



nip/tuck

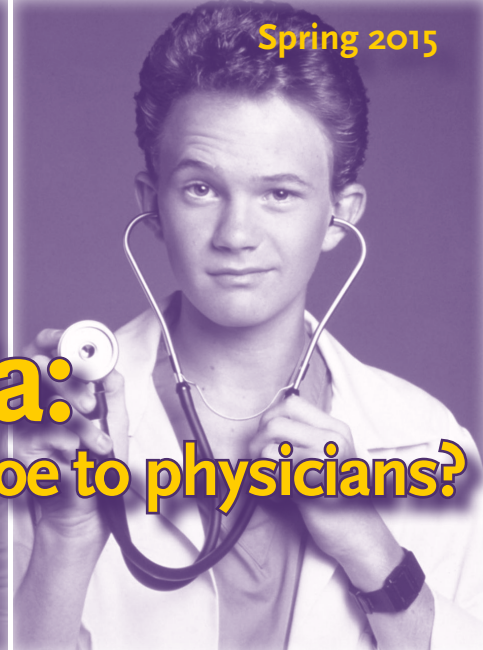
VITALS

Mass Media:

Friend or Foe to physicians?

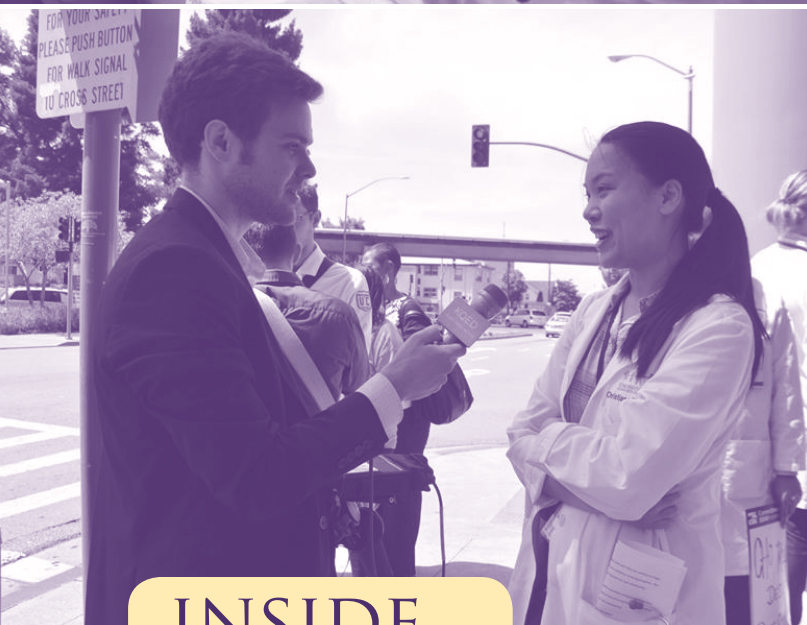
HOUSE

M.D.



NY MED

abc



NEWS 12 THE BRONX

INSIDE THIS ISSUE

6 Physicians in the Media

12 Improving Medication Safety in New Mexico

14 Gender Discrimination in Medicine



Freedom of Speech

And the responsibility to speak out

“Is he on heparin prophylaxis?”
Twenty four hours into my shift, I didn't know the answer. I should have. But I wanted nothing more than to go home - to recover, to nourish, to reflect, and to feel normal.

Residency is hard. We all live this every day. It is demanding physically and mentally, on our time, and on our personal relationships. We must simultaneously balance being healers, learners, counselors, academics, and people. Some of us add being moms and dads on top of that.

And yet all of us belong to an organization – CIR – that believes there's one more important role we need to add to our repertoire: change agents.

For 58 years, CIR has had a central core purpose – to unite resident physicians for a stronger voice for our patients, for ourselves, and for high quality, cost-effective care. We don't just have the right and the freedom to speak up about the issues facing resident physicians, safety-net hospitals, the American healthcare system writ large, and the training that generations of physicians yet to come will undergo. We also have a responsibility to use that voice. Even when we're tired. Even when we're stretched thin. Even when no one would ask more of us than what we have already on our very full plates, we need to ask even more of ourselves.

Our experience is real. Our perspectives - shaped by our often untold stories of service and sacrifice — are invaluable. Our voice beyond the exam room must be heard.

At CIR, in each of your regions and each of your hospitals, our voice has never been stronger or more clear. We are using that voice to create the change we want to see:

1. Building a national Quality Improvement (QI) agenda

For example, the QI Innovation Institute (partnered through the CIR Policy and Education Institute) is piloting “QI clinics” in our teaching hospitals.

2. Building a national Women in Medicine (WIM) agenda

For the first year in CIR's history, we're expanding our Women in Medicine programming to every CIR region and identifying priority issues that we can work on together.

3. Politically advocating for affordable healthcare

For example, we joined an Amicus Brief to the U.S. Supreme Court to defend the *Affordable Care Act*.

4. Empowering housestaff to address health disparities

The Family Health Challenge, which brings housestaff into elementary schools to educate children about healthy food and fitness, is a strong example.

5. Building our collective voice

Housestaff at both Howard University Hospital in Washington D.C. and St. Mary Medical Center in Long Beach, CA voted to join CIR. I'm proud to welcome our newest members into our family.

Our strength comes from our diversity. We come from every specialty. We live and work in different parts of the country. We encompass the gleaming academic medical center and the struggling community hospital. We treat patients on Medicare, Medicaid, private insurance, and those who have no coverage at all. We have different perspectives. But when we combine our voices, we can accomplish wonders.

We're leveraging our voice to be innovative, to be solution makers, and to create value. We are making our patients better, our hospitals better, our careers better, and the healthcare system that all of us will spend those careers in better. Let's keep it up!



