contribute to?

Geriatricians are well-suited to design care models that help older adults remain in the community, even as they face complex health issues and increasing care needs. Unfortunately, long-term and clinical care systems are often siloed, limiting access to essential supports. My goal is to develop programs and research that improve coordination between healthcare teams, caregivers, and home-based support systems. Because older adults have highly individual needs, I'm focused on creating flexible, person-centered approaches—not one-size-fits-all solutions—that adapt to each patient's specific circumstances and promote meaningful health outcomes at home.

Collaboration across disciplines is crucial in geriatric care. How do you plan to engage with other specialties to enhance care for aging patients?

Home-based care gives providers insight into the real-life factors affecting patient health. Even when home visits aren't possible, engaging family caregivers, home care workers, and other people who support patients at home can ground medical decisions in daily reality. These approaches are especially valuable for patients with advanced illnesses, complex regimens, cognitive impairment, or unstable housing. By identifying those who benefit most from innovative care models, we can meaningfully improve outcomes. I'm eager to collaborate with colleagues across specialties who are working on creative solutions for these challenging care scenarios. Please don't hesitate to reach out—I look forward to working together to enhance care for our complex older patients.

Beyond the White Coat

"Pole, Pole" (Swahili for "Slowly, Slowly")

I have enjoyed hiking with friends and family since I was a teenager and on January 12, 2025, I had the thrill of reaching Uhuru Peak at 19,341 feet on Mount Kilimanjaro. The trek with a friend from med school for her 50th was an incredible experience and something we had wanted to do for 22 years. While it felt amazing to accomplish a long-time goal, what I underestimated was how much I would enjoy the journey leading to summit day. I think in modern times, we often set goals which, with commitment and effort, we are very likely to achieve. Aiming for a goal that I might not reach was a refreshing shift of mindset. Months of the right training and prep still left the complete wildcard of high altitude that would be out of my control. In the last weeks before my departure, the mental game of this climb took over the physical game. I realized I had to embrace the uncertainty of "success" and truly accept that attempt alone would be a worthwhile experience.

My parents were raised in East Africa. So, climbing Kili in my mother's birth country, Tanzania, along the less crowded northern Grand Transverse route, looking out at my father's birth country, Kenya, was personally very meaningful to me. Our inimitable guide, who has summited Kili more than 250 times, told us from day 1 that the way forward was *pole, pole*—which means *slowly, slowly* in Swahili. For avid hikers, this can sound a bit basic. However, with a 3:00am start to summit day and as the air became noticeably thinner over 18,000 feet, this mantra is exactly what I zoned in on for the final push, even while seeing other unwell climbers being assisted down due to altitude sickness.

Being at the roof of Africa was exhilarating and flooded me with a deep gratitude and a feeling that I can do anything. I've tried to keep that feeling at the forefront of my days these last months both with day-to-day challenges and setting my sights on the next big trek.



Sapna Mehta, MD

Associate Professor, Department of Medicine
Clinical Director, NYU Langone Transplant Institute
Medical Director, Transplant Infectious Disease Service



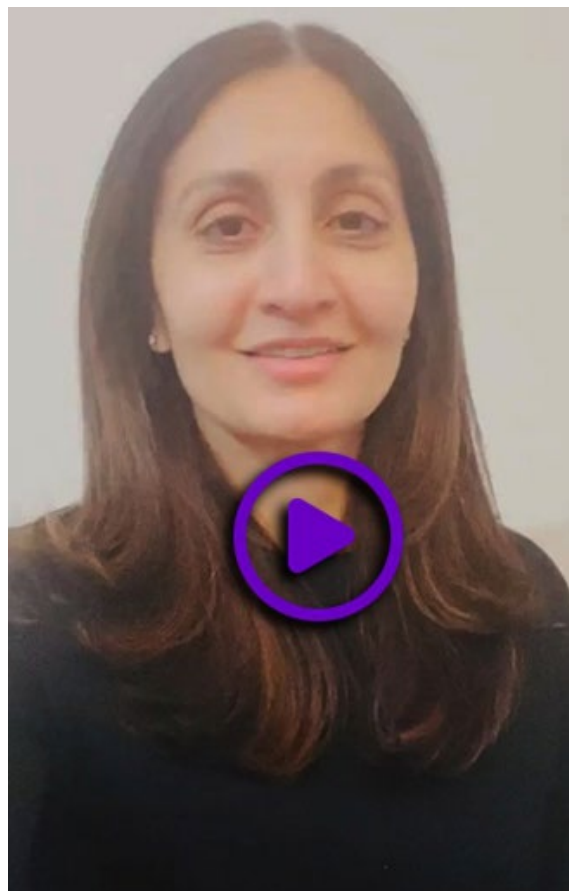
Sapna Mehta, MD, at the Uhuru Peak in Tanzania along her climb of Mount Kilimanjaro

