“We onboarded a group of interns who were thrown into the fire of residency without a typical onboarding experience and have collectively handled the transition better than we could have imagined.” – William Salyers, M.D., program director and chair

OUR RESIDENTS’ PHOTOS AND BIOS CAN BE SEEN AT wichita.kumc.edu/internal-medicine/residents/about-us/resident-bios.

From left to right:
Yasmine Hussein-Agha, M.D., PGY3; Morgan Weiler, MS3; Abbas Mozaffar, MS4; Nourhan Chaaban, M.D., PGY1; Jack Nolte, MS3; Jared Ojile, M.D., PGY1; Syed Kamran, D.O., PGY1; Taleb Ali, M.D., PGY1; Nick Tuck, M.D., PGY1.

Front to back:
Chelsea Whutnow, M.D., PGY1; Pie Pichetsurnthorn, M.D., PGY2; William Salyers, M.D., program director; Aimee Nguyen, M.D., PGY2 (M/P); Ryan Ford, M.D., PGY1.

From left to right:
John Eliveha, M.D.; Karen Gichohi, M.D., PGY2; Job Mogire, M.D., PGY3; Tabitha Muutu, M.D., PGY1.
KU Wichita’s Department of Internal Medicine was pleased to host Dr. Mita Sanghavi Goel as guest speaker for Grand Rounds Friday, Dec. 11.

By Gerard S. Brungardt, M.D., Be.L.

Dr. Goel is associate professor of medicine at Northwestern University where she is a practicing primary care internist whose primary research interests revolve around social determinants of health and health care disparities.

Over 50 participants attended remotely for her virtual presentation. The most remarkable aspect was the breadth and depth of her knowledge and research into our own Wichita community as it applied to the key points she made about SDH. One of her initial slides was from a local news report early in the pandemic showing Black people dying of COVID-19 at a five-fold greater rate than white people.

Take home message #1 is that there are many individual factors that influence health and health care disparities including age, comorbidities, health care access, homelessness and so-called intermediary determinants including housing, food, physical activity and stress.

Take home message #2 is that many, if not most, of these factors are inequitably distributed depending on socioeconomic position. Dr. Goel reminded us that race is a sociopolitical construct with no genetic basis. Many factors have led to Black people having a systemic disparity in baseline socioeconomic status (the median income of Black people is 59 cents for every dollar for white people). These factors include intergenerational wealth transfer, education and occupation. All these lead to what sort of opportunities an individual has.

Take home message #3 is that inequitable wealth distribution results from intentional practices. In one of the most fascinating and personal parts of her talk, Dr. Goel walked us through the post-WWII housing boom in Wichita and how redlining intentionally and specifically segregated Black people into distinct geographic areas - the same geographic areas that now have the highest rates of and deaths due to COVID-19.

She concluded with some specific action item suggestions based on the “Five As” – awareness, adjusting, assisting, advocating and aligning. For example, we could use screening tools to become aware of needs and then adjust and align our plans to best assist the patients, all the while advocating for equity. If food security is identified as a need, we might adjust our insulin regimen to better match the foods they have access to and assist by sharing information about area food pantries and other resources.

CONGRATULATIONS!

Garold Minns, M.D., dean and professor, KU School of Medicine-Wichita, and Donna Sweet, M.D., professor, KU Wichita Internal Medicine/HIV were honored with Thrive Awards. We are pleased to join in honoring your excellence and service in countless areas within our community, including health care, education, volunteerism and government service.
COVID-19: Our students and residents talk about their experiences providing patient care during these difficult times

Abbas Mozaffar, MS4

This past fall I had the opportunity to do a month-long infectious diseases rotation with Tom Moore, M.D., and it was a fantastic experience. Although I had expected to be busy on that rotation, I was truly surprised by the volume of cases that we had. It was fairly common for Dr. Moore’s caseload for the day to be anywhere from 80-100 patients, and even with good support from midlevel staff, the schedule was unpredictable and we sometimes rounded well into the evening. Despite all of this, Dr. Moore was always cheerful, professional and willing to teach, and I had the opportunity to see many patients who were severely ill or had rare and exotic diseases. I also had the unique opportunity to learn about the pandemic on the front lines; listening in on phone calls with public health officials and hospital administrators, learning about hospital policies and observing the care of COVID-19 patients in the ICU. Learning about the pandemic in school and from the news simply could not do it justice; seeing how it has strained every level of our health care system in person was something else entirely. I lost more patients on the ID service than on any other rotation by far and the prolonged disease course, as well as the long and difficult discussions with family members who knew either nothing or misinformation about the disease, made it much more difficult to handle. One of the most bizarre moments of my time in medical school was when a patient and his son simply refused to accept the realities of the pandemic and instead wanting to believe ridiculous conspiracy theories about Dr. Fauci and the so-called deep state. Dr. Moore of course maintained his professionalism during this difficult patient encounter, but when we stepped out of the room he told me about how he had actually worked with Dr. Fauci during his training and even showed me a book Dr. Fauci had signed for him. Never in a million years did I think I’d see patients who so emphatically refused to believe in both the people trying to save their lives and the disease that was killing them in the first place. The mishandling of this pandemic is a national tragedy, but I still find hope in the heroic deeds I witnessed on the frontlines. Across the board, I saw health care workers performing at the highest levels despite being overworked, underpaid and putting themselves at risk, and I find myself truly humbled by their dedication and sacrifice in these extremely trying times.

