

CIR News

Committee of Interns and Residents

SEIU Healthcare®

March 2008

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NEW CONTRACTS TO CELEBRATE



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“Through contract negotiations, we had the opportunity to better our work environment and the care we provide for our patients.”

Dr. Raj Daftary, CIR Delegate
 Children’s National Medical Center
 Washington, DC

As the weather got colder this winter, CIR members experienced a hot streak as they assembled a string of six strong contract victories in hospitals around the country. With their momentum building, CIR members are poised to ride this wave of victories through the spring into their national convention in May.

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 of SEIU Healthcare
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of *SEIU*Healthcare®

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2007-2008**

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Editor

Cover photo at Methodist Hospital
by Cara Metz/CIR;

Inset photo at Children's National Medical
Center by Sandy Shea/CIR

President's Report

LUELLA TONI LEWIS, MD

2008: A Time of Change

I would like to introduce myself to you: I am a Geriatrics Fellow at Caritas Health Care in Jamaica, New York, and I am honored to be CIR's new President. Since medical school, I sought programs and experiences that would help me as a physician to serve the community on all levels. Little did I know how involvement with CIR would prepare me for this role.

There have been many events during my residency that required a voice of concern, beginning with the bankruptcy of my hospital and uncertain future of our residency programs. Next, the Governor of our state was looking for healthcare cuts and hospital closures. CIR provided a platform for responding.

With CIR, I have testified at state hearings on behalf of residents and patients in need. Many CIR members played an active role in that campaign, and all that testifying, petition signing and rallying had its impact. The Governor's commission recognized the vital role that our safety net hospitals played.

Activism is in my blood. For as long as I can remember, my family supported unions and speaking up for those unable to speak for themselves. My mother was active in her chapter of the National Education Association, and my grandmother picketed in the bitter cold of a Wisconsin winter to fight for the rights of educators and students. I welcome the challenges we will surely face.

I want to share some thoughts about the year ahead: 2008 is an election year, by its very nature, a year of change, with opportunities for healthcare reform that come along only once or twice in a generation.

I'm really excited about the work we're doing – we want to be a part of the national discussion about how to reform healthcare. Who knows better than resident physicians, from frontline experience, what the problems are in our current healthcare system? Who better to discuss the best solutions to prevent leaving so many people out in the cold, and providing less-than-adequate care for so many others? CIR, that's who!

On a national level, the President's most recent regulatory cuts and budget proposals take aim at Medicare physician reimbursements. Medicaid spending cuts threaten our ability to care for our patients, as well as the very funding of our residency programs.

CIR has lobbied Congress on these issues with the National Association of Public Hospitals and our work will continue on the state level. Together with SEIU



hour shifts. I do not have to tell you that these hours do not correlate to optimal patient care. You have witnessed that yourself first-hand. You also know about the increased risk of post-call car crashes, needlestick injuries, and depression that go along with our extremely long work hours.

Most of the public is unaware of the hours we work. It is our job – mine and yours – to change that.

We will have many opportunities to make our issues known and I look forward to working with you in the months ahead. Let's make the most

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"2008 is an election year, by its very nature, a year of change, with opportunities for healthcare reform that come along only once or twice in a generation....Let's make the most of this dynamic time to make real improvements."

Healthcare, (the one-million member union we are affiliated with) and other allies, we are committed to increasing access and ending the disparities of care we see every day.

Another issue which affects all residents is the extremely long hours we work. I recently had the opportunity to testify before the Institute of Medicine and to share our stories and the increasing body of evidence that draws the clear link between increased medical errors and 24+

of this dynamic time we are entering to make real improvements for our patients, our training, and our healthcare system. Feel free to contact me with your thoughts and ideas at llewis@cirseiu.org

Notice of Election of CIR National Officers

POSITIONS TO BE FILLED:

President

Executive Vice President

Secretary-Treasurer

Vice Presidents:

- Florida1
- Massachusetts.....1
- New Jersey.....1
- New Mexico.....1
- New York.....5
- Northern California.....1
- Southern California.....1

TERM OF OFFICE

One year, commencing with the election at the 2008 National Convention and ending on the next election date.

ELIGIBILITY REQUIREMENTS

Members in good standing, who will be serving as housestaff officers at a member institution for the next residency year shall be eligible to stand for election as officer. In addition to such persons, housestaff officers in good standing at a member institution for the current residency year, or a housestaff officer in good standing who is

serving as a full-time officer of CIR during the year preceding the election, shall be eligible to stand for election as officer, but in no event shall service as officer commence or extend more than two years after separation from a housestaff program. No person may run for more than one Executive Committee office.