Faculty QuickTake Video

A brief glimpse into the journeys of those who make our department exceptional.

In each Faculty QuickTake video, a Department of Medicine member answers a few rapid-fire questions about their path to medicine, their passion for the work, and the advice that's stuck with them.


Featured: Sapna Mehta, MD | Specialty: Infectious Diseases




The Digital Pulse


A roundup of select posts from our social media channels.

Be sure to join the conversation, and don't forget to tag us as you share your accomplishments!

**Doctor Radio**
@NYUDocs

Have you had pancreatitis? Medical Grand Rounds is LIVE.
[@MarkPochapin](#) & [@PlateletDoc](#) are talking with Dr. Marco Bruno
[@ErasmusMC](#) Questions? 877-698-3627 [sxm.app.link/DoctorRadio](#)




**NYU Department of M...** [@NYULH_Deptof...](#) · Apr 16 Promote

At Med [#GrandRounds](#) today [@nyugrossman](#), Jason S. Knight, MD, PhD ([@jasonsoknight](#)) of [@umichmedicine](#) gave an outstanding talk on Antiphospholipid Syndrome (APS), highlighting key updates to diagnostic criteria, evolving mechanisms of thrombosis, and new insights offering hope for improved care.

Key Takeaways:

- Reviewed common lab tests used to diagnose APS in clinical practice
- Discussed the updated APS Classification Criteria and how they differ from earlier versions
- Explored emerging mechanisms behind thrombosis and other APS complications


[#MedTwitter](#) [#PublicHealth](#) [#MedEd](#) [#MedResearch](#) [#Rheumatology](#) [#APS](#) [#AntiphospholipidSyndrome](#) [#Thrombosis](#) [#Lupus](#)


**NYU Langone Health**

Medicine Grand Rounds

Antiphospholipid Syndrome: New Criteria, New Mechanisms, New Hope

Featured Speaker:
Jason S. Knight, MD, PhD




**NYU Department of Med...** [@NYULH_Deptof...](#) · 1h Promote

An outstanding Med [#GrandRounds](#) at [@nyugrossman](#) today, highlighting our annual Resident Research Showcase! 🎉 Congrats to Jason Avigan, MD, PGY-3, Aparna Narendrula, MD, PGY-2 ([@a_narendrula](#)), & Adam Schweber, MD, PGY-2, on their impressive work.

Today's Topics:

- "Bone Marrow Stroma in Multiple Myeloma"
- "The Impact of Cardiac MRI on Outcomes and Downstream Therapeutic Management in Heart Failure: A Propensity Matched Big Data Cohort Study"
- "Adoption of Finerenone in Diabetic Kidney Disease: A Multicenter Real-World Study"

[#ResidentResearchShowcase](#) [#MedTwitter](#) [#PublicHealth](#) [#MedEd](#) [#MedResearch](#)


**NYU Langone Health**

MEDICINE GRAND ROUNDS


Resident Research Showcase

Featured Speakers:

- Jason Avigan, MD, PGY-3
"Bone Marrow Stroma in Multiple Myeloma"
- Aparna Narendrula, MD, PGY-2
"The Impact of Cardiac MRI on Outcomes and Downstream Therapeutic Management in Heart Failure: A Propensity Matched Big Data Cohort Study"
- Adam Schweber, MD, PGY-2
"Adoption of Finerenone in Diabetic Kidney Disease: A Multicenter Real-World Study"





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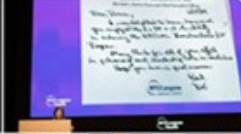
**NYU Langone PCCSM** [@NYULangonePCCSM](#) · Apr 23


Yesterday we held a special Pulmonary Grand Rounds & reception to celebrate Dr. Doreen Addrizzo-Harris as the Fiona & Stanley Druckenmiller Professor of Pulmonary, Critical Care & Sleep Medicine. Check out the highlights 🌟!