Ryan Ford, M.D., PGY1

There are a lot of firsts as an intern. My first time calling a stroke alert was for a fifty-five-year-old male with COVID-19. My first code was that same fifty-five-year-old male shortly thereafter. My first solo comfort care talk was with the family of a 78-year-old male who also had COVID. How we navigate life is often heavily influenced by our firsts and learning to practice medicine is no different. With that in mind, it almost feels as if every differential diagnosis has an imaginary footnote containing the phrase, “Correlate with COVID diagnosis.” With how much we must consider the secondary effects of this disease, you would think there were no strokes in the U.S. prior to Jan. 21, 2020. I believe you could argue that we live in a post-idiopathic world where COVID has become a massive catch-all etiology. The funny thing is you wouldn’t necessarily be wrong. As an intern, there are times when it feels as if your morning routine largely consists of a short stroll through the human zoo that is each COVID unit. It is easy to get bogged down in the minimalist nature of the same three COVID treatments that are doled out to patients in various combinations depending on length and severity of symptoms. You run the risk of feeling neutered by what feels like the inevitability of COVID just having to take its course while you’re left hoping that course doesn’t involve a ventilator. However, there may be a silver lining. Interns across the country are entering medicine at a time when their knowledge of the hottest topic in the field is often just as evolved as some of their more seasoned colleagues. Additionally, we are presented with an opportunity to tap into the more humanistic nature of medicine. I believe, as physicians, our job consists of selling patients hope through treatment and when that hope runs dry, we are thrust into the role of selling comfort through realism. As I scale the steep mountain of information required to be a competent physician, this realization has anchored me the most throughout my first six months of internship.
Wassim Shaheen, M.D.
What do you enjoy most about being a volunteer faculty member?
It is very delightful to spend time with the residents and med students. Firstly, they are fun and eager to learn. Secondly, they have an inquisitive mind with ambition for a better future. It is that “flame” that they have deep in them that keeps most of the volunteer faculty engaged in teaching and supervising the residents.
How many years of experience do you have in your field?
14 years.
What are your interests, hobbies?
Spending time with family, reading, travelling. With COVID, it seems I am becoming a marathon TV watcher!

Nathaniel Parker, D.O.
What drew you to a career in medicine?
I feel life is about finding your passion and not letting it go. So far, my medical training has been a long journey, but one that I’m passionate about pursuing for the rest of my life. I chose KU Wichita for residency because I wanted to focus on compassionate patient care and launch my future career as an internal medicine specialist. I remain drawn to internal medicine because it awards physicians the opportunity to solve complex problems, mitigate risk factors, and prevent diseases and deaths.
What do you enjoy most about residency?
From my residency experiences in the hospital and ambulatory settings, I’ve learned that I enjoy those sometimes tough, shared decision-making discussions because from those experiences I feel you can develop more meaningful patient-physician relationships. Since starting residency I’ve enjoyed taking more active roles in patient-centered dialogues. I think it’s very exciting and satisfying to educate patients so they can then make their own decisions about their own diseases; what treatments they may or may not want; or the risks, benefits and toxicities of certain therapies. I’m further interested in pursuing fellowship in hematology/oncology. I’m fascinated by the difficulty of the subject and the honesty with which the physicians, multidisciplinary teams and the patients tackle their challenges. Cancer is obviously a tough condition sometimes and the specialty can be quite an emotive one. Some days come with good news, while other days come with bad news. But I think helping people through the journey of their treatment is very satisfying. I chose KU Wichita because I found a home to support me as I grow, learn and make friends at the same time. I came to know so many amazing people; as mentors, friends and patients during these three years. It truly has been a very welcoming and supportive community. I’m glad to be a part of the KU Wichita Internal Medicine family, I’m grateful for what I have learned so far, I’m eager to learn and know more, and excited about what the future holds.
What are your interests, hobbies?
Anything sci-fi or comic book-related on Netflix, Hulu, Amazon Prime and Disney+. Indoor soccer at the Wichita Sports Forum or Stryker Sports Complex. I enjoy playing spikeball, Settlers of Catan, or going to wineries and breweries with my co-residents.