NOMINATION PROCEDURES

Nominations are to be made by petition signed by two delegates, which must be received in the CIR National Office at 520 Eighth Avenue, 12th floor, New York, N.Y. 10018 prior to May 4, 2008.

CAMPAIGN PROCEDURE

Officer elections will take place on Sunday, May 18, 2008, at the National Convention. Only delegates, and alternates who are replacing delegates who are not in attendance at the National Convention, are eligible to vote.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CIR NATIONAL OFFICE AT 1 (800) CIR-8877.

CIR & HHC Join Forces for Safety

Conference Focuses on Improving Patient Hand-Overs

New York City public Health and Hospitals Corporation (HHC) and CIR joined forces on February 6th to host a first-ever conference on improving the transfer of patient information (also known as hand-overs). More than 100 conference participants took part — residents, residency and medical directors, nursing, IT and patient safety administrators — from HHC’s eleven teaching hospitals.

sitions involving communication and teamwork culled from clinical experience. His use of movie moments, and actual clinical case studies, combined with role-playing brought immediacy, drama, and humor to the topic.

Speaking Up

Because hospitals are such hierarchical institutions, nurses and other providers too often don’t feel empowered to speak up, which is ultimately bad for patient care, Dr. Dunn said. To combat this, he presented strategies for clear communication in the workplace. While organizing change can be compared to “herding cats,” Dr. Dunn was ultimately optimistic about what can be achieved when organizations are willing to change.

Emphasizing the changes ahead, HHC’s Executive Vice President, Dr. Ramanathan Raju said that, “we can no longer rely on an individual physician’s memory and skill level, because we are all fallible. One individual is no longer captain of the ship — now we are a team of doctors, nurses, resident physicians and others, and anyone can stop the process if patient

safety is in danger.”

HHC is perfectly poised to take advantage of new developments in the field and make changes in the way things are done because of its commitment to “being #1 in patient safety among all the nation’s public hospital systems,” said Alan Aviles, Esq., HHC’s President. In connection



Workshops brought together residents, program and medical directors, nursing, IT, and patient safety administrators.

with that goal, Mr. Aviles has committed HHC to transparency, going so far as posting mortality figures on its website, so the public can make informed decisions.

“I want to thank you for moving forward on the patient safety journey, and for your deep commitment to your patients,” he said to all those in attendance.

Bringing It All Back Home

In the afternoon break-out session, attendees were grouped by hospital. They discussed how sign-outs are organized at their facility, what is working and not working about their current systems, and ways to overcome barriers to sign-outs that would be electronic and shared by all team members.

Dr. Spencer Nabors, a CIR NY Vice President who works at Kings County Hospital in Brooklyn, spoke for his group, and said that, “the most important item is to have open access to all....There is no new system without a sense of buy-in from all members. Without that, we’ll just be spinning our wheels....The nursing staff needs to demand that we give them this info, too. That’s a

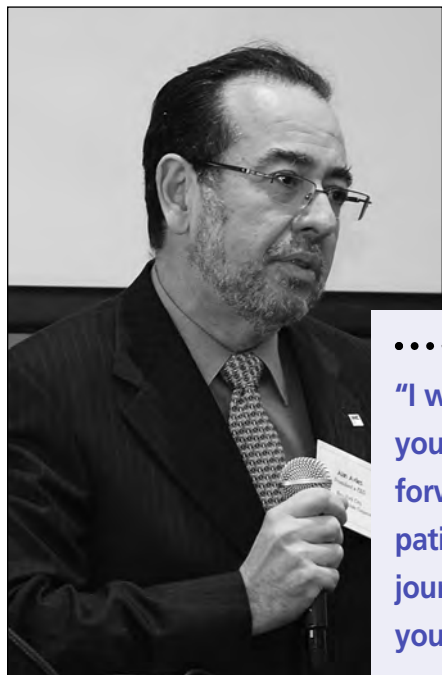
change in culture.

“There will be communication errors, but problems generate opportunities for change. As we heard today, ‘Every system is perfectly designed to achieve the results we have,’ and we need to create a new system. We have a wealth of highly committed individuals at all these

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“If each of us changes one thing after today we will have accomplished a lot... I’m inspired by the urgency of doing.”

