

Department of Medicine Grand Rounds

State of the Department
“Wisdom, Equanimity, and Caring”

Robert C. Aber, M.D., MACP
Professor and Chair, Department of Medicine
October 9, 2007



Good morning and welcome to Medical Grand Rounds. This will be my fifth annual State of the Department address, and I've subtitled it “Wisdom, Equanimity, and Caring” for reasons I will elucidate.

First, I'd like to thank the many individuals who helped pull together the data and information I'll be sharing with you this morning – my personal thanks to each of you. And a special thanks to Christine Newberry and David Towery for coordinating the data collection and producing the PowerPoint slides. I'd also like to say what an honor and privilege it has been for me to serve as your Chair for another year. I take great pride in our collective accomplishments.

My Sincere Thanks To:

Judy Birli	Melba Smith
Ted Bollard	Bob Stager
Kathryn Kaylor	Debbie Stevens
Rita Lahr	David Towery
Phil Masters	Lisa Walborn
Sharon McGarrity	Cynthia Whitener
Christine Newberry	Eileen Wiley
Brian Reeves	Mike Yarnell
Glenda Shoop	Wayne Zolko

Division Coordinators

Each of the past four years during this address, I have introduced a concept or notion from Jim Collins' book Good to Great, and encouraged you to read it yourself. I'm not sure how successful I've been in motivating you to do so, but for those of you who were skeptical as to whether the lessons Collins and his research team learned from the for-profit business sector apply to the not-for-profit health care services sector, Collins published a sequel entitled "Good to Great and the Social Sector" which I also encourage you to read. Hence, I first introduced the Stockdale Paradox, then the Flywheel Effect, the Hedgehog Concept, and, finally, last year Level 5 Leadership – all critical to organizations Collins' studied which moved from Good to Great.

During this past year, I've read several books which have stimulated my thinking and self-reflection about our Department, my role as Chair, and our relationships with our College of Medicine, Medical Center, and University. Among the more stimulating of them is Sherwin Nuland's The Art of Aging, and it's Chapter 9 entitled "Wisdom, Equanimity, and Caring – Principles for Every Age", hence the subtitle of my address this morning.

In fact, when I first saw the title of Chapter 9, it was not at all clear to me how Nuland was going to connect "wisdom", "equanimity", and "caring", but he did, in fact, help me understand the connection. I started thinking and reading about the meaning of the terms. Webster's Ninth New Collegiate Dictionary defines wisdom as having 3 parts – (1) accumulated philosophic or scientific learning (knowledge), (2) the ability to discern inner qualities and relationships (insight), and (3) good sense (judgment).

Wisdom

1. Accumulated philosophic or scientific learning (knowledge)
2. The ability to discern, inner qualities and relationships (insight)
3. Good Sense (judgment)

Webster's Ninth New Collegiate Dictionary

Wisdom is generally thought to result from cumulative learning, self-reflection, and experience in the setting of restrained detachment or imperturbability, a strong moral compass, beneficence, and humility over time. This is why we generally associate wisdom with age, but I may be a good example of the contrary – that age is not always associated with wisdom. Among the interesting quotations about wisdom found in Nuland’s book are the following: (1) “to be wise, one must first be good” – S. Nuland; (2) “the wise man or woman strives to know how the moral, useful, and rewarding life should be lived – and lives it” – S. Nuland; (3) “the growth of wisdom may be gauged exactly by the domination of ill temper” – Friederich Nietzsche; (4) “wisdom is the reward you get for a lifetime of listening when you would rather have talked” – Mark Twain; and (5) “wisdom is knowledge put to use by judgment” – S. Nuland.

Nuland makes the case that in order to put knowledge to use through judgment, one must have equanimity – another of the qualities associated with age, experience, and reflection. Webster’s Ninth New Collegiate Dictionary defines equanimity as “evenness of mind especially under stress” or “right disposition balance.”

Equanimity

1. Evenness of mind especially under stress
2. Right disposition balance

Websters’ s Nine New Collegiate Dictionary

Nuland describes it as “the acquired talent of being imperturbable” and claims it is “...so difficult to attain that it is beyond the reach of most”. It’s attainment requires knowing oneself – one’s insecurities, fears, biases, ambitions, competitiveness, hopes and desires because each of these influences our perceptions and judgments. Hence, Nuland concludes equanimity is an essential element of wisdom.

Nuland argues that caring is also an essential ingredient for wisdom – wisdom after all is not about oneself. As Nuland puts it. “It is the human condition that motivates the wise, rather than their place in it” and “Caring arises from an inner sense of relatedness to one or more individuals and to all mankind, and the recognition that humankind’s ultimate good is bound with one’s own.”

“Caring arises from an inner sense of relatedness to one or more individuals and to all mankind, and the recognition that humankind’s ultimate good is bound with one’s own”

Sherwin Nuland

Nuland refers to the term “caritas” which means “caring love” and to Saint Paul’s words “And now abide faith, hope and caritas, these three; but the greatest of these is caritas” to which Nuland adds “Where there is no caritas, there is no wisdom.”

So why have I chosen to speak about these matters today. Chapter 9 is entitled “Wisdom, Equanimity, and Caring – Principles for Every Age” – but after having spent some time thinking about and reflecting upon these terms, I believe they can equally be described as Principles for Every Person or for Every Professional, including all of us here today. The pursuit of wisdom, equanimity, and caring is a journey, not an event, which requires motivation, vision, and hard work, but it is potentially the most rewarding way we can live our lives and serve others. It is also important to search for wise individuals and those who are on the journey to achieve wisdom when we recruit to fill staff, resident, fellow, and faculty positions, especially positions of leadership and responsibility. In the end, this Department is about the people who work in it, and the collective wisdom we exhibit and act upon every day.

Well now to the heart of today’s presentation. I’ve kept the format similar to last year, and I haven’t made the transition to a video version as President Spanier did last year in his State of the University address – but we are recording this address to see how it looks on CD or DVD. Here’s the order of the topics – Leadership and Administration; People; Space; Finances; Education; Research; Clinical Affairs;

Community Service and Outreach; Scholarship; and Vision. Within each topic area, I'll share some data, points of pride, areas needing improvement, and my thoughts about the things we should focus on accomplishing during this academic year.

LEADERSHIP AND ADMINISTRATION

I've commented several years now about how remarkable it is to me that the Department has had only three Chairs since its' founding in 1969, and last year we had the privilege of hearing from Graham Jeffries and Herbert Reynolds during Medical Grand Rounds.

My personal belief continues to be that there should be an external review of the Department during my fifth year as Chair, and then, depending on the results and recommendations, it may be time to begin the search for our next Chair. Of course, it could be sooner if Dean Paz elects to do so.

