

Simhachalam Gurugubelli, MD

Simhachalam15@gmail.com (337)-426-2052

CURRENT POSITION

Internal medicine physician, MHG (Memorial hospital at Gulfport, MS) – traditional internal medicine. In patient , open ICU,urgent care ,walk in outpatient, nursing home, skilled nursing, rehab advance care planning

Admit patients who are ill in the clinic to hospital, round

Admitter

Running codes , rapid responses

Hospitalist faculty, Family medicine residency program

Core faculty , Internal medicine residency program

ACADEMIC AND LEADERSHIP POSITIONS

Director of hospital medicine curriculum for internal medicine residency program starting Jun 2023

Director of ambulatory medicine curriculum

Director of peri operative medicine curriculum

Director of Infectious disease curriculum

Director of behavioral medicine and psychopharmacology curriculum

Director of clinical documentation curriculum

Director of patient safety and medical malpractice curriculum

Member - Resident selection and ranking committee

Member - Research oversight committee

Member - Interviewing panel – Graduate medical education

Invitation as Academic reviewer – ACP leadership academy

Member of the abstract review board for the 2023 American College of physicians' national abstract competitions- National resident / fellow and medical student abstract portal

ACP advocacy- tele health

- **- Prior authorization reform**

- Clinical Instructor at the Department of Internal Medicine at **2018- 2021**

McLaren Flint, Michigan State University

- Covid Team captain - COVID floor McLaren Flint, MSU
- Member, High value care taskforce, McLaren Flint, MSU

EDUCATION AND TRAINING

Internal Medicine Residency 2018 – 2021 McLaren Flint, Michigan State University

M.D. Residency in Anesthesiology 07/2013 - 09/2016 Osmania medical college, Hyderabad, India

Board eligible – ABOM

Certified hypertension specialist- ASH

Harvard – Blackburn obesity course

Stanford- cancer in primary care

M.B., B.S., 08/2007 - 03/2013

Medical Education Gandhi Medical College and Hospital, Secunderabad, India

LICENSURE AND CERTIFICATIONS

. **ABIM – internal medicine board certification** - The American Board of Internal Medicine (ABIM) is the U.S. board that sets the standards and certifies the knowledge, skills and attitudes of physicians who practice in Internal Medicine and its subspecialties. Through ABIM's Certification and Maintenance of Certification processes, successful candidates are awarded or maintain Board Certified status. These physicians—referred to as Diplomats—have demonstrated the ability and the commitment to lifelong learning necessary to provide the high quality of medical care that every patient deserves. Only physicians who succeed on its most demanding examination can become its certified BOARD CERTIFICATIONS American Board of Internal Medicine certified Certification by the American Board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and its 20 subspecialties. Certification has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. Passed on 1 st attempt, certified for 10 years.

2017 ECFMG certified Through its program of certification, the Educational Commission for Foreign Medical Graduates (ECFMG) assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME)

ABOM – board eligible (American Board of Obesity medicine)

- Board certification in anesthesiology M.D. Residency in Anesthesiology (INDIA)
- ACLS, BLS Certifications
- MS state Medical License
- Educational Commission for Foreign Medical Graduates (ECFMG)

PROFESSIONAL SOCIETIES

American College of

Physicians

American Medical

Association

SHM – society of hospital

med

NEJM catalyst Insights

council

SCCM (Society of critical care medicine)

Association of physicians in clinical research

Sigma Xi

Peer review

Peer reviewer for following journals

– Cureus

McMaster university online rating evaluator

(MORE)

MDPI

Infectious Disease reports

World journal of gastroenterology

Academic reviewer -SIQ – scholarly Impact

quotient , impact of peer reviewed research in

practice – post publication review

International journal of molecular

sciences

Published Articles-

[Primary Central Nervous System Vasculitis as an Unusual Cause of Intracerebral Hemorrhage:
A Case Report – Cureus](#)