Dr. Spencer Nabors,
 CIR NY Vice Pres.

hospitals. If each of us changes one thing after today — and I encourage you to do so — we will have accomplished a lot. As Leonardo da Vinci said, ‘I am inspired by the urgency of doing.’ This topic gives us all an opportunity to be inspired.”



Alan Aviles, Esq.

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“I want to thank you for moving forward on the patient safety journey, and for your deep commitment to your patients.”

Alan Aviles, Esq.
 HHC President

“Today’s conference is unique,” said CIR President Luella Toni Lewis, MD, at the opening of the all-day event in midtown Manhattan. “We have a very clear purpose — to bring together all the important players in the hand-over effort. Too often we healthcare providers remain locked in our individual cliques — the doctors talk to the doctors, the nurses to the nurses, managers to managers. But today, we are breaking out of these cliques!”

Nationally recognized experts in the field of patient hand-overs addressed the conference. Dr. Christopher Landrigan, *Sleep and Patient Safety Director* at Boston’s Brigham and Women’s Hospital, presented data on how to optimize teamwork and safety. Medical errors usually occur because of a series of small failures, none of which are caught. Research shows that adverse events can best be avoided by improving systems. Standardized and computerized sign-out systems can substantially decrease the number of medical errors, and a checklist, much like a pilot uses before takeoff, helps to ensure that all the necessary information is recorded and available to the entire team, Dr. Landrigan said.

Dr. Edward Dunn, *Director of Policy and Clinical Affairs* at the VA National Center for Patient Safety, presented on principles of safe tran-



Dr. Edward Dunn, Director of Policy and Clinical Affairs at the VA National Center for Patient Safety, gave an animated presentation that included film clips and role playing.

WINNING STRO

"Take a look at these new CIR contracts! Bravo and thank you to the CIR residents and staff whose energy, creativity, long hours and dedication carried the day."

—Luella Toni Lewis, MD, CIR President

Bronx-Lebanon Hospital

On November 20, 2007, CIR members at Bronx-Lebanon Hospital in the Bronx, NY reached agreement with hospital administration on a new, three-year contract. The contract delivers significant financial gains in the form of 3% annual raises and increases in the book allowance, meal allowance, and board review reimbursements.

The Bronx-Lebanon negotiating team also achieved a 5% cap on the annual increase in rent for residents living in hospital-owned housing. This was a chief concern for the many CIR members who reside with their families in hospital-owned apartment units, as well as those who understand how the convenient availability of this housing is a major attraction for many applicants to Bronx-Lebanon's residency programs. This marks the first time that housing has been addressed in a CIR contract with Bronx-Lebanon.

"I believe this is an extremely fair contract settlement," said negotiating committee member Michael Dilorio, MD, Chief Resident in Surgery at Bronx-Lebanon. "It successfully addresses all our key issues, especially capping the rate of rent increases and raising our book allowance by 50%."

Interfaith Medical Center

While the housestaff at Bronx-Lebanon were ratifying their new agreement, CIR members at Interfaith Medical Center in Brooklyn, NY were deadlocked with hospital administration in the second month of intense contract negotiations. "Initially we felt a little demoralized, because the hospital refused to consider a number of our proposals that we felt were very fair and moderate," recounted Dr. Alexey Merunko, a PGY 2 in Internal Medicine at Interfaith and a member of the CIR bargaining committee.

Feeling the need to up the ante, the negotiating

committee members reached out to their colleagues, asking all who were able to turn out and attend the next negotiating session. When that session arrived, CIR members packed the room.

"The administration was really amazed when over 40 residents showed up to tell their story about all that we do in the hospital," said Dr. Merunko. "Five days later, we got them to reach agreement on a good new contract."

The contract, which was ratified by CIR mem-

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**Dr. Alexey Merunko, PGY 2, Internal Medicine
 Interfaith Medical Center, Brooklyn, NY**

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bers at Interfaith on December 12, 2007, delivers annual salary increases of 3.25% for residents in PGY 1, 2.875% for those in PGY 2 & 3, and 2.25% for those who are in PGY 4 and above. The contract also significantly increases the residents' bi-weekly meal allowance and book and educational materials stipend.

Kingsbrook Jewish Medical Center

CIR kicked off the New Year celebrating another contract victory, as residents at Kingsbrook Jewish Medical Center in Brooklyn, NY finished negotiating a strong contract on January 7, 2008. The housestaff experienced the benefits of the new con-

tract quickly, in the form of an immediate 3% raise. "We were worried the administration was prolonging negotiations in order to push back our raise," said negotiating committee member Mahmoud Sakr, MD, a PGY 1 in Internal Medicine at Kingsbrook. "However in the end we were able to successfully secure a raise immediately."