Committee of Interns and Residents of SEIUHealthcare

National Headquarters
520 Eighth Avenue, Suite 1200
New York, NY 10018
(212) 356-8100; (800) CIR-8877
info@cirseiu.org; http://www.cirseiu.org

Executive Committee 2014-2015

David Eshak, MD, *President*
Flávio Casoy, MD, *Executive Vice President*
Hemant Sindhu, MD, *Secretary-Treasurer*

Regional Vice Presidents

Southern California
Barbara Rubino, MD
Joanne (Jo) Suh, MD

Northern California
Dennis Hsieh, MD

Florida
Mihai Puia-Dumitrescu, MD, MPH

Massachusetts
Hannah Watson, MD

New Jersey/DC
Sarah Ramer, MD, MS
Darnell Brown, MD

New Mexico
Lida Fatemi, DO, MPH

New York
Kevin Davey, MD
Samrina Kahlon, MD
Omar Mirza, DO
Taiwo Odufunade, MD
Deliana Peykova, MD
Say Salomon, MD

Executive Director
Eric Scherzer

Contributing Editors
Heather Appel
Sunyata Altener
Rachel van Raan-Welch

To submit letters or articles,
email vitals@cirseiu.org

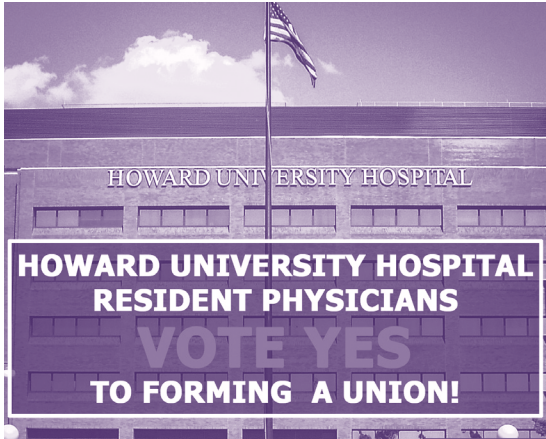
Cover images:

Nip/Tuck ver5 by Marco Zamarato. <https://www.flickr.com/photos/pidu/499980177/>. CC BY-ND.
Dr. House Avatar by zaheer12a, <http://zaheer12a.deviantart.com/art/Dr-House-Avatar-143272203>.
Doogie Hower MD courtesy of google images <http://1039rxp.com/wp-content/uploads/2015/01/doogie25n-1-web.jpg> M*A*S*H* (1972 -1983), by *Insomnia Cured Here*, [flickr.com/photos/tom-margie/8646202171/](https://www.flickr.com/photos/tom-margie/8646202171/). CC BY-SA.
Grey's Anatomy, Sexy Doctors, by *Athena LeTrelle*, <https://www.flickr.com/photos/blacksnob/2935511224/>. CC BY-ND.



CIR Organizing Takes Off Across the Country

Housestaff at Howard Votes to Unionize



The resident leaders at Howard University Hospital in Washington, D.C. were seeking to improve the communication between themselves, attendings, ancillary staff, and hospital administration. The hospital has a long history of service to its surrounding community, and the housestaff wanted to ensure that they would have a strong voice in the direction of care provided, especially as healthcare reforms and adjustments to the hospital administration could bring huge changes to the work done by the residents.

And so, in January of 2015, the residents at Howard voted to join CIR, and will soon be on their way to bargaining their first union contract. But the drive to organize began months earlier.

The organizing efforts at Howard were galvanized in October when the hospital hired Paladin Healthcare, an outside management agency, to “reengineer” operations at the financially strapped institution. Given the historically black medical school and university’s

145-year-long history of service to the surrounding community and its largely overlooked population, its survival is of paramount importance to both the community and physicians alike.

The 263 residents filed for union recognition in December and formed an organizing committee of resident leaders who spoke with their colleagues around the hospital about the benefits of joining a union. While residents certainly want to see more competitive salaries and benefits, the majority were focused on gaining a greater voice to improve the delivery of patient care within their critically-needed hospital.

The Howard residents are in the process of forming a negotiating committee, and are eagerly looking forward to getting started on their first contract. The new chapter joins two longstanding CIR chapters in D.C. – Children’s National Medical Center and St. Elizabeths Hospital.

“The residents I met at Howard demonstrate a clear commitment both to their patients as well their peers,” said Dr. Hemant Sindhu, CIR Secretary-Treasurer, who visited Howard during the organizing campaign to support their organizing efforts. “It is evident that they want to partner with the hospital to adapt to the shifting demands in healthcare, and we are happy that they can now count on the support of 13,000 CIR members around the country”

Shoutout to Physician Organizers

One of the biggest factors in establishing a new CIR chapter at Howard University was the leadership of residents like you! Special thanks to:

Arun Krishnan	Robert Pierre
Emmanuel Ofori	Samrina Kahlon
Evan Fowle	Sarah Ramer
Eve Kellner	Susanna Jacob
Flavio Casoy	Tessie Jacon
Hemant Sindhu	Yolin Bueno
Jonathan Martinez	Tzvetelina Dimitrova
Kevin Davey	Alexandra Sims
Mahmoud Salem	Leonel Carrasco
Marcus Sandling	Kelechi Ogbuji
Noah Delone	

Long Beach, California Residents Fight for a Voice

Meanwhile, across the country in California, the 37 residents at Dignity Health’s St. Mary Medical Center began organizing in the fall, on the heels of residents at California Hospital Medical Center in Los Angeles, another Dignity Health hospital, voting to join CIR in late 2013 and quickly settling their first contract.

On January 29, the St. Mary residents likewise voted to join CIR. “Being part of CIR will enable us to voice our feedback to the hospital in an effort to make St. Mary Medical Center the best it can be for patients and healthcare providers,” said Dr. Leah Damiani, a third year resident at the hospital.

The residents came together seeking improvements that will strengthen their residency program and provide them the tools they need in order to serve their patients. Colleagues at nearby hospitals have successfully bargained for access to an educational fund, reimbursement for medical licenses and DEA registrations, secure parking, properly functioning work stations, and a formal avenue to make improvements to resident training and patient care and they hope to do the same.