Chris Dakhil, M.D.
What do you enjoy most about being a volunteer faculty member?
Volunteering and teaching are at the very heart of a career in medicine. We volunteer our expertise to our medical students and residents for so many unselfish reasons, but there is one selfish benefit as well. The satisfaction of giving back to a system that gave so much to me (and my wife during her training) has been extremely rewarding. I had phenomenal mentors during my KU years that made a huge impact on the physician that I am today. I love seeing new students become skilled physicians, in part due to the guidance that we as mentors provide. It’s humbling and gratifying. It also connects us back to the lifelong pursuit of learning.
How many years of experience do you have in your field?
I’ve been in private practice for over eight years after training in Kansas City as a resident and fellow for six years.
What are your interests, hobbies?
I’m an avid sports fan, growing up playing every sport I could get my hands or feet on. These days I coach soccer and basketball for my kids. We enjoy spending time at the lake doing water sports. My kids and I have bonded over LEGO’s, video games and Chiefs football.
Welcome to the team!

Meet our new full-time faculty

**Kevin Wissman, Pharm.D., BCPS**
The Department of Internal Medicine welcomes Kevin Wissman, Pharm.D., BCPS, who joined our faculty in July as a clinical assistant professor. Dr. Wissman is a dynamic member of our interdisciplinary team at the Center for Health Care and Midtown Clinics. Dr. Wissman graduated from the University of Kansas School of Pharmacy in May 2018 and completed an ambulatory care residency training program in June 2020.

Meet our new volunteer faculty

**Saad Farhat, M.D.** - Dr. Farhat is a cardiologist with Heartland Cardiology-Wichita and will be working with the students and residents in our department on a cardiologist rotation.

**Peeyush Gover, M.D.** - Dr. Grover is a cardiologist with Wesley Medical Center and will be working with the students and residents in our department on a cardiologist rotation.

**Denise Bruey, M.D.** - Dr. Bruey is an emergency medicine physician at Ascension Via Christi and will be working with the students and residents in our department on an ER rotation.

**Vismay Thakkar, M.D.** - Dr. Thakkar is a neuro hospitalist at Wesley Medical Center and will be working with the students and residents in our department on a neurology rotation.

**Rajesh Sadasivuni, MBBS** - Dr. Sadasivuni is a neuro hospitalist at Wesley Medical Center and will be working with the students and residents in our department on a neurology rotation.

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Fellowship match

On Dec. 2, 2020, Internal Medicine residents participating in fellowship match were notified on what program they had been matched into. Join us in congratulating them and wishing them well with their future training endeavors.
Recent publications

Guideline Adherence in Dyspepsia Investigation and Treatment. Katelyn Dugan, MS-3; Elizabeth Ablah, Ph.D., MPH; Hayrettin Okut, Ph.D.; Sachin Srinivasan, M.D.; William Salyers Jr., M.D., MPH

Effectiveness of Flow Sheet Implementation on Diabetes Progression Screening at a Student-Run Free Clinic. Samuel Wilcox, M.D., M.S.; Hayrettin Okut, Ph.D.; Robert Badgett, M.D.; Stephanie Hassouneh, MS-2; Elizabeth Ablah, Ph.D., MPH

The Effect of a Clinical Pathway on Reducing the Rate of Healthcare-Onset Clostridioides difficile. John W. Millard, Pharm.D., BCIDP; Yasmine Hussein Agha, M.D.; Sachin Srinivasan, M.D.; Maha Assi, M.D., MPH

A Rare Case of Malignant Pleural Mesothelioma with Metastases to the Pancreas Concurrently Diagnosed with Invasive Ductal Adenocarcinoma. Chelsea Wuthnow, M.D.; Yasmine Hussein Agha, M.D.; Sachin Srinivasan, M.D.; William Salyers, M.D., MPH; Nathan Tofteland, M.D.


Badgett RG; Jonker L; Xirasagar S.


Patel HK; Chandrasekar VT; Srinivasan S; Patel SK; Dasari CS; Singh M; Le Cam E; Spadaccini M; Rex D; Sharma P.

Save the date

April 6-16
AAIM Online 2021. The Alliance for Academic Internal Medicine promotes the advancement and professional development of its members who prepare the next generation of internal medicine physicians and leaders through education, research, engagement and collaboration.

April 29-May 1
ACP Internal Medicine Meeting: Virtual Experience offers unequaled educational content presented by expert faculty with opportunities to earn even more CME and MOC credit than ever.