Another goal of the CIR members at Kingsbrook was "trying to eliminate some of the hurdles we used to experience at the hospital." One such hurdle was an outdated meal card system that forced doctors to take long trips to the cafeteria, even for small items like a cup of coffee which are available in more convenient locations inside the hospital. During negotiations, residents got the hospital administration to allow them to use their meal swipe cards at the conveniently located Java Coast coffee stand. "Java Coast is on our way into the hospital," explained Dr. Sakr, "so now we don't have to run downstairs to the cafeteria anytime we want a cup of coffee."

Kingsbrook residents also won a significant increase in their conference benefit. Key to winning this benefit was getting the hospital administration to understand the costs residents faced when attending conferences, according to Dr. Venus Calla-Gompong, a PGY 4 in PM & R. "I asked them, 'Where's the money for the hotel? Where's the money for our food?'" she said.

"Overall, it's an outstanding contract and we made a lot of important changes this year," said Dr. Sakr. Dr. Calla-Gompong agreed, saying that "being a part of CIR, we can respond when issues arrive, instead of being left to deal with them alone."

Methodist Hospital

On Valentine's Day, residents at New York Methodist Hospital had something to celebrate other than the affection of a special someone. They were in the process of ratifying a new three-year contract, which their CIR negotiating committee secured the week before after months of negotiations. In the new contract, which was overwhelmingly ratified, CIR members won significant raises, as well as the establishment of Methodist Hospital's first ever resident-controlled Patient Care Fund.

"Our goals were to improve the overall quality of life and workplace experience at the hospital," said negotiating committee member Jeremy Rutherford, MD, a PGY 2 in Internal Medicine.



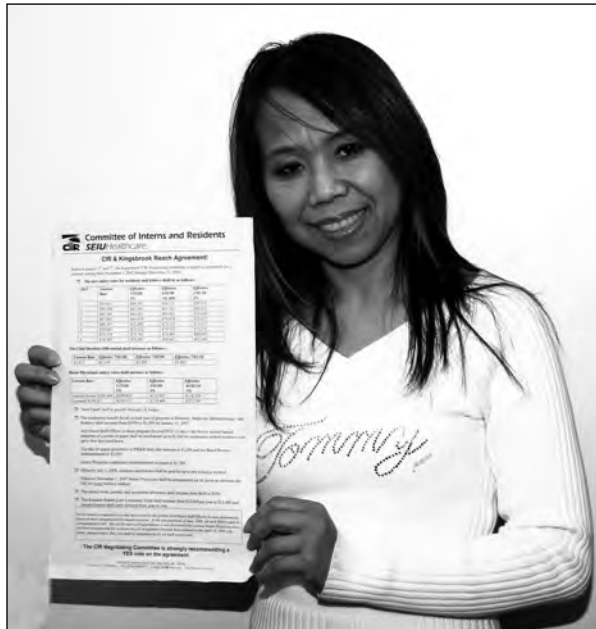
The negotiating teams at Bronx-Lebanon (left) and at St. Luke's-Roosevelt (right) won important housing language in their contracts.

PHOTO: (CLOCKWISE FROM TOP) CARA METZ/CIR; SANDY SHEA/CIR; DR. WEN DOMBROWSKI/CIR; CLIFF FREID/CIR

NG CONTRACTS



Drs. Omer Sultan, Hyong Choi and Michael Anibogu (left) during the ratification at Methodist Hospital; Dr. Venus Calla-Gompong (right) shows off highlights of the Kingsbrook contract.



CIR members at Children's National Medical Center get a little crazy waiting for management to come back from their caucus.

"It's already pretty good and we wanted to maintain and improve it," he said.

"Obviously money is always important and we came to agreement on a fairly decent salary package," said Dr. Rutherford. "We are excited that we were able to secure a Patient Care Fund," he continued. "This is a huge benefit to the residents and the hospital at large."

Another patient care related item that Methodist residents were able to win at the bargaining table was the availability of UpToDate and other important medical databases on all hospital computers. Previously, such databases were only on a select few, and were sometimes unable to be accessed when needed. CIR members also won improvements in the hospital's parking system, which had long been a source of consternation for housestaff at Methodist.