Articles reviewed as peer reviewer for journal *Cureus* by Springer Nature

1. Glycemic Control in Type 1 Diabetes Mellitus and COVID-19: What We Learned From the Lockdown Experience (Dec 26, 2022)
2. Appearance of a “Whip-Like” Rash in a Young Male Undergoing Therapy for Testicular Embryonal Carcinoma (Dec 24, 2022)
3. Acute Liver Failure Prognostic Criteria: Time to Revisit Them (Dec 24, 2022)
4. A Rare Case of Thoracoabdominal Paraganglioma: A Case Report and Literature Review (Dec 11, 2022)
5. COVID-19 And Cavitory Lesion In Lung (Dec 06, 2022)
6. Celiac Artery Compression Syndrome as an Uncommon Cause of Intractable Postprandial Abdominal Pain: A Case Report (Dec 06, 2022)
7. Upper Extremity Deep Vein Thrombosis As The Tip Of The Iceberg: Case Report and Review of Literature (Nov 20, 2022)
8. Lymphoplasmacytic Lymphoma/Waldenstrom Macroglobulinemia Masquerading as IgM Warm Antibody Autoimmune Hemolytic Anemia in Association With *Mycoplasma pneumoniae* Infection: A Case Report (Nov 17, 2022)
9. High Thyroglobulin Antibody Following Intravenous Immunoglobulin Therapy in Athyreotic Differentiated Thyroid Cancer Patients (Nov 17, 2022)
10. Scleroderma Renal Crisis With Thrombotic Microangiopathy Treated With Eculizumab (Nov 17, 2022)
11. Hyperlipidemia in the Setting of Primary Biliary Cholangitis: A Case Report and Review of Management Strategies (Nov 05, 2022)
12. Correlation Between HbA1c Levels and Mortality Rates in Hospitalized COVID-19 Patients (Nov 05, 2022)
13. Features of Kidney Function in Patients With Comorbidity of Arterial Hypertension and Chronic Obstructive Pulmonary Disease (Nov 05, 2022)
14. A Rare Case of Phentermine-Induced Nonischemic Cardiomyopathy (Nov 02, 2022)
15. Polycystic Ovarian Syndrome in Adolescents (Oct 28, 2022)
16. Unidentified Object in the Mediastinum: A Case Report of Severe Aortic Calcification in a Patient With Rheumatoid Arthritis (Oct 16, 2022)
17. A Rare Co-association of Autoimmune Thyroiditis and Idiopathic Retroperitoneal Fibrosis (Oct 12, 2022)
18. Hypertension in the Setting of Hypertrophic Obstructive Cardiomyopathy and Cocaine Use (Oct 06, 2022)

19. Posttraumatic Stress Disorder (PTSD) and Instigation of Cardiovascular Events: Ischemic Heart Disease (IHD) and Atrial Fibrillation (AF) (Sep 28, 2022)

20. A Case of Deep Vein Thrombosis After Recovery From COVID-19 and Its Association With Elevated D-dimers (Sep 28, 2022)

21. Bupropion-Induced Dystonia: A Case Report (Sep 27, 2022)

22. Comparing Simvastatin Monotherapy V/S Simvastatin-Ezetimibe Combination Therapy for the Treatment of Hyperlipidemia: A Meta-Analysis and Review (Sep 26, 2022)

Article reviewed as Peer reviewer for world journal of Gastroenterology- MORE(Mcmaster online rating and evaluation)

[World Journal of Gastroenterology - 2022 October 7; 28\(37\): 5383-5514
Prognostic performance of an index based on lactic dehydrogenase
and transaminases for patients with liver steatosis and COVID-19](#)

[Ricardo Ulises Macías-Rodríguez, Alberto Adrián Solís-Ortega, Victoria J Ornelas-Arroyo,
Astrid Ruiz-Margáin,](#)

Article reviewed as peer reviewer for International
journal of molecular sciences for Pesto” Mutation:
phenotypic and genotypic characteristics of eight
GCK/Maturity Onset Diabetes of the Young (MODY)
(Ligurian patients by Alessandro Salina et al

Article reviewed as peer reviewer for Infectious
disease Reports - Immunogenicity of Covid-19
Vaccine among Multiple myeloma patients post
Autologous stem cell transplant- Nishanth
Thalambedu et al

Article reviewed as peer reviewer for Infectious disease Reports Roles for age, gender, vaccination history
and COVID–19 variants in all-cause mortality: unexpected outcomes in a complex system –Authors Rodney P
Jones , Andrey Ponomarenko