[@nyulangone](#) [@nyugrossman](#) [@NYUGSOM_DGIMCI](#)

**NYU Langone Health**









Follow our social channels by clicking the photo or icons above!

The Book Report

Luke Bonanni - *The Name of the Rose*

"When we consider a book, we mustn't ask ourselves what it says, but what it means." This phrase, uttered by Franciscan friar William of Baskerville in Umberto Eco's 1980 novel *The Name of the Rose*, invites us to consider how we derive meaning from our observations.

Set in a 14th century Benedictine abbey amid political upheaval and religious inquisition, the novel ostensibly portrays itself as a work of historical detective fiction, complete with a series of mysterious murders, the shrewd detective-friar William (the spitting image of a medieval Sherlock), and the novice narrator Adso (think Watson without the first or last letter). The reader, thrust into a medieval setting that seems alien compared to the modern day, must make sense of the words on the page, just as William

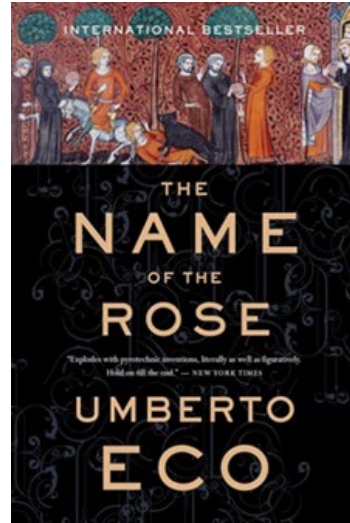
must make sense of the clues he observes.

Despite its initial appearance, the book is best classified as philosophical fiction. Eco combines the historical backdrop of the late Middle Ages with the modern structure of the detective story to explore the philosophy of meaning and truth. How should we navigate uncertainty to arrive at the truth, and does our method matter? Are there multiple truths? Does the truth deserve protection and, if so, who should guard it? By engaging with the book's ambiguous prose, the reader becomes better equipped to find meaning in the uncertainty of everyday life, an important skill in an increasingly chaotic world.



Luke Bonanni

NYU Grossman School of Medicine, MD/MSCI, Class of
2025



Featured Student Essay

Clerkship Award for Outstanding Essay in Medical Humanism

A Little Relief

The embattled intern let out a long sigh. “She wants me to braid her hair. I have all these notes to write...” Unprompted, a memory resurfaced: a tender moment my twin sister had recounted to me from our time working in the nursing home. A new patient had been admitted with impossibly matted hair. Once a successful lawyer, her mind and independence had been whittled away by years of drinking, no doubt an involuntary response to a stressful career, a stressful existence. Who could resist a little relief? The patient was aphasic, incomprehensible, but her word salad was studded with the vocabulary of a scholar. Nonetheless, she was labeled combative, confused; perhaps because she was. Some labels might be true, or at least useful.

“I’m worried someone will shave her head.” My sister looked beyond the tangles and refused the razor, taking hours to painstakingly pick the impossible snarls apart strand by strand. The patient’s/lawyer’s/mother’s/person’s angst melted away. A calm settled over her as a stranger meticulously brushed and plaited her long chestnut hair. Relief for the patient, freed of such a visible and uncomfortable sign of her decompensation. Relief for my sister, freed of her discomfort with bearing witness to such suffering. And, relief for the other staff: someone else had completed the undesirable task, checked a box

off their to-do list for them.

"Let me do it. What room is she in?" "Are you sure?" "Yes." Her snow-white hair was knotted into the adhesive and elastic of her high-flow cannula. She wasn't my patient, but I could see the physical evidence of a long battle with illness: a large scar peeking out from her wrinkled gown, disproportionate in size to her diminutive frame. I proudly brandished my hospital-issued brush and comb: "I heard someone needed their hair braided?" Her tired eyes lit up, which I could tell was a rarity for her these days. I only knew her first name, not her MRN, not her medical history, not her reason for admission. It was freeing: I did not feel compelled to mechanically review a checklist of symptoms, naively listen to her heart and lungs, or haplessly poke at her legs for swelling.