Summing up his experience, Dr. Rutherford concluded, "this contract emphasizes the importance of what residents can do to further patient

care and education when they take an active role at the hospital."

St. Luke's-Roosevelt Medical Center

When CIR members at St. Luke's-Roosevelt Medical Center in Manhattan settled on a new contract on February 7, 2008, it ended an intense 5-month struggle with hospital administration. During that period, the CIR negotiating committee held its ground in difficult negotiations to achieve gains in three important areas for St. Luke's-Roosevelt residents: salary, housing, and medical education.

Under the new union contract, which was ratified on February 15, 2008, housestaff at St. Luke's-Roosevelt will receive two 1.5% raises in the first year of the contract: one in April and another in December. After that, they will see 3% annual raises in the agreement's remaining 2 years.

On housing, an issue of central importance in this Manhattan hospital, CIR residents achieved

a contractually mandated limit on the amount the hospital can increase rents each year for residents living in hospital-owned housing units. CIR members also successfully bargained for rent reductions to help offset new energy costs in hospital housing.

Additionally, looking to enhance their educational experience, CIR members at St. Luke's-Roosevelt secured their first ever book and journal allowance. They also ensured that residents would maintain access to the UpToDate database program, in spite of the administration's opposition to giving residents control of capital funds.

Children's National Medical Center

Negotiations for a new CIR contract at Children's National Medical Center in Washington, DC began back in the summer of 2007. Negotiating team member and CIR delegate Raj Daftary, MD explained that "The process was surprisingly difficult. The hospital really wanted to go backwards with regard to guaranteeing phlebotomy coverage and patient care coordinators [a job designed specifically to help residents with administrative work]. We realized early on that we were going to have to pace ourselves."

On February 13th – seven months later – the

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 "Being a part of CIR, we can respond when issues arrive, instead of being left to deal with them alone."

Dr. Venus Calla-Gompong, PGY 4, PM & R
 Kingsbrook Jewish Medical Center, Brooklyn, NY

CIR team's determination paid off as their colleagues unanimously approved a new three year contract with those important patient care guarantees still in place. The hospital also agreed to form a committee to discuss resident workload, including "the number of patients a resident should be caring for," explained Dr. Daftary. "At the end of the day, we had the opportunity through contract negotiations to better our work environment and the care we provide to our patients."

The new contract's economic terms were also something to write home about, including: 3% salary increases for each contract year; educational allowance increases of \$200; hourly "excess call" rate increases paid to residents who work additional weekday and weekend/holiday on-call shifts; and increases in the Minority Recruitment and Patient Care Funds.

Next Up: Univ. of New Mexico Hospital

With a contract re-opener rapidly approaching at the University of New Mexico Hospital, CIR members there are interested to see how other regions are doing in their contract negotiations. "It's wonderful to learn about the achievements in recent contracts by fellow CIR Chapters," said CIR leader Jesse Barnes, MD, an intern in Family Practice at UNM. "We hold common goals - improving patient care, as well as salary and benefits for housestaff. Our goals become more attainable as we continue to build a strong and united national residents' union."

CIR Post Residency Life Program

While residency training may prepare you for your first patient as an attending, it does very little to help you manage increased exposure to liability, an increased income, and your contractual relationship with a new employer. In order to better prepare members for this new world, CIR and the CIR Alumni Network hosted its first-ever Post Residency Life workshop on January 26, 2008. One-hundred residents from hospitals throughout New York and New Jersey braved the winter cold to learn about aspects of physician life not taught in residency training – managing finances, asset protection and negotiating that first contract.

“These are topics that are really important, and I wouldn’t have known otherwise,” said Dr. Karen Morice, CIR NY Vice President and a PMR resident at St. Vincent’s Hospital, Manhattan. “The presenters were great, and they stayed to answer our questions,” she said. CIR brought together experts in financial planning, estate planning and contract negotiation for an eye-opening four-hour interactive presentation. The enthusiastic response and the high number of interested residents who could not attend due to overcapacity have led to plans by CIR for a repeat program in the spring.

Michael Goodman, a Certified Financial Planner with WealthStream



Dr. Karen Morice said she felt well informed after attending the workshop.

Advisors, discussed financial planning, covering issues ranging from debt management to the importance of disability insurance for physicians.

Daniel Rubin, a lawyer with Moses & Singer LLP, presented information on Estate Planning and Asset Protection, describing how physicians can limit their exposure if they are sued and better protect their family’s assets and income. Robert Stulberg, a lawyer with Broach & Stulberg, gave helpful tips

on how to negotiate a post-residency employment contract.