We were very fortunate to identify and appoint two new Division Chiefs during this past year – Leslie Parent became Chief of the Division of Infectious Diseases and Epidemiology on February 19, 2007; and Chris Sciamanna joined us on April, 16, 2007 as Professor and Chief, Division of General Internal Medicine. Both are top notch physician-scientists, and will be instrumental in continuing to build out the research infrastructure and culture in the Department while maintaining the existing excellence in our other missions. I look forward to working with both of you in the coming years. I would be remiss in not acknowledging John Zurlo for his outstanding service as interim Chief of the Division of Infectious Diseases and Epidemiology, and Phil Masters for his outstanding service as interim Chief of Division of General Internal Medicine – my personal thanks to both of you for a job well done.

As many of you likely know, LK Thompson left our organization this past July to move to the University of Maryland, and Linda Duncan, Director, Program Management Office, has stepped in as Acting Administrator for the Department. Linda brings an extensive background and experience in program and project management which I believe will help us become more effective and efficient in each of our missions. Linda – welcome to the Department of Medicine.

Rich Simons is now Governor of the Eastern Pennsylvania Region of the American College of Physicians. He will serve four years as Governor and a member of ACP's Board of Governors. Past Governors from our Department include Graham Jeffries, Herbert Reynolds, and me.

Tom McGarrity is just finishing a term as Governor of the Western Pennsylvania Chapter of the American College of Gastroenterology, and Tom Riley as Governor-Elect will succeed him next month.

Phil Masters is now Council President of the Clerkship Directors of Internal Medicine national organization. He will spend one year as Council President, and one year as immediate past President in service to CDIM. Rich Simons served as CDIM

Council President in 1996, so two of the 18 presidents of that organization have come from our Department.

Bill Davidson has been invited to serve on the Executive Committee of the Adult Congenital Heart Association.

Two faculty have taken on leadership roles in the Penn State Heart and Vascular Institute – Marc Kaufman is Research Associate Director and Jerry Naccarelli is Clinical Associate Director – congratulations to both of you.

Chandra Belani is Deputy Director of the Penn Sate Cancer Institute having joined us recently from the University of Pittsburgh. Welcome to Penn State!

And lastly, Ann Ouyang has been invited to serve as Co-Chair of the College of Medicine/Hershey Medical Center Scientific Review Committee.

There may be others in the Department who have served in prominent leadership or administrative positions whom I've not learned about so I apologize for leaving you out – just let my office know.

Just as a reminder of some important organization changes affecting the Department during the past 5 years – Dermatology became a Department on July 1, 2002; Neurology did so on July 1, 2003; the clinical operations and related revenues and expenses of Hematology/Oncology were transferred to the Penn State Cancer Institute on July 1, 2004; and those of Cardiology to the Penn State Heart and Vascular Institute on July 1, 2005. I point these changes out primarily to indicate the challenges in analyzing trends over time within the Department.

PEOPLE

There has been net growth in faculty and staff in the Department during the past five years despite the loss of Dermatology and Neurology. The remaining Divisions are growing. This year we are projecting 170 faculty (152 physicians and 18 research faculty or CRNP's) – an increase of nearly 4% over last year. We lost 11 full time faculty last year, including three Chief Residents. Since July 1, 2004, 23 faculty have left the Department, but 66 faculty have been added for a net gain of 43 faculty excluding Chief Residents (16 Cardiology/PSHVI, 8 Hem/Onc/PSCI, 6 Endocrinology, 7 Gastroenterology, 15 General Internal Medicine, 1 Infectious Disease, 5 Nephrology, 6 Pulmonary, and 2 Rheumatology).

The numbers of PA's, APN's and staff will remain about the same this year.

Of special note, Judy Birli was recognized for 35 years of service to Penn State this past May – congratulations Judy!

Thirty Five Years of Service to Penn State!



Judy Birli
Administrative Assistant

This was another relatively light year for Judy and the Department in terms of generating promotion or tenure dossiers, but Steven Ettinger in Cardiology, Michael Green, in General Internal Medicine, Tom Riley in Gastroenterology/Hepatology, and Luanne Thorndyke in General Internal Medicine were promoted to Professor. Deborah Bethards in Gastroenterology and Hepatology was promoted to Associate Professor. Our congratulations to each of you!

Faculty Promoted FY 06/07 Professor



Steven M. Ettinger, MD
Cardiology



Michael J. Green, MD
General Internal
Medicine



Thomas R. Riley III, MD
Gastroenterology and Hepatology



Luanne E. Thorndyke, MD
General Internal Medicine

Three faculty members are on the College of Medicine's Promotion and Tenure Committee this year – Tom McGarrity and Ann Ouyang from Gastroenterology and Hepatology, and Leslie Parent from Infectious Diseases and Epidemiology. There are only 11 faculty members on this committee so we are well represented.

Ten new faculty members joined the Department last year, but after my State of the Department address in October. Please stand as your name is called – Susan Borys, General Internal Medicine; Claudia Gragnoli, Endocrinology, Diabetes and Metabolism; Philippe Haouzi, Pulmonary, Allergy and Critical Care; Shawn Hayes, Cardiology; Marc Kaufman, Cardiology; John Kelleman, Cardiology; Afsana Momen, Cardiology; Colleen Rafferty, General Internal Medicine; Giampaolo Talamo, Hematology/Oncology; and Jennifer Toth, Pulmonary, Allergy and Critical Care Medicine. Please join me in extending a warm welcome to our new colleagues.

Fourteen new faculty members have joined the Department at the beginning of or during this academic year so far, including three Chief Residents. Please stand as I call your name – Javier E. Banchs, Cardiology; Chandra Belani, Hematology/Oncology; Leah Cream, Hematology/Oncology; Jennifer Grando-Ting, Cardiology; Annick Haouzi, Cardiology; Leila Khan, Chief Resident; Nazia Raja-Khan, Endocrinology, Diabetes and Metabolism; Edward Lankford, Cardiology; Haris Mobeen, Chief Resident; Lorraine Mulfinger, Endocrinology, Diabetes and Metabolism; Lisa Sherwood, General Internal Medicine; Shivakumar Vignesh, Gastroenterology and Hepatology; Nancy Walker, Rheumatology; William Wright, General Internal Medicine; and Alfonso Zangardi, Chief Resident. Please join me in welcoming these new colleagues to the Department.

Seven faculty members completed the Junior Faculty Development Program last year – Sharon Banks, Rheumatology; Jennifer Chambers, Palliative Care and General Internal Medicine; Mary Davies, General Internal Medicine; Nasrollah Ghahramani, Nephrology; Rosalyn Irby, Hematology/Oncology; Beth Magnifico, Palliative Care and General Internal Medicine; and Devi Rampertab, Gastroenterology and Hepatology. Congratulations to each of you.

Four faculty members served as mentors to participants in the Junior Faculty Development Program – James O Ballard, Hematology/Oncology; Noel Ballentine, General Internal Medicine; Bob Gabbay, Endocrinology, Diabetes and Metabolism; and Phil Masters, General Internal Medicine. Thanks to each of you for doing so.

Nake Pooran, Gastroenterology and Hepatology, is currently participating in the first year of the K30 Clinical Research Training Program, and two previous participants have been recognized as recipients of the Mark J. Young Award for Outstanding Scholarship in the program – Nasrollah Ghahramani, Nephrology, in 2006; and Nazia Raja-Khan, Endocrinology, Diabetes and Metabolism, in 2007. Congratulations to each of you.