Article reviewed as peer reviewer for PLOS ONE - Optic nerve sheath diameter in patients with hepatic
encephalopathy, MD Nese Colak

Article reviewed as peer reviewer for PLOS ONE

GADOLINIUM-ENHANCED MRI VISUALIZING

BACKFLOW AT INCREASING INTRA-RENAL

PRESSURE IN A PORCINE MODEL **Authors:** Søren

Kissow Lildal

Abstracts reviewed as Member of the abstract review board for the 2023 American College of physicians' national abstract competitions- National resident / fellow and medical student abstract portal

Total no of abstracts reviewed - 25

	[Clinical Vignette - Resident Fellows]-A Rare Case Of Profound Iron Deficiency Anemia Due To Chronically Bleeding Hemorrhoids		12/22/2022
	[Clinical Vignette - Resident Fellows]-Hypothenar And Thenar Hammer Syndromes: A Diagnostic Challenge		12/22/2022
	[Clinical Vignette - Resident Fellows]-Thinking Beyond Sepsis: A Case Report On Hemophagocytic Lymphohistiocytosis Secondary To Disseminated Infection		12/22/2022
	[Clinical Vignette - Resident Fellows]-Chagasic Megacolon And Cardiac Conduction Abnormalities In Untreated Chagas Disease		12/22/2022
	[Clinical Vignette - Resident Fellows]-Watch Out For This Watchman Device Complication		12/22/2022
	[Clinical Vignette - Resident Fellows]-An Unusual Cause Of Hermatospermia: A Case Of Dengue Fever Interrupting A Vacation		12/22/2022

	[Clinical Vignette - Resident Fellows]-When Cardio Day Goes Awry: A Case Of Exercise Induced Complete Heart Block		12/23/2022
	[Clinical Vignette - Resident Fellows]-Newly Diagnosed Advanced Follicular Thyroid Cancer And Pancreatic Cancer In An Adult Filipino Male		12/23/2022
	[Clinical Vignette - Resident Fellows]-Purpuric Rash: Levamisole-contaminated Cocaine-induced Vasculitis.		12/23/2022
	[Clinical Vignette - Resident Fellows]-Keep The Heart Ticking: A Case Of Lyme Carditis		12/23/2022
	[Clinical Vignette - Resident Fellows]-When Images Do Not Explain Reality: A Case Of A High Burden Thrombus Extending From Ivc To Pa With Complete Obliteration Of The Rv		12/23/2022
	[Clinical Vignette - Resident Fellows]-Rare Case Of Merkel Cell Carcinoma-induced Dermatomyositis		12/23/2022
	[Clinical Vignette - Resident Fellows]-Myelomatous Pleural Effusion: A Rare Case Report And Literature Review		12/23/2022
	[Clinical Vignette - Resident Fellows]-Isopropyl Alcohol-induced Rhabdomyolysis: The Worst Hangover Ever		12/23/2022
	[Clinical Vignette - Resident Fellows]-Tick Tick Boom: A Case Of Stanford Type A Aortic Dissection In A 34-year-old Female With Suspected Ehlers-danlos Syndrome		12/23/2022
	[Clinical Vignette - Resident Fellows]-Bell's Palsy Could Be Anything: An Extremely Rare Adrenocortical Carcinoma Presentation		12/23/2022
	[Clinical Vignette - Resident Fellows]-A Rare Case Of Mycotic Coronary Pseudoaneurysm Complicated By Right Coronary Artery To Right Atrial Fistula		12/23/2022

	[Clinical Vignette - Resident Fellows]-Uncommon Triad: Diabetic Ketoacidosis Induced Severe Hypertriglyceridemia With Subsequent Acute Pancreatitis		12/23/2022
	[Clinical Vignette - Resident Fellows]-Empagliflozin Induced Euglycemic Diabetic Ketoacidosis		12/23/2022
	[Clinical Vignette - Resident Fellows]-Chronic Untreated Ureaplasma Urealyticum Urinary Tract Infection Causing Reflux Pyelonephritis.		12/23/2022
	[Clinical Vignette - Resident Fellows]-Pulmonary Embolism Presenting As Wellens' Syndrome: Pseudo-wellens' Syndrome		12/23/2022
	[Clinical Vignette - Resident Fellows]-A Case Of Autoimmune Hepatitis And Primary Biliary Cholangitis Overlap Syndrome		12/23/2022
	[Clinical Vignette - Resident Fellows]-Anti-synthetase Syndrome Presenting As Myocarditis		12/23/2022
	[Clinical Vignette - Resident Fellows]-Is It Hypercalcemia Of Malignancy? No, It's Just Vitamin D Supplementation - Case Report		12/23/2022
	[Clinical Vignette - Resident Fellows]-A Rare Case Of Metastatic Pleomorphic Carcinoma With Co-existing Jak2 Mpn		