Contract Wins Around the Country



HHC Bargaining Committee finalizing contract with the city of NY

New York

It's been 57 years since CIR signed its first contract with the City of New York. The New York City Health and Hospitals Corporation is the largest municipal healthcare system in the United States, serving 1.4 million patients, operating 11 acute care hospitals, five nursing homes, six diagnostic and treatment centers, and more than 70 community-based primary care sites. Building on a long history of patient advocacy and developing resident community, leaders at HHC negotiated and won a new contract that includes: **a \$1,000 signing bonus, immediate salary increases retroactive to July 2014, the establishment of CIR's first child care benefit and an additional payment of \$1.3 million into the Patient Care Trust Fund.**

"This is a victory for both the HHC residents and CIR as a whole," said CIR Regional Vice President Dr. Taiwo Odufunade, an Emergency Medicine resident at Jacobi Medical Center. "It proves the immeasurable strength our union has when we all stand together. This contract increases salaries and gives our members a new child care benefit that is both progressive and makes residency just a little easier."

Massachusetts

Residents at Cambridge Health Alliance (CHA) can look forward to getting reimbursed in full for Step 3 and equivalent exams thanks to the new contract they ratified in February.

Residents also won salary increases, extra pay for out of title work when housestaff cover shifts for attendings, and a 50 percent rate increase for psychiatry residents on backup call. Additionally, Cambridge residents have partnered with administration to ensure that the hospital is committed to training staff around patient safety and privacy issues.

With hospital closures and merges becoming the norm in many teaching hospitals across the country, housestaff also negotiated terms by which CHA administration will notify and discuss major changes at least a month beforehand.

Florida

This winter, the CIR bargaining team negotiated a salary re-opener worth \$1.2 million with Jackson Memorial Hospital. In a record-breaking two sessions, the multi-disciplinary team won across the board salary increases for all residents and fellows, as well as a one-time bonus.

The salary increase took effect on January 1st, 2015, and the bonus was paid to all housestaff employed by Jackson in fiscal year 2014.

"As the cost of living increases, it's important that our salaries stay competitive so that Jackson can attract the best residents. Ensuring that we are treated fairly at work helps us to stay focused on what really matters — our patients," said Dr. Craig Brown, CIR delegate and family medicine resident.



Jackson Memorial Hospital Bargaining Committee

California

CIR Members around the country continue to prioritize diversity in medicine, and residents at Alameda Health System/Highland Hospital in Oakland, CA are at the forefront.

The bargaining committee at Highland negotiated a significant increase to their diversity fund to be used for recruiting women applicants, medical students of color, students of various sexual orientation/gender presentations and other minorities.

"It's important that the physician population reflect the diversity of the communities we serve. At Highland, we worked hard to ensure that our hospital is as committed as we are by investing in future generations of residents," said Dr. Lia Losonczy, Emergency Medicine.

Other highlights of the newly negotiated contract include:

- **Salary increases**
- **Reimbursement of medical license and DEA**
- **Relocation allowance for interns**
- **Protected healthcare premium caps**



Healthy Families, from the Bronx To Brooklyn

After three successful years in the Bronx, residents across New York City have advocated for the Family Health Challenge (an project of the CIR Policy Education Initiative) to expand. With similar socioeconomic issues and patients suffering from many of the same medical conditions, Brooklyn residents have recognized how powerful spreading the message of healthy living outside of the exam rooms can be.

The Brooklyn Family Health Challenge kicked off in January 2015 in cooperation with Maimonides Medical Center and ran for eight weeks. In the program, resident physicians teach public elementary school children about nutrition, fitness, and the environmental factors that contribute to obesity. The main goal is for children and families to change unhealthy behaviors to healthy ones.

This time around, resident leaders had the opportunity to work with slightly older children - sixth graders at IS 220 John J. Pershing. But it isn't only the students that benefit from having physicians come to their classrooms; residents also are able to:



Drs. Tomi Lamikanra (l) and Sushil Gupta (r) at IS 220 John J. Pershing in Brooklyn.

- **Play a key role in addressing health disparities in the communities they serve.** Doctors are often frustrated by the position they are put into - treating already-sick patients as opposed to practicing preventative medicine.
- **Learn about the systemic reasons** behind the state of public health in Brooklyn and other areas.
- **Stand out from the crowd by highlighting community work as a priority in their practice.** After residency, employers will be interested in unique experiences and knowledge that residents can offer. The Family Health Challenge is a program certified by the participants' program directors that highlights their experience working directly with the community.

If you are a resident in New York City and would like to participate in the next round of the Family Health Challenge, visit www.cirpei.org/fhc for more information.

CIR Weighs in on California Physician Workforce and Medical Student Debt

CIR members from Children's Hospital Oakland added their voices to the discussion on how California can best expand its physician workforce, with a priority on diversity and training physicians in quality and safety.

In 2010, the federal government approved California's five-year "Bridge to Reform" Section 1115 waiver proposal, providing approximately \$10 billion in federal funds to invest in the health delivery system and support the state's preparation for the requirements of federal health care reform. With its current waiver, California successfully expanded Medi-Cal, its Medicaid program, and launched the dual eligibles demonstration project. That federal-state agreement — known as a Section 1115 waiver — is due to expire in October 2015, and state officials are convening a series of meetings with stakeholders to shape the next phase.

CIR was invited to submit recommendations on building a physician workforce to meet the needs of California, and Drs. Ana Liang and Megan Jacobs from Children's Hospital Oakland spoke at a January 7 meeting in Sacramento about matching the skills of future physicians to the needs of a transformed Medi-Cal system.

DOCTORS IN THE MEDIA

Mass Media: Friend or Foe to Physicians?

Movies, books, television, radio, newspapers - media is a huge part of our culture and has a major influence on how physicians interact with our patients. Does media help shape our culture? Or does our culture shape the media we consume?

Doctors have always had a place in American media, from TV shows and documentaries to news reports and novels, and with our healthcare system evolving to meet the demands of the Affordable Care Act, that has never been more true than now. While viewers still regularly tune in to fictional portrayals of physicians like *The Mindy Project* and *General Hospital*, more and more hospitals have begun to allow film crews into their halls to document the real life cases unfolding within their wards, raising questions as to the moral issues of documenting a doctor's work for public viewing.

Throughout the summer and into the fall, doctors have been at the center of American media — the unfolding Ebola crisis in West Africa and fears surrounding the virus in the United States; an outbreak of measles and the related debate over vaccinations; doctors taking to social media in the midst of nationwide debates on racism; new documentaries recording the lives and work of doctors around the country as well as *Grey's Anatomy* returning for its eleventh season on the air, a consistently top-10 show.