And lastly, one faculty member was elected into the Alpha Omega Alpha Honor Medical Society – Robert Gabbay, Division of Endocrinology, Diabetes and Metabolism.

SPACE

There hasn't been much change in Department space during the past four years, but we're definitely experiencing the crunch as we add people.

The Space Crunch



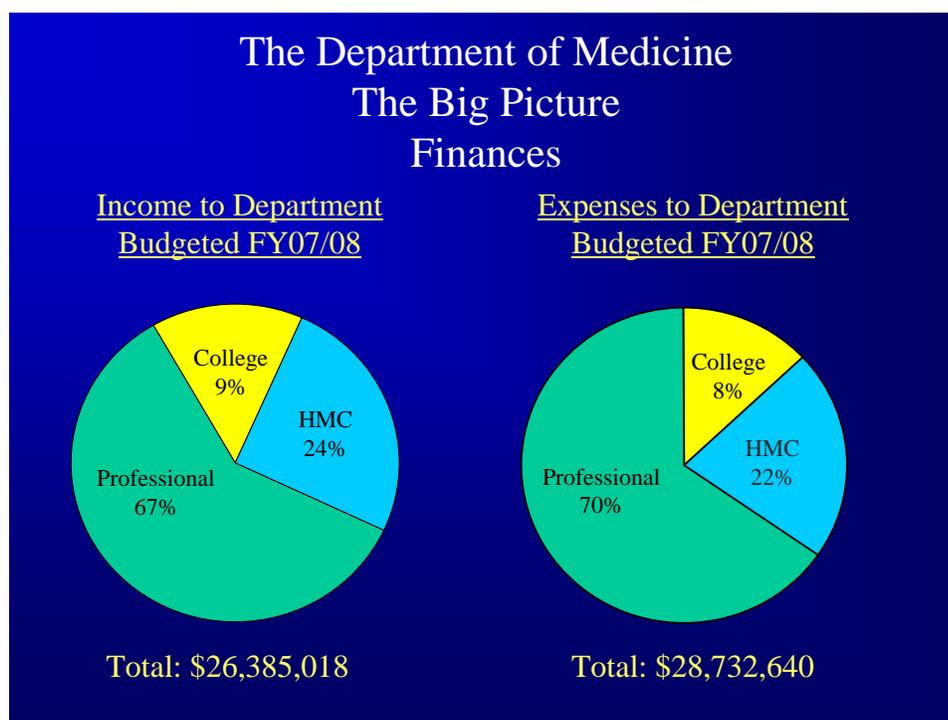
A few faculty now share an office, clinical trials records and personnel have been moved from wet lab space to alternative space, and research labs and offices are being relocated and reassigned. All these things, and probably more, will have to continue as we recruit faculty, including physician-scientists and scientists to the Department. An unfortunate consequence of the space shortage will be that faculty who cannot sustain extramural funding for their research will likely be asked to relinquish the space they currently occupy so funded investigators can be recruited or grow their existing programs.

We continue to have pressing needs for clinic space in several Divisions, and programs, including Cardiology; Diabetes; Gastroenterology and Hepatology; General Internal Medicine; Hematology/Oncology; Pulmonary, Allergy and Critical Care Medicine; and Rheumatology. We are working on resolving some of these needs through the backfill of UPC process when the new East Campus clinic building opens in early 2008.

Space remains one of the critical resources of this campus both in terms of recruiting new faculty and retaining our current faculty. We must work together to find the best solutions to challenges as they arise.

FINANCES

The high level financial picture for the Department this year is reflected in this slide. We have projected or budgeted income (net revenue) of \$26.4 million and expenses of \$28.7 million. Hence, there is a budgeted \$2.3 million dollar investment in the Department. Almost all of this investment is in faculty and staff salaries. These numbers do reflect transfer of the HMC and Professional income and expenses of Hematology/Oncology and of Cardiology to the Penn State Cancer Institute and the Penn State Heart and Vascular Institute respectively. As in the past approximately 80% of our budgeted expenses are for faculty, staff, and housestaff salaries, and HMC is supporting our residency and fellowship programs in the amount of \$6.4 million dollars.



I continue to be concerned about the investment requested each year to support our Department, but I remain convinced we are providing necessary and critical services which support the entire campus in areas such as Informatics, Quality Improvement, Pharmacy and Therapeutics, Infection Control, Palliative Care, Employee Health, Bariatrics and Weight Management, Transplantation, Medical Education, and so on. However, in this current budget year (FY 07/08) operating expenses are projected to increase by 11% and net revenue by only 9.4% so we have to continue to manage our operations as efficiently as possible, and, in particular, seek opportunities to increase net revenue. I don't think we can or should plan to shrink ourselves to greatness, but we must be prudent stewards of the limited resources we have.

On the positive side, we did exceed our budgeted margin for FY 06/07 in a favorable way to the tune of \$266,000 after all incentive payments were made, and our professional gross revenues exceeded budget by 7% at approximately \$35 million, while expenses were slightly under budget. Over the past four years, we have increased base salaries of approximately 110 faculty members totaling more than \$1.2

million dollars. We have made clinical and research incentive payments totaling nearly \$650,000 dollars to faculty this past year and \$2.3 million over four years.

Our AEF reserves continue to grow based on gain-sharing with HMC and the Chair's Fund, and we have re-invested approximately \$1 million this past year in bridge funds, research enhancement, and faculty recruitment packages, and plan to do so again this year.

Finances			
	FY 04/05	FY 05/06	FY 06/07
AEF Reserves	\$4,322,836	\$4,333,402	\$4,577,314
Endowments			
Net Book Value	\$9,538,656	\$10,161,924	\$10,537,037
No. of Endowed Professorships/Chairs	7	9	9
Gifts / Funds			
Gifts/Funds Total	\$2,831,735	\$3,607,360	\$4,265,955
Invested	\$1,664,697	\$2,021,679	\$2,387,312
Liquid	\$1,167,038	\$1,585,681	\$1,878,643

Likewise the net book value of our endowments has increased by nearly \$400,000 dollars. We have nine endowed professorships or chairs in the Department, and my goal remains to have at least one in each Division as soon as possible.

Our focus going forward will be (1) to continue to provide prudent management and stewardship of our financial resources; (2) to continue to align faculty and staff total compensation with the quality and quantity of their contributions and achievements, and in keeping with appropriate benchmarks; (3) to build endowments and opportunity funds in the Department; and (4) to seek new revenue sources to build the economic base which fuels our efforts in each of our missions.

FOCUS - Finances

- Continue to provide prudent management and stewardship of our financial resources.
- Continue to align faculty and staff total compensation with the quality and quantity of their contributions and achievements, and in keeping with appropriate benchmarks.
- Build endowment and opportunity funds in the Department.
- Seek new revenue sources to build the economic base which fuels our efforts in each of our missions.