WCG Avoca 2022 Industry

Survey- Request for

Participation- WCG Avoca

takes pride in providing the

industry with insights into
trends in clinical research to
optimize the execution and
quality of clinical trials

PRESENTATIONS AND PUBLICATIONS

Thesis

Gurugubelli simhachalam. (2015, December 09). "Need for blood transfusion and patient outcome in severe anemia for emergency cesarean section".

Academic activities

Lectures as faculty for family medicine residents

Psycho pharmacology for Primary care medicine

Hypertension- Etiopathogenesis, causes & treatment-

Lecture followed by evaluation of resident physicians

Lectures at urgent care centers

Fastpace urgent care center- ASCVD risk (Atherosclerotic Cardiovascular risk calculator)

- Inaugural CPC

Approach to diagnosis and treatment of Rheumatologic diseases, academic year 2020-21,
McLaren Flint, Michigan State University

- Dyspnea- Evaluation and treatment

Introductory lecture to incoming residents, McLaren Flint, MSU

Oral Presentations:

- AHA/ASA update on Guidelines for the Early Management of Patients with Acute Ischemic Stroke

Journal Update, McLaren Flint, Michigan State University

- Sleep Disorders,

Scholar circle, McLaren Flint, Michigan State University

- Measurements in biostatistics

Research forum, McLaren Flint, Michigan State University

- Abdominal Imaging

Imaging conference, McLaren Flint, Michigan State University

- Measures of association

Research forum, McLaren Flint, Michigan State University

- Ovarian cancer and ascites

McLaren Flint, Michigan State University

QI projects:

- QI on Resident wellness using **Stanford Physician Wellness** Survey Tool
- **High value care Diabetes task force**- continuing home dose of Metformin in hospitalized Type 2 DM patients, consistent with JAMA guidelines and evidence- based-practice

EXPERT IN THE FIELD OF TRADITIONAL INTERNAL MEDICINE, PRACTICE QUALITY IMPROVEMENT, PATIENT SAFETY, CLOSE PATIENT FOLLOW UPS, COORDINATING WITH ADVANCED CARE PROVIDERS, SPECIALISTS AND ANCILLARY CARE PROVIDERS. EVALUATING AND SCHEDULING PATIENTS TO OTHER PROVIDERS IN THE GROUP

INTERNAL MEDICINE: CARE OF PATIENTS OF AGE 18 AND ABOVE IN BOTH OFFICE SETTING AND HOSPITAL SETTINGS AND REMOTE SETTINGS WITH TELEMEDICINE SETTINGS FOR COVID POSITIVE PATIENTS REQUIRING HOSPITALIZATION INCLUDING CRITICALLY ILL PATIENTS

ADMITTED patients AT memorial hospital at Gulfport ,TREAT PATIENTS AT ALL CLINICAL SETTINGS INCLUDING ICU PATIENTS ON VENTILATOR, TELEMETRY AND SWING BED PATIENTS WITH THERAPY AS A CONSULTANTS WE DO TREAT POST CARDIAC SURGERY AND VASCULAR SURGERY PATIENTS IN HEART HOSPITAL FOR BETTER CONTROLLING DIABETES AND HYPERTENSION FURTHER PREVENTING PROLONGED HOSPITAL STAY AND REDUCING POSTOP INFECTIONS AND OTHER COMPLICATIONS