Similar programs on a smaller scale have been organized for CIR residents in Boston and Miami. The program was the first event for New York and New Jersey residents, and it was the first event of the newly established CIR Alumni Network. The CIR Alumni Network was

launched last year as a way that former CIR members can stay in touch with CIR and colleagues from their resident years, and advocate for important issues such as access to care.

If you are interested in details of the next program in New York, contact your CIR Organizer or Pat Fry at the National Office: (212) 356-8100.

Nomination Notice

Nominations may be made for candidates to serve as Delegates for the Committee of Interns and Residents/SEIU (“CIR”) to the International Convention of the Service Employees International Union, which will begin on Monday, June 2, 2008 and which is scheduled to conclude on Wednesday, June 4, 2008, in San Juan, Puerto Rico. CIR will send 7 delegates to the Convention.

Members in good standing prior to the month of nominations are eligible to be nominated as a candidate for Delegate.

In order to be nominated, candidates must submit a written nomination, signed by a CIR member in good standing, at least one written second of the nomination, signed by a CIR member in good standing, and a written acceptance of the nomination. Candidates may not nominate themselves. The nominations, seconds, and acceptances must be on forms made available upon request of the CIR Election Committee, or on exact copies of such forms. The forms will require each member to print and sign their name and state the hospital at which they are employed.

Nominations must be received by 6:00 PM EST on March 27, 2008. Requests for nomination forms and submission of signed nomination forms may be made by mail, personal delivery, fax or email to:

Election Committee
Committee of Interns and Residents/SEIU
520 8th Avenue - 12th Floor • New York, NY 10018
Tel. 212-356-8100 • Fax: 212-504-3057
Email: seiuconv@cirseiu.org

CIR & Activist Med Student Groups



CIR supports the work of the activist groups that many of our own leaders belonged to as medical students – both the **Student National Medical Association** (SNMA) and the **American Medical Student Association** (AMSA). Above, left, Dr. Nichele Nivens, CIR NY Vice President, (and former SNMA member) shares information with med students at an SNMA Regional Conference held at Howard University in Washington, DC on December 1, 2007. “It was a pleasure to be able to address questions about the future of medicine,” said Dr. Nivens. SNMA’s upcoming Annual Medical Education Conference will be held in NYC March 19-23, 2008, and the theme is, “Leadership in Medicine: Science to Service,” to support the needs of



underserved communities and underrepresented medical students, and work to increase the number of clinically excellent, culturally competent physicians. Log on to www.snma.org for more info.

Above right, CIR Dept. Rep. Orlando Castillo, MD, from Boston Medical Center, joined AMSA activists at a regional conference hosted on November 10, 2007 in Portland, Maine. He described how a residents’ union works, and what it can achieve. AMSA’s annual convention will be held in Houston, Texas from March 12-16, 2008 and the theme is “Health Care (R)evolution.” The focus is on today’s physician advocacy, and social responsibility. Log on to www.amsa.org for more info.

Revealing Our World

The New Book, "Intern: A Doctor's Initiation" Tells All

Dr. Sandeep Jauhar's powerful new book tells his story – how a young Ph.D. student in physics decides to change course and go into medicine to help people – and what the wrenching intern and residency process did to him along the way. Unlike most residents, Dr. Jauhar wrote a column for *The New York Times* during his residency – which resulted in some icy glares from supervisors and colleagues who felt he was sharing secrets with the larger world. That issue and more will undoubtedly come up with his new book, *Intern*, reviewed here by CIR leaders Joel Waring, MD, of Maimonides Hospital in Brooklyn, and Hillary Tompkins, MD, of Boston Medical Center. For reviews, a blog, and more information on the book, see www.sandeepjauhar.com



Dr. Joel Waring

**PGY 4, Anesthesiology
Maimonides Medical Center
Brooklyn, NY**

This book is fast, easy to read, and engaging. It will strike a chord with all of us with knowledge of residency. It paints a much truer picture of resident life than others I have read or viewed, such as *House of God*, *ER*, or *Gray's Anatomy*. *Intern* accurately describes the sacrifices we all make

in our daily lives as resident physicians, and highlights how success is still possible, even when we falter down the road of our medical training. This book would well prepare medical students for the trials that await them!