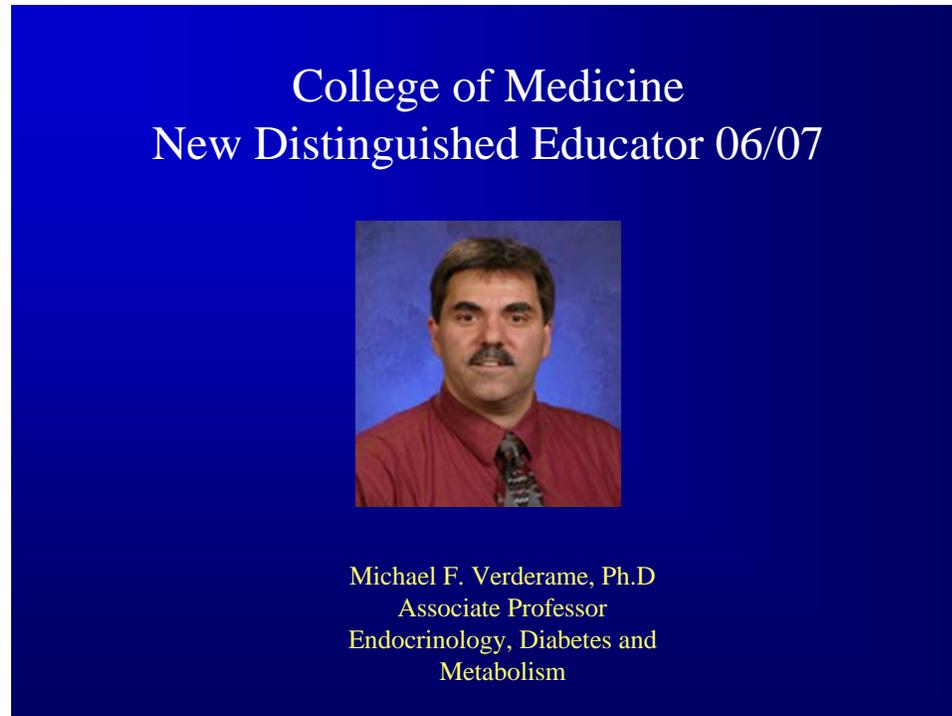
EDUCATION

This past year we provided about 17% of teaching contact hours during all four years of undergraduate medical education, but the trend over time has been downward reflecting the pressure to shift effort to other mission areas. We provide a substantial, but difficult to quantify, amount of education for residents and fellows in the Department.

I remain concerned that the trend in both contact hours during Years 1 and 2, and teaching hours during Years 3 and 4 for medical students appears downward. Departments' of Medicine in this country's academic health centers generally are the education leaders and innovators, and I'd like us to remain among the ranks of the best Departments in this regard. Hence, I ask each faculty member, resident, and fellow to reaffirm your commitment to teaching even though there are not enough dollars to appropriately reimburse us for it. It does require going above and beyond expectations, but the rewards, if not in dollars, are, in part, taking great pride in the accomplishments and successes of our students and mentees.

The Year 3 Medicine clerkship ranked # 5 in student evaluations this past year, so we took a big hit as we transitioned to the redesigned clerkship. I witnessed a similar phenomenon here some years ago when we moved from a lecture based curriculum to PBL for second year medical students. We've met with students and solicited feedback so we can make adjustments to improve our students' perceptions of and satisfaction with the clerkship experience. Phil Masters and Kristy Le have worked very hard at this and they deserve our full support.

Congratulations to Michael Verderame, Division of Endocrinology, Diabetes and Metabolism on being selected as a College of Medicine Distinguished Educator. We now have seven Distinguished Educators in the Department, and I'd like to add at least one more this year.



We have 12 faculty participating as preceptors in the Clinical Skills Program – these faculty serve as teachers, coaches, and advisers to medical students.

With respect to our residency program, the RRC Site Visit for re-accreditation took place on October 24, 2006. We were accredited for two years and had 8 citations. This was not the outcome we had hoped for but in reviewing the materials submitted to the RRC and each of the citations we received, I remain convinced that the quality and competitiveness of our program has increased substantially and steadily during the past four years. These are largely the accomplishments of the Residency Program Leaders – Ted Bollard, Jen Goldstein, Mike Beck, and Debbie Stevens with the support of Phil Masters in his role as Vice Chair for Education in the Department. The team is now busy preparing for the internal review expected during January 2008, and I have every confidence that we will achieve four or five years of accreditation at the time of the next RRC visit in 2009.

LEADERSHIP

Internal Medicine Residency Program



Jennifer P. Goldstein, MD
Assistant Professor
Associate Director



Edward R. Bollard, Jr., MD, DDS
Associate Professor
Director, Internal Medicine
Residency Training Program



Michael J. Beck
Assistant Professor
Associate Director



Debbie Stevens
Residency Program
Coordinator

We filled all our categorical positions in the match for the third straight year, and Penn State students are voting with their feet and joining our program in substantial numbers each year.

The In-Training exam scores continue to rise, and we are now seeing the expected increase in the 3 year rolling ABIM pass rate. Our targets remain higher however for both exams – 80th percentile and 95 percent.

Internal Medicine Residency

	FY 03/04	FY 04/05	FY 05/06	FY 06/07	Actual 07/08
RRC Accreditation	Yes, one year 13 citations	No visit	No visit	Oct 2006 two years, 8 citations	Internal Review Jan 2008
No. Residents	78	77	79	87	83
Prelim PGY 1	10	9	10	11	10
Categorical	53	54	55	62	59
Med/Peds	15	15	14	14	14
% filled in Match	98%	100% Cat 80% Pre	100% Cat 80% Pre	100% Cat 100% Pre	N/A
IT Exam mean score (PGY 2)	52 (7% tile)	57 (10% tile)	63 (48% tile)	63 (61% tile)	N/A
3 year rolling ABIM pass rate	80%	82%	80%	84%	N/A

We currently have 57 fellows distributed among 10 ACGME accredited subspecialty training programs. Five programs were reviewed and accredited by the RRC this past October, four programs had their accreditation extended without review, and Allergy was previously accredited for five years. Of particular note the Endocrinology program received the maximum five years accreditation and the Infectious Diseases program received three years. All others received two years.

Phil Masters, MD, Professor, Division of General Internal Medicine, received the Distinguished Physician Award for Excellence in Housestaff Teaching this past year. Congratulations Phil.

Department of Medicine
Distinguished Physician Award for Excellence
in Housestaff Teaching FY 06/07



Philip A. Masters, MD
Professor
General Internal Medicine

Nasrollah Ghahramani, MD Division of Nephrology, and Ian Schreibman, MD, Division of Gastroenterology/Hepatology received the Department's Education Recognition Award during the Housestaff Banquet in June. Congratulations to Nas and Ian.

Department of Medicine
Education Recognition Award FY 06/07



Nasrollah Ghahramani, MD
Assistant Professor
Nephrology



Ian R. Schreibman, MD
Assistant Professor
Gastroenterology and
Hepatology

Kristy Le, MD, Division of General Internal Medicine received the Special Recognition for Education, Leadership and Service Award for her work in implementing the major reorganization of the core clerkship. Thank you Kristy.