WE RECEIVE PATIENTS FROM ACROSS THE STATE OF MS MAINLY gulfport AREA WHICH INCLUDES SEVERAL patients WITH ILLNESSES INCLUDING RESPIRATORY FAILURE, HEART FAILURE, KIDNEY FAILURE, SEVERE SEPSIS IN SHOCK STATE, LIVER FAILURE, COVID PNEUMONIA, POST OP COMPLICATIONS AFTER AMPUTATIONS AND CARDIAC SURGERY

do consultation on cardiac patients and bypass surgery patients

for management of diabetes, pneumonia, high blood pressure, diabetic coma, uti, cellulitis,

kidney failure, dialysis patients, heart failure patients on mechanical ventilation

Supervising physician for NP

serving huge Medicaid and medicare patient population with multiple medical problems and started admitting sick patients

7) COMPETITIVE EXAMS:

USMLE STEP 1  passed 02/02/2017 245

USMLE STEP 2 CK-passed 08/29/2017 254

USMLE STEP 2 CS-passed 03/08/2017

ECFMG CERTIFIED 09/13/2017

USMLE STEP 3- passed 10/02/2019 221

In training exam – Sep 2020- 85th percentile among all IM resident physicians across USA

American board of internal medicine certification  AUG 2021

Given the outstanding academic credentials using the knowledge to prepare the next generation of physicians

AMERICAN BOARD OF INTERNAL MEDICINE, DIPLOMATE IN INTERNAL MEDICINE, 2015: For more than 70 years, certification by the American board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Their accountability is both to the profession of medicine and to the public with the mission to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care. In 2015, I was awarded the ABIM diplomate in Internal Medicine after a scoring at the higher end of the top 20% in the nation in the certifying exam conducted by ABIM.

AMERICAN BOARD OF INTERNAL MEDICINE, DIPLOMATE IN INTERNAL MEDICINE, 2015: For more than 70 years, certification by the American board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and has meant that internists have demonstrated

– to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Their accountability is both to the profession of medicine and to the public with the mission to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care. In 2015, I was awarded the ABIM diplomate in Internal Medicine after a scoring at the higher end of the top 20% in the nation in the certifying exam conducted by ABIM.

As the ABMS has put it: "Better care is built on higher standards; Higher standards demand professional excellence; Professional excellence requires continual learning; Continual learning promotes quality improvement; Quality improvement reflects higher standards; Higher standards lead to better care." ABMS certification will open a clear and validated career path to those physicians who wish to gain or add specialization in Addiction Medicine. Most important, certification will provide a credential that can be used by patients and their families to find physicians who are qualified to deliver evidence-based, compassionate care for alcoholism and other diseases of addiction

Job Responsibilities

- Perform physical evaluations on adult patients who are seeking medical attention for injuries, annuals, illness or other medical problems
- Rounding on the patients in the hospital settings daily and coordinating with their families about the care and clinical status of the patients
- Attending emergency calls and addressing phone calls from the hospitals round the clock for the need of hospital admitted patients
- On call for the emergency departments of the hospitals in our region to admit

Evaluation and treatment of patients in clinic and hospital settings

- Coordinating with all the nurse practitioners and physicians in the group
- Order screening tests and other measures that aid in the diagnostic process, and review reports, labs, x-rays, EKGs and all other screening methods
- Customize a treatment plan unique to each patient's symptoms and diagnosis
- Prescribe medication as part of a treatment plan in accordance to federal and state laws, and perform drug and disease utilization reviews on a regular basis to ensure quality treatment of patients and to avoid any drug and/or therapy conflicts
- Attend regular meetings involving professionals who are a part of the health care team
- Follow protocol set by the directors of the health clinic, adhering to medical ethics and standards, and provide recommendations in updating protocol if needed
- Conducting quarterly evaluation meetings to all physicians and nurse practitioners in the group

Evaluation and treatment of patients in clinic and hospital settings • Coordinating with all the nurse practitioners and physicians in the group • Order screening tests and other measures that aid in the diagnostic process, and review reports, labs, x-rays, EKGs and all other screening methods • Customize a treatment plan unique to each patient's symptoms and diagnosis • Prescribe medication as part of a treatment plan in accordance to federal and state laws, and perform drug and disease utilization reviews on a regular basis to ensure quality treatment of patients and to avoid any drug and/or therapy conflicts • Attend regular meetings involving professionals who are a part of the health care team • Follow protocol set by the directors of the health clinic, adhering to medical ethics and standards, and provide recommendations in updating protocol if needed • Conducting quarterly evaluation meetings to all physicians and nurse practitioners in the group

III. JUDGE THE WORK OF OTHERS -

Evaluated family Medicine residents on hospitalist service. I do it at the end of rotation as their attending physician and this is part of their residency evaluation. Includes evaluation of medical knowledge, clinical skills, bedside manners, evidence based learning, interpretation of results.