The insights into the family dynamics of a first-generation immigrant family were also interesting and very similar to what I see my friends going through. Despite Dr. Jauhar's relative privilege (there seemed to be no financial constraints involved in his medical training) I think the obstacles that he faced are universal. The key to being a good intern is learning efficiency so that you can leave the hospital, and overcoming fatigue so that you may better serve your patients.

I don't know of a single resident who hasn't had a near-miss or even been part of what may have been a fatal error. Many things are beyond our control, but there is always a case that haunts each doctor from their training; one patient who sticks with them, from whom they have learned to be a better doctor. Dr. Jauhar generously shares all this information with his readers.

The biggest problem we all have is figuring out when and where there is time for compassion in this machinery called a hospital. This is one thing I admired about Dr. Jauhar – he never lost his compassion, and though he learned to be efficient, he never stopped caring.



Dr. Hillary Tompkins

**PGY 4, Internal Medicine
Boston Medical Center
Boston, Mass.**

I really liked this book. Dr. Jauhar explains what an intern experiences: the feelings of, "Am I adequate?" "Why am I doing this?" and "Will I make it through?" These themes, and the descriptions of meetings with patients are, I think, experiences that most interns relate

to. Because he always had a little doubt about why he was going into medicine, it made the feelings of struggle and inadequacy even stronger, but nonetheless, it reminded me of patients I saw, and the feelings most of us have as we make our way around this new career and new world of medicine.

It brought back many memories of my own year as an intern. I knew it would be hard to run a code, so I planned to take a breath, ask any questions I needed to, and take control. I thought it would be hard because I'm a relatively shy person, and not a showboat, but I was able to take control. You have to overcome shyness to survive an internship.

The New York Times, in its review of the book, said that, "rarely has a more conflicted or unpromising candidate entered the field of medicine, and this mismatch gives *Intern* its offbeat appeal. There are many accounts of American medical training, but none related by a narrator quite so wobbly, introspective, crisis prone and fumbling." However, nowadays, I'd say that while many medical students always knew that they wanted to be doctors, the rest of us come from a wide variety of interests and backgrounds. I didn't feel he was more hapless – residency is a learning experience. He may have been more honest and revealing than most!

Interview with the Author Sandeep Jauhar, MD

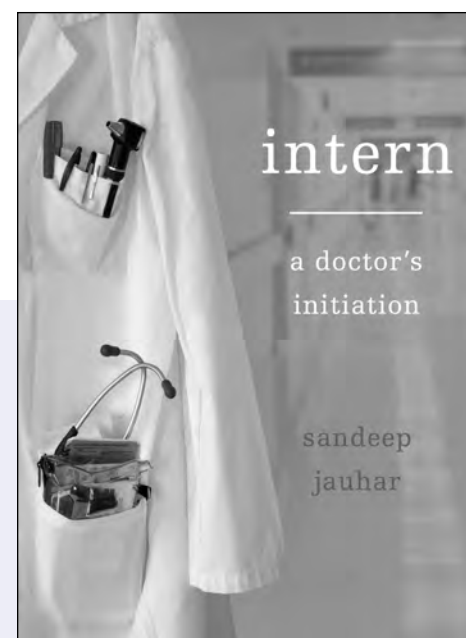
Q: What were your goals in writing this book, for both doctors, and for the public?

A: Internship is a really tumultuous time in a doctor's life – it's a time of firsts, you preside over your first patient death, have your first on-call night – it's a memorable year, and I wanted to record a history of internship for myself, and for future doctors. Med students often think of their attending physicians as infallible; and then internship and residency are a rude awakening, because attendings are not always knowledgeable or up to date.

There's always a risk that lay people will be afraid of going to the hospital, or going to a doctor, but obviously that's not the goal of the book. The goal is to empower patients and lay people to understand how hospitals really work, how doctors really think, and to spur them to advocate for themselves, ask questions and demand more information.

Q: *The New York Times* described you as "an unpromising candidate" for the field of medicine. How did you feel about that characterization?

A: I was taken aback when I read that! Doctors are not a homogeneous group – we're not all Type A personalities – that is, in fact, a shrinking minority. Doctors are like everyone else – we have doubts, ambivalences, second careers, third careers; we're prone to depression, and



increasingly, as a group, interested in living a life outside the hospital. I think the larger point of that review was, look where this guy started from, and look where he ended up. My example will attest to the possibility that you can start off ambivalent, and end up very happily fulfilled in this profession, it can accommodate many different personalities. The great thing about medicine is that nothing is set in stone – you can start in Surgery and switch to Internal Medicine, you can find your path.