Department of Medicine
Special Recognition for Education,
Leadership and Service Award FY 06/07



Kristy B. Le, MD
Assistant Professor
General Internal Medicine

One fellow in the Department was recognized as an outstanding teacher and role model by rising fourth year medical students during the Student Clinician Ceremony this past June, Nicholas Rider, DO, now a PGY VI in our Allergy Fellowship program. Congratulations for a job well done!

Resident Recognized by Students at the 2007 Student Clinician Ceremony



Nicholas L. Rider, DO
PGY V
Allergy/Immunology

And lastly, Adam Albert, senior resident in Medicine, received the prestigious Mary Louise Witmer Jones Resident Physician Humanitarian Award during Convocation on September 28. Congratulations Adam.

Mary Louise Witmer Jones Resident Physician Humanitarian Award



Adam J. Albert, MD
PGY III

I believe our focus this year should be to: (1) initiate a faculty development program to enhance teaching and evaluation skills particularly in the outpatient setting; (2) support the development of a College of Medicine clinical campus in State College; (3) develop the Department's medical education research program; (4) plan to achieve full RRC accreditation for 4 or 5 years at the next visit; (5) coalesce the residents' outpatient practice to a single site; (6) continue to improve the In Training Exam scores and ABIM 3-year rolling pass rate; (7) fill all categorical PGY I positions in the match, including at least 20% from Penn State; (8) continue to improve the year 3 core clerkship; and (9) modify our acting internship electives to align with the CDIM curricular standards.

FOCUS - Education

- Initiate a faculty development program to enhance teaching and evaluation skills
- Support the development of a College of Medicine clinical campus in State College
- Develop the Department's medical education research program
- Plan to achieve full RRC accreditation for 4 or 5 years at next visit.
- Coalesce the residents outpatient practice to a single site

FOCUS – Education continued

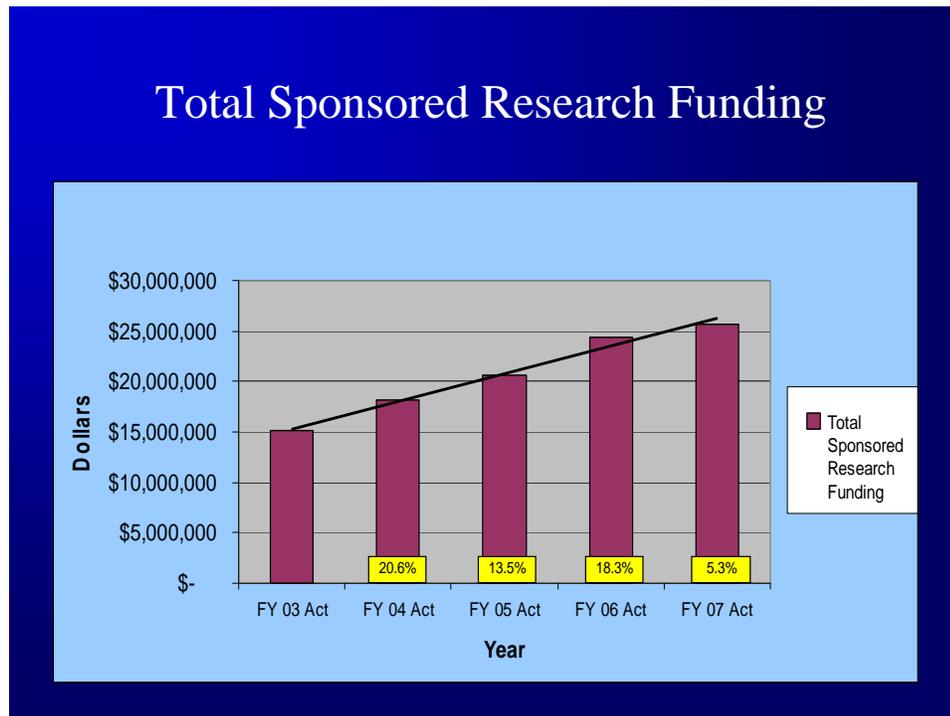
- Continue to improve the In-Training Exam scores and ABIM 3-year rolling pass rate
- Fill all categorical PGY 1 positions in the match, including at least 20% with Penn State College of Medicine graduates
- Continue to improve the year 3 core clerkship
- Modify our acting internship electives to align with the CDIM curricular standards

RESEARCH

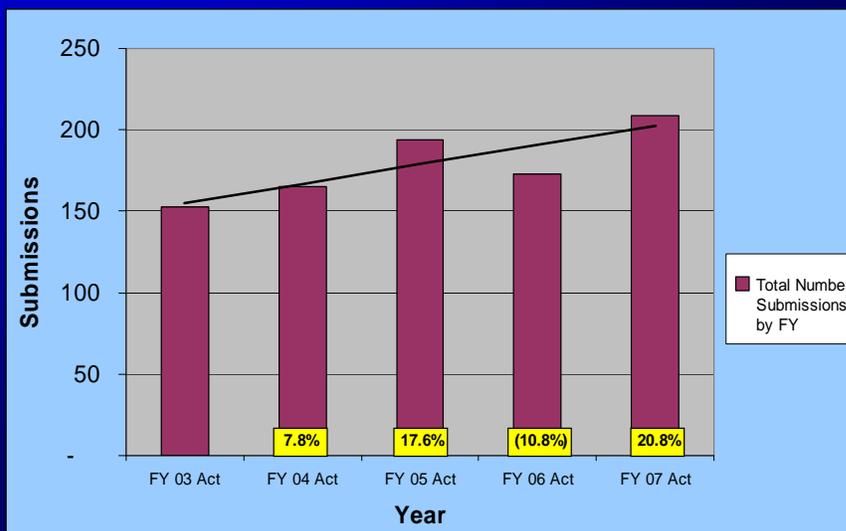
The research enterprise in the Department is still not as strong or as deep as any of us would like it to be, but I think we are gaining ground.

The NIH is no longer publishing departmental rankings for its sponsored research, but our NIH funding for this past year was approximately the same as for FY 05/06 at \$8.3 million representing loss of a couple of grants, gain of a couple, and the 3–5% cut on all awards.

Total sponsored research funding during FY 06/07 was up 5.3% to \$25.7 million, but total new dollars awarded during FY 06/07 was down 14%, or \$2.5 million compared with the previous year. The total number of submissions rose by 21% to 209 this past year, and total dollars requested increased by 21%, or \$5.2 million to \$29.4 million. We must remain focused on submitting more grant applications and on diversifying the portfolio of organizations we apply to.



Total Number Submissions by FY



We had eight faculty with 2 or more NIH grants this past year – Elaine Eyster, Hematology/Oncology, Marc Kaufman, Cardiology, Urs Leuenberger, Cardiology; Jianhua Li, Cardiology; Tom Loughran, Hematology/Oncology; Chris Sciamanna, General Internal Medicine, Larry Sinoway, Cardiology; and Jill Smith, Gastroenterology/Hepatology. This compares very favorably with the 2 we had at the time of my first State of the Department address in 2003.