#-Interviewed candidate for Internal Medicine residency program at MHG as core faculty in Department of Medicine. Reviewed their application as a whole to assess whether their scholastic achievements, clinical experience, peer evaluations and personality were in accordance with the aims of the residency program

Evaluated medical students for clinical skills as part of overall medical evaluation as clinical instructor at MSU College of Human Medicine. Includes evaluation of medical knowledge, clinical skills, bedside manners, evidence-based learning, interpretation of results.

SIGNIFICANT CONTRIBUTIONS

TRANSITIONAL CARE visits in my CLINIC

FOR CLOSE FOLLOW UP OF POST HOSPITAL DISCHARGED PATIENTS

Heart failure (HF) is the most common discharge diagnosis among Medicare beneficiaries and the most common cause of hospital readmissions . HF is also the most costly condition and accounts for more than \$39 billion per year in healthcare expenditures . HF is characterized by episodic exacerbations that often require hospitalization alternating with periods of medical stability. The goal of HF care is to manage symptoms in the outpatient setting to prevent HF

hospitalizations as such episodes are costly and associated with increased morbidity and mortality

HF disease management programs can include interventions that range from telephone calls to home visits with intensive technology-based monitoring and intervention systems

Below is the article

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5295554/>

A Strategy to Reduce Heart Failure Readmissions and Inpatient Costs

Jill Howie-Esquivel,^{a,c} Maureen Carroll,^b Eileen Brinker,^b Helen Kao,^b Steven Pantilat,^b Karen Rago,^b and Teresa De Marcob

Clinical Contributions-Shortage of the Specialty

There is an acute and long-term shortage of primary care and hospitalist physicians in the USA. With the aging population, and with greater number of patients suffering from multiple medical problems, hospital admissions are increasing. This shortage of competent and skilled hospitalists to take care of older patients with multiple other medical problems will be felt more acutely than ever.

In 1996, when hospital medicine was in its infancy, there were approximately 1,000 hospitalists in the United States. Today, according to estimates from the Society of Hospital Medicine (SHM), there are more than 20,000.

SHM estimates that the need for hospitalists will continue to grow and could exceed 40,000 during the next five years. “No other specialty in the history of American medicine has grown at this rate,” says Eric Siegal, MD, regional medical director at Cogent Healthcare in Brentwood, TN.

But growth isn’t always a good thing. Qualified hospitalists aren’t easy to find in today’s employee market. Providers have been forced to hire reactively instead of proactively, and desperation hires have taken their toll on hospitalist programs that see significant turnover.

At Staten Island (NY) University Hospital, Susan Wisniewski, MD, associate director of the hospitalist group, says her goal is to explore a physician’s nonclinical areas of

interest when considering a candidate, which helps to establish a well-balanced, diverse team.

“But I don’t really see this as a feasible goal at this moment in time,” she says.

“Despite the fact that the field of hospital medicine is ever-growing, the truth is that there is definitely a shortage of appropriate candidates in the work force.”

My training in Internal Medicine at premier institutes in the United States with tertiary care referral centers such as McLaren Flint, MSU has provided me with extensive clinical experience beyond the average internal medicine training.

As a successful Clinician in multiple fields of general medicine , anesthesiology and a skilled clinician, I am among the few physicians in the United States who have the training and experience to not only discover novel findings and treatment strategies relating to chronic medical conditions, but to also bring these to the bedside to patient care by translating these findings into clinical practice interventions. Such a width of clinical experience and a unique skill set has allowed me to develop expertise in various aspects of Internal Medicine and is evidence of my superior ability thus setting me apart from an average internist

My current location of practice also meets unmet needs as hancock county, MS is a medically underserved area

Hospital Medicine is a complex specialty because it deals with acutely ill patients admitted to hospital and frequently with multi-system disorders at the same time. It is important to develop standard treatment strategies for these patients especially for the common medical illnesses, share knowledge about their experiences through case reports and presentations at conferences, work on improvement in quality of care and also try to reduce health care as these patients utilize a major share of health care costs. I have contributed significantly to clinical research in this field through review

articles on common illnesses, case report publications and presentations at conferences and quality improvement projects. I have also contributed to finer details of medical science through my basic research in field of vascular disease and kidney disease. I am also part of the Clinical and Research training institute at UF through their certificate course which has helped me fine tune my research skills.