I introduced myself, and she told me she hadn't heard anyone with my name for a while; it was old-fashioned, and she was old. "You have the face for it though." I would think about what exactly that meant later. I started to work my way through the tangles, apologizing profusely as I unceremoniously yanked the silver strands through the inadequate brush. She lamented the color, the length; even in her old age she could not help but atone for her appearance. It struck me suddenly that I could talk to her like a person. Niceties followed: "Where are you from? What does your son do for work? Any grandchildren?" Her son had left the room; was the sight of me brushing his mother's hair too intimate? I wasn't sure. She replied to my questions in turn but broke the rules: she started to recite a poem to me, faltering words spilling out of her unexpectedly. It seemed she had surprised herself with her own offering. In between reciting lines, she told me she had met her husband in grade school and that they had learned the same poem. He had recited it to her, and now her to me. "I think that I shall never see a poem as lovely as a tree... And something about lifting her leafy arms to pray..." I could not bring myself to ask about her husband; I knew there was a reason she had recited the poem.

Her hair now untangled, I had no choice but to break the spell. "Ok, all done! Thank you for sharing your poem with me. I'm not on your team, but hopefully, our paths cross again in the future." It felt wholly inadequate, but it was all I could come up with. I could not help but look up the poem in full later: her recitation was imperfect, clouded by the fog of many years passed between her original reading and her current recollection. But it was not incorrect, just different. She and her husband had breathed a different life into it. I wonder what had been a greater relief: to recite the poem, or have her hair braided, if it mattered? Either way, I was relieved to provide it. And the intern was relieved of a duty. I remembered reading somewhere, "You continuously have the power to offer someone else a little relief. Why would you withhold that?" In medicine, we deal primarily in relief, whether from mental or physical anguish. With a few kind words or a kind action, we are in a unique position to relieve our patients and colleagues alike. As humans, we are privileged with the opportunity to provide relief to dear friends and family, vaguely familiar coffee shop baristas, and total strangers in the grocery store. How could you ever withhold that?

Trees

By Joyce Kilmer

I think that I shall never see
A poem lovely as a tree.

A tree whose hungry mouth is prest
Against the earth's sweet flowing breast;

A tree that looks at God all day,

And lifts her leafy arms to pray;

A tree that may in Summer wear
A nest of robins in her hair;

Upon whose bosom snow has lain;
Who intimately lives with rain.

Poems are made by fools like me,
But only God can make a tree.

References

Copyright Credit: Joyce Kilmer, "Trees" from Poetry 2, no. 5 (August 1915): 153. Source: Poetry (August 1913)

Abigail Korenek is a second-year MD/PhD student at NYU Grossman School of Medicine. She will pursue her graduate studies in Virology this year after completing her clinical rotations. She graduated from North Carolina State University in 2023, where she studied Microbiology, Global Public Health, and Biotechnology. Abigail is passionate about bringing ethical humanism to the field of infectious disease medicine. When not in the hospital or lab, you can find her baking sourdough bread or working on a sewing project.



News & Awards

Faculty Honors

Division of Gastroenterology and Hepatology



Gregory B. Haber, MD, has been honored with the Rudolf Schindler Award—the highest honor of the American Society for Gastrointestinal Endoscopy—for his contributions to endoscopic research, teaching, & care throughout his esteemed career. Dr. Haber received the award at Digestive Disease Week 2025 in San Diego, CA on May 3rd.



Aasma Shaukat, MD, MPH, was presented with the esteemed Distinguished Endoscopy Research Mentor Award by the American Society for Gastrointestinal Endoscopy on May 3rd at Digestive Disease Week 2025 in San Diego, CA.

Division of Precision Medicine



Jimin Tan, PhD student, received \$250,000 for a 2-year grant by the Arthritis National Research Foundation for his project titled, "Identification of gene dysregulation and therapeutic targets for psoriatic arthritis using novel machine learning."

Division of Pulmonary, Critical Care, and Sleep Medicine



Caralee E. Caplan-Shaw, MD, and colleagues in the TB Screening Program for Asylum Seekers received a TB Elimination Champions Award from the Centers for Disease Control and Prevention.