Four faculty had new NIH awards during FY 06/07 – Cynthia Chuang, General Internal Medicine, Thomas Loughran, Hematology/Oncology, Kevin Monahan, Cardiology, and Jill Smith, Gastroenterology/Hepatology. We recently learned that Michael Katzman and Jill Smith have new awards this year as well. Congratulations to all our NIH supported investigators!

This Program Project Grant was not new this past year but stands out because it is the only one credited to the Department as well as to the Penn State Heart and Vascular Institute. We need more such success stories.

Seven faculty had new, non NIH governmental awards during FY 06/07 – Hua Cheng, Hematology/Oncology; Kathleen Julian, Infectious Diseases; Andrea Manni, Endocrinology, Diabetes and Metabolism; Abraham Mathew, Gastroenterology and Hepatology; Witold Rybka, Hematology/Oncology; Chris Sciamanna, General Internal Medicine; and Michael Verderame, Endocrinology Diabetes and Metabolism.

And three more faculty have awards so far this year, Tim Craig, Pulmonary, Allergy, and Critical Care Medicine; Tonya Crook, Infectious Diseases and Epidemiology; and Allan Lipton, Hematology/Oncology.

Eight faculty had new Foundation or Association awards during FY 06/07 – Jennifer Chambers, Palliative Care and General Internal Medicine; Timothy Craig, Pulmonary,

Allergy and Critical Care Medicine; Jian Cui, Cardiology; Rosalyn Irby, Hematology/Oncology; Abraham Mathew, Gastroenterology and Hepatology; Dennis Johnson, Palliative Care; Brian Reeves, Nephrology; and Shaoyong Yu, Gastroenterology and Hepatology.

And two more faculty have awards so far this year, Michael Green, General Internal Medicine; and Allan Lipton, Hematology/Oncology.

Thirty-one faculty had 131 clinical trials or industry sponsored awards totaling \$12.4 million this past year. Of note, we have five faculty who are PI's on 10 or more such awards – John Boehmer (13), Cardiology; Tim Craig (20+), Pulmonary, Allergy and Critical Care Medicine; Ian Gilchrist (20+), Cardiology; Harold Harvey (10) Hematology/Oncology; and Allan Lipton (20+), Hematology/Oncology.

Three faculty had new Dean's Feasibility Awards during FY 06/07 – Rosalyn Irby, Hematology/Oncology, Ann Ouyang, Gastroenterology and Hepatology and Brian Reeves, Nephrology, and two more have awards this year – Claudia Gragnoli, Endocrinology, Diabetes and Metabolism, and Yixing Jiang, Hematology/Oncology.

Two faculty Tonya Crook and John Zurlo, Division of Infectious Diseases and Epidemiology, have collaborated in getting a Woodward Endowment Innovation in Education Projects and Research Award.

And finally, two faculty – Nasrollah Ghahramani, Nephrology, and Claudia Gragnoli, Endocrinology, Diabetes and Metabolism have been selected to receive support from the College of Medicine's Physician Scientist Stimulus Program.

I believe we need to focus on the following things this year: (1) recruitment of at least five more physician-scientists and several more scientists into the Department; (2) strengthening the pipeline growing our own physician-scientists and providing the environment for success, including the establishment of a formal research track in the residency program; (3) strengthening the collaborative research initiatives around diabetes, metabolism, obesity and metabolic syndrome; and in infectious diseases with colleagues at University Park; (4) diversifying our portfolio of grant submissions and increase the number of applications submitted and dollars requested from all sources given the flat NIH budget for the short term; (5) continuing to explore and develop collaborative working groups to leverage expertise in the College, University and community to support the research mission; and (6) beginning organization and development of at least two or more Program Project Grants and one Training Grant.

FOCUS - Research

- Recruitment of five physician-scientists and several more scientists into the Department
- Strengthening the pipeline growing our own physician-scientists and providing the environment for success
- Strengthening the collaborative research initiatives around diabetes, metabolism, obesity and metabolic syndrome, and infectious diseases with University Park colleagues
- Diversifying our portfolio of grant submissions
- Increase the number of applications submitted and dollars requested
- Continuing to explore and develop collaborative working groups
- Beginning organization and development of at least two Program Project Grants and one Training Grant

CLINICAL AFFAIRS

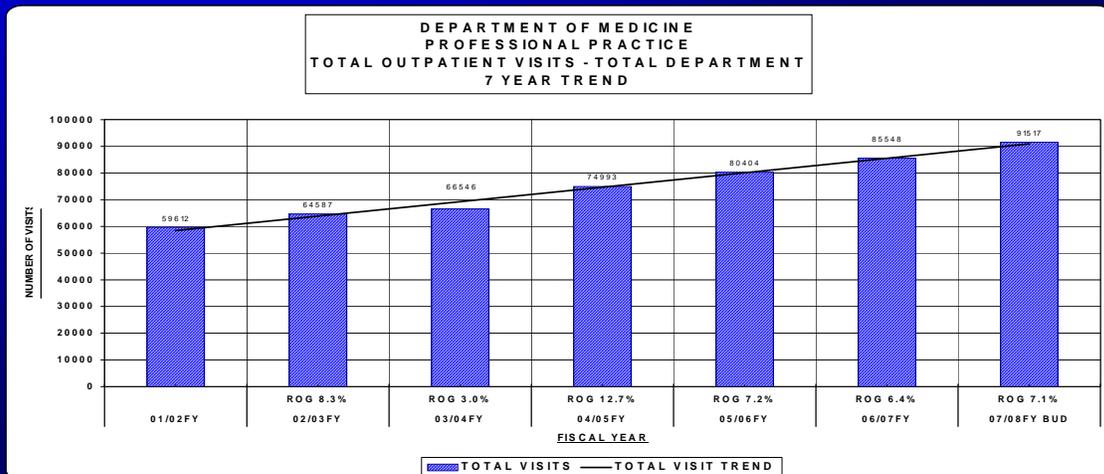
The Department's clinical enterprise continues to grow each year, but the data are confounded by extracting the activity of Hematology/Oncology as of July 1, 2004, and that of Cardiology on July 1, 2005. I've pulled out the Division of General Internal Medicine, our largest inpatient service, to demonstrate the remarkable growth in discharged patients – 11% in FY 05/06 compared to FY 04/05, 5.6% in FY 06/07 compared to FY 05/06, we've budgeted 7.4% more in FY 07/08 compared to this past year. Thus 24% growth over three years! At the same time average length of stay is increasing which is partly explained by a rising case mix index as a proxy for severity of illness.