Teaching Contributions

I have been fortunate to educate the brightest human brains. Medical students and residents I have worked with have been very successful in their careers and are doing very well in different fields of medicine in various reputed institutions. They have also turned out to be brilliant educators themselves thus continuing this great tradition of teaching in medicine. They are also serving communities all over the country and helping reduce the shortage of medical care

Superior ability in area of expertise

Internal medicine specialists are equipped to handle the broad and complicated spectrum of illnesses that affect adults, and are recognized as experts in diagnosis, in treatment of chronic illness, and in health promotion and disease prevention—they are not limited to one type of medical problem or organ system. Internal medicine specialists are equipped to deal with whatever problem a patient brings—no matter how common or rare, or how simple or complex. Internal medicine specialists, or “internists”,

As a internal medicine specialist, I have devoted four of my eight years of medical school and postgraduate training to learning how to prevent, diagnose, and treat diseases that affect adults such as kidney failure, liver failure, heart failure, and endstage-lung disease. My particular areas of expertise include point-of-care ultrasound, rural medicine, hypertension, diabetes management, cancer screening, heart failure, medical education and population health. I also specialized knowledge in multiple procedures including thoracenteses, paracenteses, lumbar punctures, joint injections, and central venous access. I'm able to practice in a variety of settings, from hospital wards to ICU to the clinic.

Clinical and financial benefit to the nation

As a specialist in Internal Medicine with a focus on the unique issues of rural medicine, I am specially trained to care for chronically ill and underserved patients with multiple medical conditions. This work will greatly benefit the nation. Take for example, high blood pressure and diabetes. One out of three American adults have high blood pressure but only half of those

people have their blood pressure under control, putting them at risk for heart disease and stroke. Blood pressure is a primary or contributing cause of death of more than 410,000 Americans in 2014 – about 1,100 deaths per day (CDC, 2016). Over twelve percent of the American population is diagnosed with diabetes. One out of every three visits to doctor's offices are to manage diabetes and it leads to over 14 million Emergency Department visits every year. Diabetes is the direct cause of over 76,000 deaths per year (24 deaths for every 100,000 people), and is a major contributor to heart disease and stroke, two top causes of morbidity and mortality. As an expert in blood pressure management, diabetes, and preventive care, I am well suited to using evidence-based medicine to develop individual care plans for patients to manage their health. Through excellence in management of diabetes, high blood pressure, and opiate addiction, I will save the nation a significant amount of money. For example, uncontrolled diabetes leads to multiple comorbidities including need for dialysis and limb amputation. With effective diabetes management through medications, I will help eliminate the need for dialysis which costs \$90,000 per patient per year. I will help eliminate the need for limb amputation, which costs over \$70,000 per procedure. This totals over \$320,000,000 per year saved from dialysis and amputations alone, and does not include the number of dollars saved by keeping patients as health contributing workers in society. Another example is in excellent management of opiate additions. Each hospitalization for opiate overdose costs \$100,000. By preventing opiate substance abuse, I can help save the nation over \$200,000,000 per year in hospitalizations.

An example of cost savings is . I checked a patient for abnormal liver enzymes she was positive for chronic hepatitis C – a diagnosis that was missed during her entire treatment course in Florida. Untreated hepatitis C can progress to cirrhosis and hepatocellular cancer, leading to massive morbidity and mortality, with cumulative healthcare costs of at least \$100,000 per year per patient. If his hepatitis C had not been diagnosed, even with proper management of his high blood pressure, his kidney disease would have progressed to requiring dialysis, with a cost of over \$100,000 per year

Procedural specialist - Exceptionally skilled physician with more than 1000 intubations, 1000 lumbar punctures, multiple central lines and arterial lines.

(Using this expertise to train physicians in training)

Ventilatory management for respiratory failure