The public's continued fascination with physicians has moved into an entirely new arena. Not only are hospital dramas and medical reality shows at an all time high, but celebrity doctors with talk shows and medical experts consulting on TV news or popular morning talk radio have also helped to lift the veil between the medical world and its patients. CIR members have been there and seen it all, from participation in documentaries to producing medical films. Social media has also made it possible for physicians to share their ideas creatively, using music videos or blogs to respond to some of the messages that mainstream networks spread. Still, entertainment and education aren't the only reasons that CIR physicians have interfaced with the media. In the last few months residents have leveraged their positions as a voice of reason on a number of advocacy and public health and safety issues — like contract negotiations and the fight for union representation.

In fact, in many ways the media has been a catalyst to help doctors improve some of the labor and social justice issues that the medical community has been involved with. In California, residents were successful in creating change by using their local television news station to bring to light the importance of workplace justice and its direct impact on patient care. A strong public campaign and a unified message helped housestaff and Children's Hospital Oakland during negotiations that lasted over a year. In Florida, residents relied on local media to highlight the amazing patient safety work taking place at Jackson Memorial Hospital, which included acquiring the most comprehensive ultrasound simulator in the Southeast region. Physicians from San Francisco General Hospital wrote an op-ed condemning the grand jury decision in Ferguson and addressing the long history of racism and police violence in this country.



Rutgers resident Dr. Ahmad Yousof talks to the press on importance of safety-net hospitals



CNN Chief Medical Correspondent, Dr. Sanjay Gupta



Children's Hospital Oakland residents hold a press conference during contract negotiations



Dr. Riviera, quack physician who attended a dubious medical school on the *The Simpsons*

DOCTORS IN THE MEDIA

CIR Resident Graces the Small Screen in *NY Med*

“Being a kid of the 90’s, I loved *Doogie Howser*, especially because I’ve had the experience of being perceived younger than I actually am,” said Dr. Craig Forleiter, a surgery resident at Mount Sinai St. Luke’s-Roosevelt Hospital. Apart from that show, most of Dr. Forleiter’s decision to become a surgeon took hold early on.

“Though the idea to become a surgeon had been ingrained in me before med school, when I became a third year medical student actually in the operating room I loved it,” he said. The elegant dance between surgeons, surgical technicians and anesthesiologists doing their best was the closest to professional sports I would ever get. I couldn’t see myself doing anything else.

It was exactly that type of passion that attracted ABC producers on *NY Med* to feature him on the reality show.

NY Med, a fast-paced, eight-part series, toggles between the orderly operating rooms of Manhattan’s Columbia Presbyterian Hospital, where renowned surgeons perform feats of medical brilliance and the sometimes hectic trauma wards of St. Luke’s and Newark’s University Hospital, where skilled doctors struggle to treat a flood of gunshot, stabbing and life-threatening trauma cases.

If you had to choose a TV show or movie, which one do you think reflects residency most accurately?

Even though I only watched *Scrubs* a few times for the humor, ironically, I think it’s probably the most accurate depiction of residency. In terms of relationships with co-residents, how they interact with patients and attendings, and interaction between administration and physicians.

Why do you think TV medical shows have been such a popular trend in the last decade?

There was an episode of *Seinfeld* that explained it perfectly, and that was maybe 20 years ago. The episode when Elaine couldn’t read her medical chart. What are doctors saying? What’s in that chart? That type of information is much more public now. There’s been a big movement toward patient empowerment. Online patient portals to access labs and notes from visits are becoming the norm. There’s been a huge change in who gets to be the keeper of medical information, and that’s one of the reasons why people are fascinated with what physicians are doing behind closed doors; for decades, it was secret.

How did you end up being a subject on a medical reality show?

The executive producer sent his videographers to resident lounges to scout out potential residents to follow. At the time, I didn’t know he would be there and I busted into the lounge telling a story, being my usual loud, animated self, and then they approached me. The next day, they called to ask if I would be okay with a camera guy following me around for a few weeks. It was clear that they were out there to portray doctors and residents in

the best way possible. They were extremely respectful of my privacy.

Were you concerned about how you or the hospital would be portrayed on camera?

It was important to me to make sure I wasn’t taking myself too seriously. I didn’t want them to think I was saving lives every second of every day. That’s not what residents do all day. Most decisions are not life and death, so I tried to be a real person and hoped that it came through in the editing process. I thought it was extremely accurate when it came out.

Do you think that representations of physicians in the media help or hurt?

I think patients like knowing there’s a real person behind the white coat that has a family and loved ones, experiences loss, and has good days and bad days like everyone else. It’s a once-in-a-lifetime event for them to be sick, but it’s our everyday experience. It’s important that they know their doctor can be empathetic and recognize they’re not their best selves when they come to see us. The show did a good job of showing the before, during and after experience of our patients. Patients need to know it’s okay if things get you down. There’s light at end of tunnel. I think a show like this has a positive effect on health care. It makes us look like doctors in our training, working as hard as we can so that the next emergency walking through the door knows we’re as prepared as we possibly can be.



Dr. Craig Forleiter

CHANGING THE CONVERSATION THROUGH SOCIAL MEDIA

#WhiteCoats4BlackLives

“As people who chose a healing profession, it devastates us to see people of color victimized by the very people who are supposed to protect and serve our communities. The grand jury decisions in Ferguson and New York City not to indict the officers who killed Mike Brown and Eric Garner are a glaring reminder of how far we still have to come to achieve racial equality in so many aspects of our society.

This is not a black issue or a brown issue or a white issue. This is a human rights issue. It is a moral imperative that all lives have the same value in the eyes of the justice system, and that the laws of our country are enforced equally in every community.

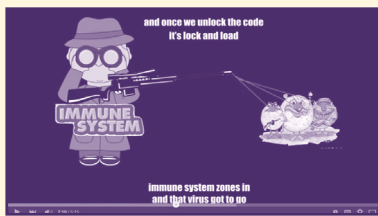
Our patients matter. Black lives matter.”
 -CIR Executive Committee (excerpt from official statement)

Dozens of residents and alumni from across the country responded on social media, joining the masses on twitter using the hashtags #WhiteCoats4BlackLives and #BlackLivesMatter in response to inequalities in the justice system.