David L. Kamelhar, MD, has been selected as Director of the new NYU Langone Health Multidisciplinary Cough Program based at the Tisch Center for Men's Health.



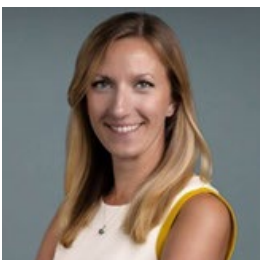
Brian S. Kaufman, MD, has invented a modular tracheostomy complication task trainer to be patented worldwide by Trucorp, who will mass produce and market it together with NYU Langone Health.



Jake G. Natalini, MD, has been named Associate Medical Director of the Lung Transplant Program.



Deepak R. Pradhan, MD, MHPE, has been selected as Chair of NYULH's 2025 Medical Education Innovations and Scholarship Conference.



Darya Rudym, MD, has been named Director of Outreach in Lung Transplantation.

Promotions

Division of General Internal Medicine and Clinical Innovation



Alexandra M. Goodwin, MD, Clinical Associate Professor of Medicine

We want to hear from you!

Have ideas or topics for the next issue of *Inside Medicine*? Email us at InsideMedicineNewsletter@nyulangone.org with your topic suggestions, updates, or achievements. Let's work together to showcase the incredible contributions across the Department of Medicine!



Upcoming Events & CME

Medicine Research Day

Rosenthal Pavilion at the NYU Kimmel Center, 60 Washington Square South
May 29, 8:00am – 5:00pm

TEDx: Beyond Boundaries: Innovating for a Healthier Tomorrow

Murphy Auditorium, 550 First Avenue, New York
June 10, 5:30am – 7:30pm
Details and registration link [here](#)

State of the Department Address and Award Ceremony

Murphy Auditorium, 550 First Avenue, New York
June 18, 7:30am – 9:00am

CME: NYU Langone Invasive Cardiology Symposium

September 5, 7:30am – 4:40pm
Details and registration link [here](#)

CME: Big Gut Seminars: Focus on Complex Liver Disease

September 20, 7:00am – 6:00pm
Details and registration link [here](#)

CME: 10th Annual Dietary and Lifestyle Strategies for Cardiovascular Risk Reduction

October 10, 7:00am – 6:00pm

Details and registration link [here](#)

CME: The 5th Annual NYU Langone Critical Care Cardiology Symposium

October 17-18, 7:00am – 6:00pm

Details and registration link [here](#)

Select Publications

Leon H. Charney Division of Cardiology

Tompkins R, Venkatesh P, **Small AJ**, **Halpern DG**. Lifelong care of females with congenital heart disease. *Circ Res*. 2025 Mar 14;136(6):553-565. doi: [10.1161/CIRCRESAHA.124.325596](https://doi.org/10.1161/CIRCRESAHA.124.325596). Epub 2025 Mar 13. PMID: 40080536.

Slater J, Maron DJ, Jones PG, **Bangalore S**, **Reynolds HR**, Fu Z, Stone GW, Kirby R, **Hochman JS**, Spertus JA; ISCHEMIA Research Group. Evaluating the appropriate use criteria for coronary revascularization in stable ischemic heart disease using randomized data from the ISCHEMIA trial. *Circ Cardiovasc Qual Outcomes*. 2025 Mar;18(3):e010849. doi: [10.1161/CIRCOUTCOMES.124.010849](https://doi.org/10.1161/CIRCOUTCOMES.124.010849). Epub 2025 Feb 26. PMID: 40008421.

Massera D, **Sherrid MV**, Scheinerman JA, Swistel DG, **Razzouk L**. Medical, surgical, and interventional management of hypertrophic cardiomyopathy. *Circ Cardiovasc Interv*. 2025 Mar;18(3):e014023. doi: [10.1161/CIRCINTERVENTIONS.124.014023](https://doi.org/10.1161/CIRCINTERVENTIONS.124.014023). Epub 2025 Feb 10. PMID: 39925290.

Holman Division of Endocrinology, Diabetes & Metabolism

Zheng Y, **Iturrate E**, Li L, Wu B, **Small WR**, **Zweig S**, Fletcher J, Chen Z, Johnson SB. Classifying continuous glucose monitoring documents from electronic health records. *J Diabetes Sci Technol*. 2025 Mar 12:19322968251324535. doi: [10.1177/19322968251324535](https://doi.org/10.1177/19322968251324535). Epub ahead of print. PMID: 40071848; PMCID: PMC11904921.