Activity Inpatients

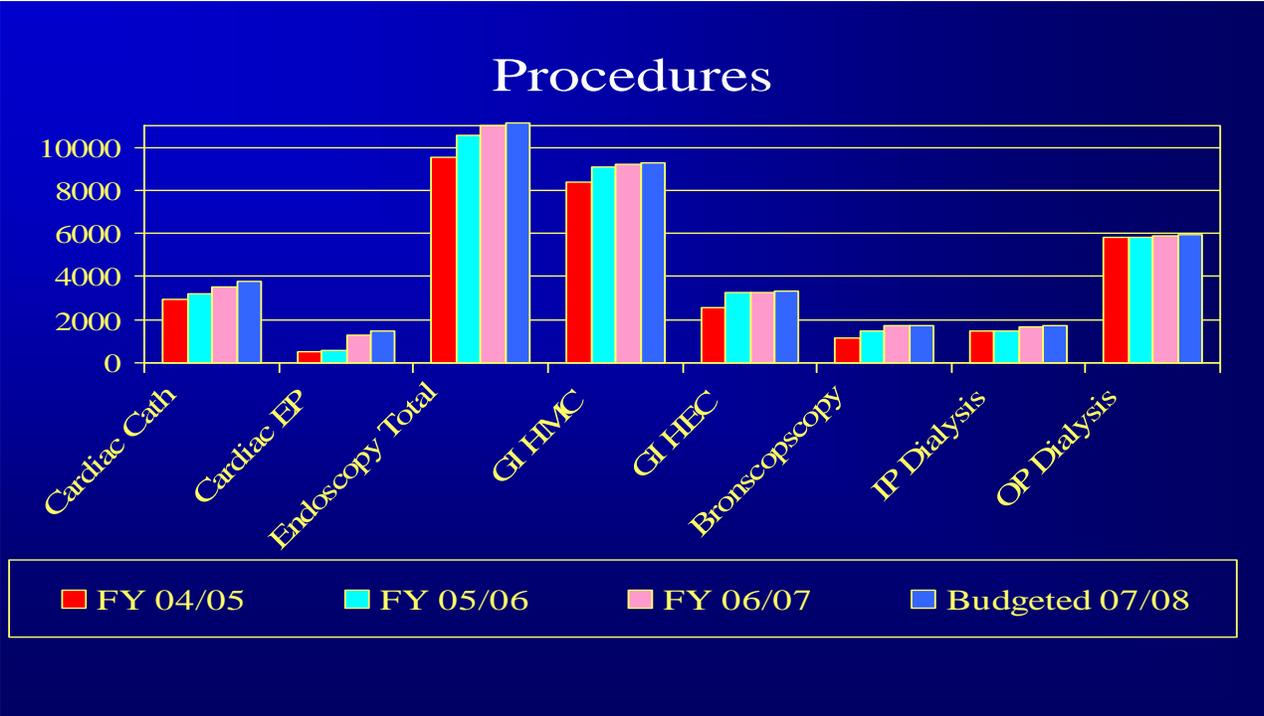
	FY 04/05	FY 05/06	FY 06/07	Budget FY 07/08
IP Discharges	3,228	3,315	3,561	3,797
GIM	2,307	2,556 11%	2,700 5.6%	2,900 7.4%
Patient Days	17,590	20,325	22,617	22,602
IP ALOS	5.62	6.13	6.35	5.95
GIM	5.15	5.91	6.00	5.80
GIM CMI	1.2294	1.3298	1.3464	Do not budget

Likewise, the outpatient visit data are confounded by the Hematology/Oncology and Cardiology changes, but we have experienced 7-12% growth in the remaining Divisions each year, and we are projecting a 7% increase this year.

Activity Outpatient



The number of procedures continues to increase as shown in this slide.



Total work RVU's continue to rise as we add faculty and physician extenders, and the average work RVU per patient care FTE increased substantially as well and exceeded budgeted work RVU's by 13%. In that regard, all Divisions are now above the UHC 50th percentile in work RVU per patient care FTE, and most are above the 75th percentile. The UHC benchmarks are also rising some for most work units although a few have fallen. We are indeed working hard and will need to add more providers in order to increase total RVU's and net revenue.

Top Ten In Patient Satisfaction FY 06/07



Edward R. Bollard, Jr., MD
Associate Professor
General Internal Medicine



Susan Jones, CRNP
Endocrinology



Robert R. Zelis, MD
Professor
Cardiology

Three of our providers, Susan Jones, CRNP, in Endocrinology, Diabetes and Metabolism, Ted Bollard, in General Internal Medicine and Robert Zelis, in Cardiology were among HMC's top ten providers FY 06/07 in patient satisfaction. This is a remarkable accomplishment – Congratulations! Susan Jones was actually #1 among all HMC providers!

Thirty-one providers in the Department achieved the 99th percentile nationally in patient satisfaction scores last year. Congratulations to each of you.

Forty-one of HMC's 140 physicians, or 29%, listed in the 2005 Best Doctors in America are in the Department.

The Cardiovascular Procedure Unit was HMC's highest scoring adult inpatient unit and achieved STAR status all four quarters.

The Cardiology Service was HMC's highest scoring adult inpatient service and achieved STAR status all four quarters.

One of our outpatient practice sites achieved STAR status in all four quarters – I.O.Silver Cardiovascular Specialties Clinic.

Seven faculty in the Department have been identified as Physician Champions for our successful Magnet Journey – Ali Bahadori, General Internal Medicine, Maggie Kreher, Palliative Care and General Internal Medicine, Kristy Le, General Internal Medicine, Kerim Oncu, Lawrence Sinoway, Cardiology; and Cindy Whitener, Infectious Diseases and Epidemiology; and me.

Hence, not only are we working hard, but we are working well in the opinion of our patients and nursing colleagues.

Everything I can see on the horizon indicates we must intensify our focus on improving the quality of care we provide our patients, and be able to measure it. The measurements will sometimes be around the processes of care, such as use of the central line bundle, but will move rapidly to specific outcomes, such as unit specific rates of central line associated bacteremia. Furthermore we must work to align Division, Department, and Medical Center quality initiatives in order to optimize our care of patients. Cindy Whitener will continue to take the point on quality improvement at the Department level, but I ask that each faculty member commit to engaging actively in quality improvement and its' documentation or measurement – it's simply the right thing to do for our patients.

I believe we are already national leaders in providing high quality care and in documenting it in at least three areas – Bob Gabbay's program in diabetes care, John Zurlo's program in the care of HIV infected persons, and the Penn State Heart and Vascular Institute's Heart Alert Program are examples of such. These examples are not meant to be inclusive of all such programs here, but clearly set the bar higher for all of us.