(From top L to R) Howard University Medical School residents & med students, Brookdale Hospital residents, Highland Hospital residents, CIR staff national office

Residents have used social media to bring awareness on a number of issues they're passionate about from videos on the importance of vaccinations to blogs about healthy lifestyles. Below are just a few ways CIR members have spread the message:



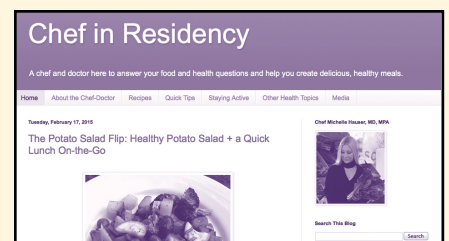
<http://bit.ly/highlandemc>

Lyricist Dr. Christopher Hahn of Highland Hospital raps:
*Acting like we're taking pediatric patients/
 Strapping them down and stabbing 'em with radioactive agents/
 By some mad physician who just finished an amputation/
 In his bloody white jacket and a mask of Jason/
 Since you graduated college and you got an education/
 Think you understand data/
 Let me get your facts straightened...*



www.teawithmd.com

A health and beauty blog by Dr. Joyce Ho of Santa Clara Valley Medical Center features information on everything from lifestyle and beauty to guidance on the path to becoming a doctor.



www.chefinresidency.com

A blog featuring delicious recipes, health advice, and tips for living a healthier life, run by Dr. Michelle Hauser, CIR Alumna from Cambridge Health Alliance.



www.radiorounds.org

An online radio show found by Dr. Lackshman Swamy, Boston Medical Center, promoting the qualities of empathy and humanism in medicine.

A BRIEF (INCOMPLETE) HISTORY OF TV DOCTORS

For over 50 years, the public has been fascinated by representations of doctors on TV. As representations of physicians continue to diversify, every year we see more nuanced characters, cases and stories.

In 1951 the first TV medical show in the US airs. *City Medical* features Anne Burr, TV's first female doctor.



Medic, 1954, was television's first doctor drama to focus attention on medical procedures.



General Hospital, the longest-running soap opera in US television history premieres in 1963.



Dr. Kildare aired 1961-66. A show based on a comic book, it became the first wildly popular show in the medical TV genre.



MASH, a show chronicling the Mobile Army Surgical Hospital during the Korean War, airs in 1973.

St. Elsewhere, 1983, was a dark comedy about a teaching Boston hospital that gave interns a promising future in making critical medical and life decisions on NBC.

Doogie Howser MD followed the life of a young genius who becomes a physician by the age of 16. It premieres in 1989 and runs for four years on ABC.



Scrubs 2001-2010, told the story of surgical residents in a fictional hospital.

The most Emmy-nominated drama in television history airs in 1994 and runs for 15 seasons. *ER* won 116 awards total, including the Peabody Award.

The Cosby Show 1984-92, featured TV's first African American physician. According to TV Guide it was the "biggest hit of the 80s."



Mindy Kaling plays an OB/GYN on the *Mindy Project*, a sitcom premiering in 2012. It's the first US sitcom created by and starring an Asian-American woman.

Doc McStuffins is a successful animated series about a girl who can fix toys. It premiered in 2012.



QI Clinic Breathes Life into Hospitals

Less than 20 percent of medical students and residents in the US receive training in quality improvement and patient safety. But as the landscape of medicine continues to change, quality improvement and patient safety training and education are requirements that residents must incorporate into their practice. The QI Innovation Institute, launched by the CIR Policy & Education Initiative (CIR PEI) last fall, is rolling out its first pilot project in partnership with Harlem Hospital Center and Bronx Lebanon Hospital Center. The Institute's "QI Clinic" is a 6-month curriculum that consists of:

- Monthly didactic presentations, case-based learning, and mentorship
- Faculty development workshops, targeted at key residency faculty, to provide sustainable skills for QI/PS curriculum development
- Mentorship for residents around learning objectives and their capstone project, within the curriculum timeframe.
- A forum for exchange among colleagues via Hospital Medicine Exchange (HMX) community and supplemental learning via the SHM Hospital Quality and Patient Safety suite of online learning modules

"Patients in our community are facing many challenges and they come to us at their most vulnerable state," said Dr. Farbod Raiszadeh, founder of the QI Innovation Institute. "They ask us as healers to make them whole again. Residents are at the true front lines of our hospitals. They're wrestling with quality and safety gaps in the healthcare system every day and night. They're the first ones to notice these gaps and often have shown the leadership and initiative to take those problems on."

For more information on this project and others at the QI Innovation Institute, visit www.cirpei.org/qii2projects.

Say What? Residents Learn the Importance of (i)Listening

"As a resident you're going to feel tired, hungry and beat down. But never take it out on the patient. Close your eyes and remember why you became a doctor. When you do that it will help remind you to treat the patient as a whole and not just an illness," said Dr. Kinga Kiszko, Family Medicine, Jamaica Hospital Medical Center.

One of the most difficult aspects of being a resident is the limited amount of time with patients. With so many patients, it's easy for physicians to forget to truly connect—even though making a real connection can often be as beneficial to a patient's health as having regular screenings.

"Because our time is limited, many of us don't end up using all the skills we were taught. The iListen project helps us to implement simple, easy practices that go a long way in treatment and promoting patient safety," she said.

The idea to implement the iListen project came after resident leaders attended a "What's Your QI IQ?" conference over a year ago. The purpose of the iListen curriculum is to address the critical importance that effective physician communication plays in optimizing patient safety, achieving desired medical outcomes, reducing cost of care and enhancing physician career satisfaction. In an effort to create a kinder, more respectful and appreciative care provider culture at the hospital, monthly didactics, a video-training series and research tools are being used to train first and second-year housestaff in new approaches to medicine.

"Sometimes I only have 15 minutes to address four or five medical problems a patient may have, and many of them stem from socioeconomic issues like access to good, nutritious food or lack of safety in their neighborhood which prohibits them from getting exercise," said Dr. Kiszko.