Lee C, **Naik R**. The role of continuous glucose monitoring in people without diabetes: a us perspective. *Chronicle of Diabetes Research and Practice Jan–Jun 2025*. 2025 Jan 3;46852(2):172. doi: [10.4103/cdrp.cdrp16.24](https://doi.org/10.4103/cdrp.cdrp16.24)

Locasale JW, **Goncalves MD**, Di Tano M, Burgos-Barragan G. Diet and cancer metabolism. *Cold Spring Harb Perspect Med*. 2024 Dec 2;14(12):a041549. doi: [10.1101/cshperspect.a041549](https://doi.org/10.1101/cshperspect.a041549). PMID: 38621831; PMCID: PMC11610756.

Division of Environmental Medicine

Thurston GD, Andersen ZJ, Belesova K, Cromar KR, Ebi KL, Lumsden C, de Nazelle A, Nieuwenhuijsen M, Soares da Silva A, Teixidó O, Rice MB. Transitioning from climate ambitions to climate actions through public health policy initiatives. *Environ Epidemiol*. 2025 Mar 6;9(2):e373. doi: [10.1097/EE9.0000000000000373](https://doi.org/10.1097/EE9.0000000000000373). PMID: 40060026; PMCID: PMC11888974.

Division of Gastroenterology and Hepatology

Faye AS, Kochar B, **Shaukat A**. Clin-STAR corner: practice-changing advances at the interface of gastroenterology & geriatrics. *J Am Geriatr Soc*. 2025 Apr 9. doi: [10.1111/jgs.19467](https://doi.org/10.1111/jgs.19467). Epub ahead of print. PMID: 40202331.

Zhu W, Chen L, Aphinyanaphongs Y, Kastrinos F, Simeone DM, **Pochapin M**, Stender C, Razavian N, **Gonda TA**. Identification of patients at risk for pancreatic cancer in a 3-year timeframe based on machine learning algorithms. *Sci Rep*. 2025 Apr 5;15(1):11697. doi: [10.1038/s41598-025-89607-8](https://doi.org/10.1038/s41598-025-89607-8). PMID: 40188106; PMCID: PMC11972345.

Ahsan M, Udaikumar J, Hong S, Faye AS, Katz S, Delau O, Axelrad J. The impact of concomitant hypothyroid disease on the course of inflammatory bowel disease. *Dig Dis Sci*. 2025 Mar 1. doi: [10.1007/s10620-025-08956-6](https://doi.org/10.1007/s10620-025-08956-6). Epub ahead of print. PMID: 40025310.

Division of General Internal Medicine and Clinical Innovation

Schaye V, DiTullio D, Guzman BV, Vennemeyer S, Shih H, Reinstein I, Weber DE, Goodman A, Wu DTY, **Sartori DJ**, Santen SA, Gruppen L, Aphinyanaphongs Y, **Burk-Rafel J**. Large language model-based assessment of clinical reasoning documentation in the electronic health record across two institutions: development and validation study. *J Med Internet Res*. 2025 Mar 21;27:e67967. doi: [10.2196/67967](https://doi.org/10.2196/67967). PMID: 40117575; PMCID: PMC11971582.

Osmundson J, Watkins JL, Vasan A, Hawke C, Baran A, Zucker JR, Murphy K, **Wallach A**, Long T. Mobile mpox vaccination in new york city provided flexible community-responsive vaccine access during the 2022 global mpox emergency. *Open Forum Infect Dis*. 2025 Mar 31;12(4):ofaf053. doi: [10.1093/ofid/ofaf053](https://doi.org/10.1093/ofid/ofaf053). PMID: 40166647; PMCID: PMC11949096.

Rosenfeld D, Brennan S, **Wallach A**, Long T, Keeley C, Kurien SJ. COVID-19 Testing Equity in New York City During the First 2 Years of the Pandemic: Demographic Analysis of Free Testing Data. *JMIR Public Health Surveill*. 2025 Mar 13;11:e52972. doi: [10.2196/52972](https://doi.org/10.2196/52972). PMID: 40080042; PMCID: PMC11924968.