In addition to the focus on quality of care, we need to: (1) improve access and efficiency in our outpatient clinics and practice; (2) acquire appropriate space (office, clinic, and laboratory) to accommodate our projected growth in faculty, outpatient visits, and

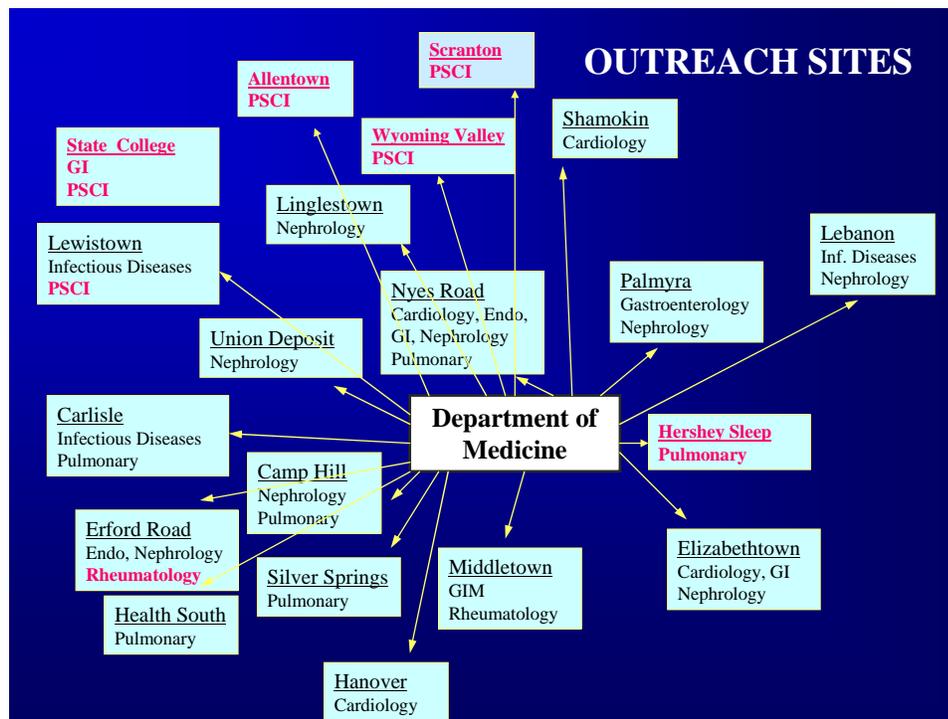
procedures; (3) improve patient flow among Departments, especially the Emergency Department and Orthopaedics; (4) strategically grow programs, services, and outreach which increase market share or differentiate us in the market, including exporting programs like Hospitalists or Critical Care to our community partner hospitals; and (5) develop a Departmental morbidity and mortality conference to monitor and improve quality of care.

FOCUS – Clinical Affairs

- Intensify and quantify our quality improvement processes and outcomes
- Improve access and efficiency in our outpatient clinics and practice
- Acquire appropriate space (office, clinic and laboratory) to accommodate our projected growth in faculty, outpatient visits, and procedures
- Improve patient flow among Departments especially the Emergency Department, Orthopaedics, and the Rehabilitation Hospital
- Strategically grow programs, services and outreach which increase market share or differentiate us in the market, including exporting programs like Hospitalists or Critical Care to our community partner hospitals.
- Develop a Departmental morbidity and mortality conference to monitor and improve quality of care.

COMMUNITY OUTREACH AND SERVICE

This past year we expanded our outreach in clinical services to include GI endoscopy in State College, Rheumatology at Erford Road, Hospice directorships with Pinnacle Home Health and Hospice, and Compassionate Care Hospice, and we are in discussions around Hospitalist programs in Wilkes Barre, Hanover and Lewistown.



We will be seeking additional opportunities to reach out when we can help meet unmet needs.

This past year we provided a total of 809 sessions and over 4,000 hours in Community Service this past year ranging from Health Fairs and Health Education Programs to support groups and volunteer organizations.

The Palliative Care Program is a good example of both community outreach and community support as evidenced in this slide following the 2007 Kay Kalenak Memorial Golf Classic.

Our focus should be to: (1) seek strategic outreach opportunities in order to stimulate growth in clinical activities and market share; (2) have each work unit/Division actively participating in community service and documenting such; and (3) continue to work with Wilkes Barre, Hanover, and Lewistown in developing Hospitalist programs.

FOCUS – Community Outreach and Services

- Seek strategic outreach opportunities in order to stimulate growth in clinical activities and market share
- Each work unit/Division should actively participate in community service and this should be documented
- Continue to work with Wilkes Barre, Hanover, and Lewistown in developing Hospitalist programs

SCHOLARSHIP

Department faculty, fellows, residents and staff published 183 scientific papers, 7 books, and 35 book chapters this past year.

Scholarship

	FY 04/05	FY 05/06	FY 06/07
# Papers published	120	156	183
# books	4	0	7
# book chapters	47	45	35
# presentations at national level	82	86	122
# presentations at regional level	33	38	66
# faculty serving on study sections	11	17	25

Additionally, faculty, fellows, residents and staff presented 122 abstracts at national meetings and 66 abstracts at regional or local meetings. The continued success in resident and fellow presentations is being sustained through the efforts of faculty mentors, our Chief Residents, Mike Beck and Cynthia Chuang in the Division of General Internal Medicine. Those in bold print represent award winners. I've developed a partial list of faculty mentors and wish to thank each for the excellent work.

Twenty-five faculty are currently serving on study sections ranging from NIH to specialty-based funding organizations.

As last year, I believe we should focus on: (1) setting reasonable, but firm, targets for scholarly activity and productivity for each faculty member as part of the annual HR 40 process; and (2) expect all residents and fellows to participate in at least one scholarly activity or project during their time here, and to prepare a formal report, abstract, manuscript or presentation as evidence of such.

FOCUS - Scholarship

- Set reasonable, yet firm, targets for scholarly activity and productivity with each faculty member as part of the HR40 process each year.
- Expect all residents and fellows to participate in at least one scholarly project or activity during their time here, and to prepare a formal written report, abstract, manuscript, or presentation as evidence of such.

VISION

In closing, let's return to Nuland's Chapter 9 entitled "Wisdom, Equanimity and Caring – Principles for Every Age." My vision is to be part of a Department in which each member is actively engaged in the pursuit of wisdom, such that, our collective wisdom ensures future success in each of our missions. Here is what Nuland believes it would feel like:

"Wisdom means having a certain steadiness of ongoing personal philosophy that is consistent, while it is open to change; it means insisting on the primacy of reliable knowledge and truth, while aware that all knowledge should be questioned because there

is no absolute truth; being skeptical always, but never cynical; having a justifiable confidence in one's own knowledge and judgment, while granting that they are far from perfect; knowing oneself, while conceding the bias and insecurities that may distort such insight; relying on conscious and unconscious modeling after those whom we believe to be wise, while recognizing that everyone is fallible; feeling a sense of personal involvement and caritas for others, while retaining sufficient detachment to aid in fairness and objectivity; transcending one's own needs, while using perception of those needs as a prism through which to see the world; being reflective, while committed to decision and action; being idealistic, while remaining grounded in what is; building peace of mind, while being sufficiently discontented to fuel the engines of necessary reform; anticipating the consequences of one's choices and actions, while conceding the uncertainty of such predictions; accepting cultural change, while being aware of the kind of change that is only ephemeral; thinking timelessly, while being of the time; taking account of the values of one's society and era, while not allowing oneself to be restricted by them; appealing to the best in others while not expecting more of them than they are capable of giving; maintaining a vision of a better tomorrow, while living the reality of today."

"And even with all of it, there is no wisdom without humility."

This is my wish for our Department and for each person who is part of it – if only for a short period of time.

Thank you for being here and for being with me on this journey.