"A lot of Queens hospitals have closed and we have a culturally rich, diverse and grateful population but with so many patients you realize that you'll never have the time to provide the care you want to provide. With iListen we learn 'this is what you can say or do' that only takes a few minutes to make the patient feel like you understand where they're coming from."



Jamaica iListen Residents attend interactive, monthly didactic sessions

A Prayer for Good Health Not a Suitable Health Plan



Since the *Affordable Care Act* (ACA) was passed in 2010, there is good news and bad news: the good news is millions are enrolling for healthcare in state and federal marketplaces--most of them working families and young adults--helping bring down the rate of the uninsured to the lowest it has ever been. The bad news is thanks to a Supreme Court case, *King v. Burwell* scheduled for arguments in early March, more than 8 million moms and dads could lose their insurance coverage if they no longer have financial assistance to help them pay for their healthcare. Without those people paying into the system, the costs of the remaining premiums may go up which could force even more people to lose coverage.

I am a third-year internal medical resident at Rutgers New Jersey Medical School and a member of CIR. I have been working to support the ACA since it was first passed into law. While working in various medical hospitals and medical clinics, I have seen firsthand the effects of healthcare reform on those to whom I have provided care.

Before the ACA, patients with chronic conditions such as hypertension or diabetes who lacked health insurance would come in to see me only when they

could afford treatment. More often than not, they would have to postpone care or stop receiving it altogether because eventually they could not cover the costs. This would prevent them from getting their prescription medication or from being referred to a specialist for follow up care. Often we would not see the patients again until their conditions became serious or critical.

“Increased affordability provided access to quality healthcare and made it much easier for patients to return to the same doctors and to develop relationships with those doctors.”

Patients who were not able to pay for critical care were referred to a “charity care” program where the state and federal government would partner to provide funds for care patients received. It was a very cumbersome and inefficient program. The application process was onerous for patients to use and maintain. If their applications were denied, patients were saddled with enormous medical debt on top of their illness.

After the healthcare law passed, people who applied for coverage through the marketplace and qualified for tax credits would receive help to cover the costs of their premiums. Many were apprehensive at first about signing up for health insurance because they thought it would be too expensive. But when they finally got it, they were excited to have affordable protection.

Increased affordability provided access to quality healthcare and made it much easier for patients to return to the same doctors and to develop relationships with those doctors.

Chronic patients became proactive about

preventive care. As physicians, we were able to refer our patients to specialists to ensure that our patients were able to have their health needs met.

Too many people — young adults, working people, communities of color-- are struggling to make ends meet. An unfavorable decision in the *King v. Burwell* case could take back from more than 8 million people who are living healthier lives today because of the ACA. Putting them back into jeopardy is risky business that could end up costing taxpayers more in the long run. We have come too far to go back to having millions of Americans have health insurance that consists of simply a prayer to stay healthy.

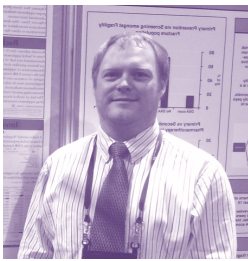
Dr. Marcus Sandling, a CIR delegate at Rutgers-NJMS, joined an Amicus Brief to the Supreme Court in the King v. Burwell case.

ACA Subsidies Saves Lives

Anonymous surgical resident in East Orange, Texas reports:

I had a young trauma patient that was severely injured in an ATV accident and sustained significant orthopedic injuries. At the time of the accident, she did not have health insurance. Her initial operations and hospital stay was covered because she was acutely injured. However, she developed complications from the hardware that she had in place and needed multiple orthopedic operations for revisions. With the affordable health care act, she was able to get affordable insurance with her preexisting conditions and was able to receive the continued operative care and post operative follow up visits that she needed to ensure she could have functional mobility of her lower extremities. Without the subsidies provided by the affordable health care act, she would have been unable to afford insurance and would have been severely disabled.

submitted to the CIR website



Finding a Missing Link to Improve Medication Safety in New Mexico

With the rise in over-the-counter supplements, University of New Mexico resident Dr. Christopher Bunn discovered a gap in medical record-keeping that was leading to complications and unnecessary treatments for some patients.

One patient with treatment-resistant depression came in with unexplained nausea. Dr. Bunn eventually learned she had started taking St. John's Wort which made her birth control ineffective, and she was pregnant.

Another gentleman had elevated blood pressure and had been sent to a nephrologist, but the cause of the hypertension was unknown.

"His daughter came in with him and when I asked if he was taking anything else, she mentioned he was taking Morman tea, an herbal tea local to the area which is taken for kidney issues," explained Dr. Bunn. That tea can interfere with the absorption of prescription medications. If physicians had noted the use of the tea in the patient's record, he may have avoided unnecessary tests.

"It started me thinking that we didn't have a standardized way that we enter herbal supplements," Dr. Bunn said.

And with this, a quality improvement project was born. Bunn polled other providers to find out if they asked patients about supplements and reconciled those.

According to Joint Commission standards, there are four requirements for doing a proper medication reconciliation, and one is to make a good faith effort by the provider to get that information, but many providers aren't educated on standard doses for herbal supplements, Dr. Bunn found.

Bunn and his colleagues created an

electronic folder with doses for 65 herbal supplements, 32 proprietary Chinese herbal preparations, and five over-the-counter proprietary blends (like cortisol manager for people who have adrenal fatigue). They talked to complementary and alternative medicine practitioners and incorporated evidence-based research on doses of over-the-counter supplements.

"I wanted to start off small, so I started with my clinic, just seeing what would happen, and within the first quarter we did individual inquiries into patients' charts, documenting any drugs that appeared in the folder, and then we repeated it and there was a 150 percent improvement," Dr. Bunn said.

Then Dr. Bunn started working with the Hematology-Oncology fellows because they wanted to implement it with a higher risk population. "They had even more instances because their population uses a lot more of the supplements," Dr. Bunn said.

Another next step will be to expand the initiative to the Coumadin clinic and assess whether capturing people's herbal supplements and giving pharmacists an opportunity to talk with people about their supplements leads patients to discontinue use and see different results.