Q: How do you feel about residents' long work hours? Despite the grueling hours, you seem to endorse it in the end as a way of training excellent physicians.

A: That's a complex subject. It's very clear that a professional cannot function on little or no sleep, that's really a no-brainer. I think that the general trend towards getting residents out of the hospital post-call and not requiring them to work a half or a full day post-call is a good thing. But the issue that comes up is the unintended consequences of any reform you put in place. I work with interns who bemoan the fact that they are forced out of the hospital and can't attend to a patient who's crashing, or attend a teaching conference.

With frequent patient hand-offs, there will always be a risk that not all the information will be imparted. We must have a standardized, computerized system for hand-offs, as a national goal.

I think in the future, we may have to create a system that respects individual learning styles, and individual work styles. Some residents can elect to have a longer residency overall with shorter work hours, while others may prefer a more intense residency that they can barrel through. The key is appropriate supervision and a safe training environment for everyone.

New Leadership at CIR

Dr. Luella Toni Lewis, a Geriatrics Fellow at Caritas Health Care in Jamaica, NY, became CIR's new national president in December, 2007. Dr. Lewis is a graduate of Georgetown University School of Medicine in Washington, DC, and was Chief Resident at her Family Practice training program at the New York Medical College/

Brooklyn-Queens Program.

CIR's former President, Simon Ahtaridis, MD, MPH, stepped down mid-term due to the demands of his job. He will continue to serve on the Board of CIR's Policy and Education Initiative.

"We are extremely grateful to Dr. Ahtaridis for his five years of service to CIR, as Regional Vice President, Secretary-Treasurer, Executive Vice President, and finally President since May 2006," said Dr. Lewis. "I look forward to continuing his dedication to improving the working lives of resident physicians and the care we provide to our patients, and furthering the goals of universal access and healthcare reform."

Dr. Rajani Surendar Bhat, CIR's former Secretary-Treasurer, and a second year Pulmonary and Critical Care Fellow at Albert Einstein College of Medicine in the Bronx, NY was approved by the CIR Executive Committee to become Executive Vice President, and Dr. Nailah Thompson, former CIR Northern California Vice President and a Chief Resident in Internal Medicine at Highland Hospital in



From left to right, CIR's new leadership team: Dr. Nailah Thompson, Secretary-Treasurer; Dr. Luella Toni Lewis, President; and Dr. Rajani Bhat, Executive Vice President.

Oakland, California, was approved as CIR Secretary-Treasurer.

Dr. Lewis appointed and the Executive Committee confirmed Children's Hospital Oakland Delegate Rachel Kreps-Falk, MD, for the position of Northern California Regional Vice President. Dr. Kreps-Falk, a PGY 2 in Pediatrics, volunteers at a free clinic in Oakland, and is committed to

serving the underserved and increasing access to care for all.

CIR Executive Director Eric Scherzer said, "Our new leadership team is ready to build on past successes and move CIR forward to meet the challenges of organizing, representing our members, and working for universal access to healthcare."



Dr. Rachel Kreps-Falk, new CIR Northern California Vice President.

CIR's 2008 Convention Washington, DC • May 16-18, 2008

Keynote Speaker: Fred Ralston, Jr., MD FACP, Regent Chair, Health and Public Policy Committee of the American College of Physicians (ACP)



All 2008-2009 Delegates and Alternate Delegates are invited to attend the CIR Annual Convention, held in Washington, DC. Delegates are chosen by colleagues in elections that are held each year in CIR hospitals in the months of March and April.

Join us for an exciting weekend as more than 150 delegates from Massachusetts, New York, New Jersey,

Washington, DC, Florida, Puerto Rico, California, and New Mexico come together to learn more about CIR and issues facing all housestaff. You'll have the opportunity to trade ideas on important matters such as how to reduce resident work hours, and get fired up to go back home and make your hospital a better place – for both residents and patients.

Delegates' travel and hotel accommodations in Washington, DC (double-room occupancy) will be paid for by CIR. For more information regarding convention travel or registration, please call CIR toll-free at 1-800-CIR-8877, contact your local organizer, or log on to www.cirseiu.org. More information will be mailed to all newly-elected representatives.



PHOTOS: (TOP) CARA METZ/CIR; (BOTTOM) BILL BURKE/CIR; (BOTTOM) KELLY GRAY/CIR