Division of Geriatric Medicine and Palliative Care

Murali KP, Lassell RKF, **Brody AA**, Schulman-Green D, David D. "There should be a nurse on call": complex care needs of low-income older adults in medicaid-supported assisted living. *J Palliat Med*. 2025 Apr 10. doi: [10.1089/jpm.2024.0445](https://doi.org/10.1089/jpm.2024.0445). Epub ahead of print. PMID: 40208828.

Ma C, Wu B, **Brody AA**. Racial and ethnic disparities in accessing high-quality home health care among older adults with and without dementia. *J Am Med Dir Assoc*. 2025 Mar 21;26(5):105539. doi: [10.1016/j.jamda.2025.105539](https://doi.org/10.1016/j.jamda.2025.105539). Epub ahead of print. PMID: 40058763.

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Division of Hospital Medicine

Rabinowitz R, Drake CB, Talan JW, Nair SS, **Hafiz A, Andriotis A**, Kogan R, Du X, Li J, Hua W, Lin M, **Kaufman BS**. Just-in-time simulation training to augment overnight ICU resident education. *J Grad Med Educ*. 2024 Dec;16(6):713-722. doi: [10.4300/JGME-D-24-00268.1](https://doi.org/10.4300/JGME-D-24-00268.1). Epub 2024 Dec 13. PMID: 39677310; PMCID: PMC11641875.

Wang E, Samaroo A, **Weisstuch J**, Rudy B. The use of a single risk assessment tool for mortality and numerous hospital-acquired conditions. *J Healthc Qual*. 2024 Nov-Dec 01;46(6):370-379. doi: [10.1097/JHQ.0000000000000456](https://doi.org/10.1097/JHQ.0000000000000456). Epub 2024 Oct 15. PMID: 39405523.

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Division of Infectious Diseases and Immunology

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Division of Nephrology

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Division of Precision Medicine

Gambi G, Boccalatte F, Rodriguez Hernaez J, **Lin Z, Nadorp B,** Polyzos A, Tan J, Avrampou K, Inghirami G, Kentsis A, Apostolou E, Aifantis I, **Tsirigos A.** 3D chromatin hubs as regulatory units of identity and survival in human acute leukemia. *Mol Cell.* 2025 Jan 2;85(1):42-60.e7. doi: [10.1016/j.molcel.2024.11.040](https://doi.org/10.1016/j.molcel.2024.11.040). Epub 2024 Dec 23. PMID: 39719705.

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Division of Pulmonary, Critical Care, and Sleep Medicine

Talan J, Forster M, Joseph L, Pradhan D. Exploring the role of immersive virtual reality simulation in health professions education: thematic analysis. *JMIR Med Educ.* 2025 Mar 12;11:e62803. doi: [10.2196/62803](https://doi.org/10.2196/62803). PMID: 40073417; PMCID: PMC11922489.

Deshwal H, Elkhapery A, Ramanathan R, Nair D, Singh I, Sinha A, Vashisht R, **Mukherjee V.** Patient-self inflicted lung injury (p-sili): an insight into the pathophysiology of lung injury and management. *J Clin Med.* 2025 Feb 27;14(5):1632. doi: [10.3390/jcm14051632](https://doi.org/10.3390/jcm14051632). PMID: 40095610; PMCID: PMC11900086.

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Division of Rheumatology

Buyon JP, Carlucci PM, Cuneo BF, **Masson M**, **Izmirly P**, **Sachan N**, **Brandt JS**, **Mehta-Lee S**, Halushka M, **Thomas K**, Fox M, **Phoon CK**, **Ludomirsky A**, **Srinivasan R**, Lam G, **Wainwright BJ**, **Fraser N**, Clancy R. Substantiation of trophoblast transport of maternal anti-SSA/Ro autoantibodies in fetuses with rapidly progressive cardiac injury: implications for neonatal Fc receptor blockade. *Lancet Rheumatol*. 2025 Jan;7(1):e6-e9. doi: [10.1016/S2665-9913\(24\)00331-X](https://doi.org/10.1016/S2665-9913(24)00331-X). Epub 2024 Nov 15. PMID: 39557050.

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