With funding from the QI fund that CIR members at UNM negotiated into their contract, Dr. Bunn presented a poster on the intervention at the Institute for Healthcare Improvement's National Forum in December 2014, and was awarded second place at the Society of General Internal Medicine conference in Denver last fall. He has submitted the poster to the annual ACP Internal Medicine meeting and presented at a local ACP meeting as well.

Dr. Bunn will be a co-editor this

spring of the UNM Journal of Quality Improvement, a publication CIR members founded four years ago.

For Dr. Bunn and his colleagues, resident-driven QI initiatives represent a way for housestaff to make concrete changes in the limited time of their residencies.

"If you look at what creates change, it's not the new drugs that are created," Dr. Bunn said. "There's a lot of harm and a lot of waste in the way healthcare is run. I've been excited about the future of medicine and our ability to eliminate waste and eliminate things that cause harm."

Along with Dr. Christopher Bunn at UNM, several other CIR members and staff presented at the Institute for Health Care Improvement's National Forum in December 2014:

Dr. Fallon Mattis- Bronx-Lebanon Hospital Center: Pain Management in the Family Medicine Inpatient Unit

Dr. Preeti Jadhav- Bronx-Lebanon Hospital: A Collaborative Approach to Patient Centered Care: A Labor Management Project

Dr. Christopher Worsham- Boston Medical Center: Improving Transmission-Based Infection Control Measures in an ICU

Dr. Nandini Setia- Boston Medical Center: Medication Reconciliation: MR. TACo

Dr. Farbod Raiszadeh and Vivian Fernandez, CIR: Designing a Quality Improvement Curriculum for Residents



New York Derm Resident Helps Reporters Separate Fact From Fiction

Dr. Dhaval Bhanusali spent a month at ABC News working with the network's medical journalism program. Now in his final year of Dermatology residency at Mount Sinai St. Luke's Roosevelt in Manhattan, Dr. Bhanusali runs a tele-dermatology company, does website and app development, and is part of the innovation team at Mount Sinai. We spoke with him about his experience consulting with ABC.

How did you get involved with ABC News?

It was kind of out of the blue. Residency is obviously very challenging academically, and on a personal level you don't have too much free time. But that being said, we're in New York, and the beauty of New York is that when you look around, everyone is working hard towards something; they want to keep pushing, so with that mentality, you always keep your eyes open for opportunities you might not get anywhere else.

Someone suggested me to one of the heads of the medical unit at ABC for an internship, and I was fortunate enough to be selected.

What is the role of the interns at ABC?

We help the producers interpret all the information they get. For instance, most of the journals out there send their top three or four most interesting articles to all the media outlets every month. These are hundreds of journals.

What we do is establish A) what's interesting, B) what's medically backed, and C) what we can do to explain that to the public. There's a huge process that goes from deciding a story is worth telling to getting it on TV or online. When I was there, it was the crazy Ebola epidemic and enterovirus, and people were obviously very scared about it. I learned the power of one comment or one story on TV for the entire society.

What were some highlights of the experience?

The cool part is you can have a lot of passion pieces too - if you pitch an idea that they really like, it's definitely fair game for it to be featured on *Good Morning America*.

Recently they shot a segment on *Good Morning America* on a new hair loss treatment. I'm in dermatology so that's in my realm, and it was a new twist on an old treatment. I get a call from my mother this morning telling me about something she saw on TV, and I'm the one who pitched that story from the ground up and now it's in front of 10 to 20 million viewers.

How did the rotation work?

It's a four-week rotation, and we usually went in around 8 or 9 am and were there until 7 or 8 pm, but it could change. Media moves how it wants to, so many times at 7 or 8 on a Saturday night, you'd get a call, the story was breaking, and we'd put together a segment that would be on TV the next day. It was exciting. It's a different type of being on call. You're at the front lines learning all these things, and when the Ebola crisis broke, we were at the front of it. As the news broke we were learning it and disseminating information.

Since you're going into private practice, do you think about how to brand yourself, and what kind of face you need to present to the public?

Realistically you do have to start considering that stuff not necessarily from an ego perspective, but you have to do it for the viability of the practice.

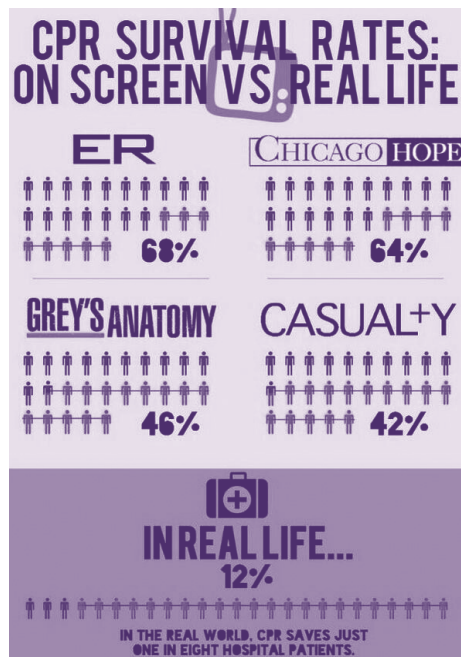
I try to be as responsible as I can. I always keep in mind the big picture. With media opportunities, people interview me as an expert, and I selectively choose which ones I take and which ones I don't take. If I don't believe a media outlet or organization is legitimate, I don't want to



Dr. Dhaval Bhanusali (L) with ABC News Anchor George Stephanopoulos

put my name on it.

I'm sure that media work in the future will help my practice, but it all depends on why you're doing it. If you're doing something just to get your face out there, I think people realize it, but if you're doing something good - like running a charity or throwing a benefit—then I think it's worth it; you're not only helping your practice, you're doing something good for the world. With that I feel like nobody loses.



Piktochart

Physicians Respond: Gender Discrimination in Medicine

“There’s been a lot of movement to improve [cultural issues within the hospital],” said Dr. Yvette Canaba, a CIR Delegate at St. John’s Episcopal Hospital in Queens, NY. “But in doing so, gender issues seem to get overlooked because people think we’re past all that, so things get swept under the rug. We need to bring things back to light.”

Dr. Canaba was one of several residents who helped organize the first CIR Women in Medicine event in New York. Over 40 residents, faculty, attendings, medical students, and CIR alumni gathered at the Women in Medicine Mentorship and Networking Lunch, held at St. John’s University-Manhattan on January 31. After meeting female physicians from all over New York City, residents had the chance to hear a panel discussion featuring five healthcare veterans, moderated by Dr. Karen Nelson of Maimonides Medical Center.

Drs. Tresha Gibbs, Yvette Calderon, Deana Paley, Ibis Yarde, and Wen Dombrowski spoke on a number of topics ranging from dealing with sexual harassment in the workplace to contract negotiations to the importance of confidence and having the right attitude.

“You have to be incredibly confident in whatever you do to be taken seriously, and I think that that’s one of the learning pieces that I took very early on in my career,” said Dr. Calderon, Medical Director of the Emergency Department at Jacobi Medical Center and North Central Bronx Hospital.

Dr. Dombrowski, a former CIR member and current executive for Aging, Healthcare, Technology, and Social Media Advisor for Resonate Health, LLC, added, “On the flip side of that, I also urge everyone to still be diplomatic and humble. Being confident doesn’t mean being bitchy or overly aggressive or being demanding.”

After the panel discussion, filled with



Wen Dombrowski, MD, speaks at the New York Women in Medicine event

questions from the residents and med students in the audience, the attendees broke out for an informal networking session over lunch, with conversations continuing well into the afternoon.

“I was really excited and proud of the turnout,” said Dr. Canaba after the event. “We got really good feedback from attendees as well as from the panelists – even the panelists were able to make connections, meet new people. It was more than I expected.”

“It reinforces that my frustrations aren’t solitary,” Dr. Canaba continued. “I’m not alone in this.”

In addition to several recent CIR alums, in attendance were Dr. Tina Dobseavage, a member of the CIR Executive Committee in the 1970s and early 1980s, and Dr. Janet Freedman, the first woman President of CIR (elected in 1986) and later CIR Executive Director.

The day ended with great enthusiasm for more Women in Medicine events and set the stage for the next local program, a negotiations workshop scheduled for late March 28.

Across the country in California, where CIR’s Women in Medicine program first got started, residents in Northern California held a Women in Medicine Dinner and Discussion on January 22. The event was facilitated by Dr. Sarvey Alibeigi, CIR Delegate from Highland Hospital.

The attendees addressed balancing work and personal life, sexual harassment in the workplace, and career trajectory. For each topic, attendees worked through ideas and

action steps, such as setting boundaries between work and personal life, and how to speak up in a harassment situation with a coworker or superior.

On the topic of career trajectory, the residents and attendings offered these strategies:

- Keep ties with your first job, especially if you think you may want to revisit it later on down the line.
- Be cognizant of your timeline – start looking in the fall.
- Look for your dream job but cast your net widely – this will help you broaden what you view as “ideal” as well as provide a competitive edge when you are applying for jobs.
- Find your vision of what your ideal career would look like.
- Remember – your first job is not your last job.
- Factor in your quality of life requirements – if that means time for family, etc., don’t take a job where you know you will be working until 8pm every night, or where you won’t be able to have a vacation day in the first year of work. Know your values and prioritize.
- Mentorship is important – someone who can hold you accountable, and help guide you as your plans change.
- Learn to be a leader and an advocate – training can come both formally and informally. Learn to speak up and share your ideas, and ask for feedback.



Physicians dine, socialize and discuss issues at the California Women In Medicine Dinner

Word from the Wards

Residents reflect on the portrayals of medicine in the media



Hasti Sanandajifar, PGY 3
Westchester Medical Center,
Pediatrics

At Westchester, my program director has started a monthly movie night. We watch films about doctors or hospitals that could be relevant to how we practice medicine. Recently, we saw “Awakenings” with Robin Williams, who played an MD researcher in a psychiatric hospital. What was inspiring about that for me was the way he approached patients by humanizing them and trying to understand them, despite the fact that they were catatonic. In the end, he finally saw through the thing that stopped them from being able to respond to their environment and was able to make a huge impact in their lives.



Jaimini Chauhan, PGY 4
Psychiatry, Lincoln Hospital

TV shows don’t really portray the work that we do every day. Psychiatrists are definitely ones that tend to be portrayed negatively. It’s a subject, a field of medicine, that people don’t really want to acknowledge. No one wants to admit that they have a mental illness. Fiction definitely glorifies what we do [as doctors in general], makes it look like it’s so easy sometimes. Mostly every day as a resident is pretty mundane.



Yonatan Yohannes, PGY 2
Emergency, Kings County
Hospital Center

I remember reading a book handed to me by a friend in undergrad called “The Pact.” It was about three young guys from Newark, right outside where I grew up, who made a pact in high school that they would go to college and become doctors. All three of them fulfilled that dream, and they held each other accountable. They came back to Newark and started their own non-profit called The Three Doctors Foundation. After I read this book as a first year undergrad, I found the organization and started volunteering there. I actually met them and was so inspired. I saw myself as them growing up in the inner city, and it made me realize that being a doctor was something within my reach. That’s when I recognized that becoming a physician was something tangible for me.

Save the Date: May 15-17th

for more info: bit.ly/circonv2015

*CIR National Convention
Washington, DC*



Committee of Interns and Residents/SEIUHealthcare

520 Eighth Avenue, Suite 1200

New York, NY 10018

Address Service Requested

Stay Connected



The UNM-CIR QI Journal is accepting submissions

The UNM-CIR QI Journal is accepting submissions for a unique type of manuscript: brief, structured reports of quality improvement (QI) projects. If accepted your submission will be published online and in print. The deadline for submissions is **April 1, 2015**.

Examples may include but are not limited to:

- Increasing efficiency in resource use
- Implementing tools to improve care coordination among multiple members of a care delivery team
- Testing multidisciplinary approaches to improve diagnosis and treatment planning
- Process Mapping and interventions designed to improve safety metrics or eliminate wasteful practices.

For more information & to submit visit:

bit.ly/unm-journal

