fall 2015

CIR VITALS

Committee of Interns and Residents/*SEIU*Healthcare®

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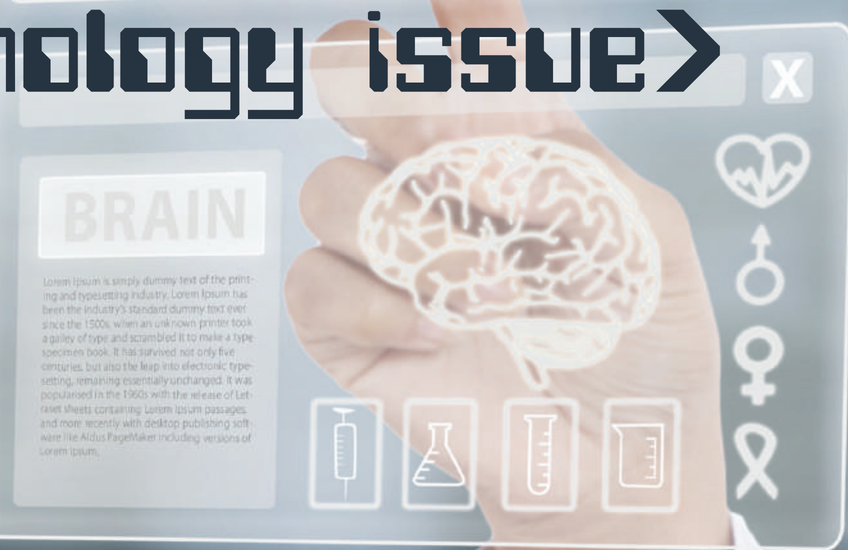

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PRESIDENT'S REPORT | HEMANT SINDHU, MD

The Patient Who Made Me an Activist

My patient had been admitted with a clinical picture consistent with colon cancer, and he needed to be worked up to confirm my suspected diagnosis. He questioned the necessity of the procedures recommended and asked if they could be delayed. I spoke to him at length and engaged his family in the conversation as well. I urged him to consider an immediate work-up given his tenuous condition.

The next morning, I was surprised to find him missing from my census. He'd checked himself out of the hospital the evening before, following a threatening phone call from his boss warning him that he would be fired if he didn't show up for work the next day. With a family relying on his income and no sick days afforded to him by his employer, the patient couldn't spare the time off from work to treat his illness. His next visit to the hospital was eight months later; it was apparent that the cancer had progressed past the point of saving. He died.

I felt dejected. I blamed myself for letting him down and couldn't help feeling that if only I'd been able to convince him to stay, if only I'd been more aggressive in my advocacy for early intervention treatment, if only I'd been able to get him to listen to me, if only, if only...

I later heard about a protest by employees of the Golden Farms Grocery Store near my hospital. The employees were paid low wages and had no paid sick days, and one worker had been diagnosed with cancer but was unable to take the time off of work to treat it.

He wasn't my patient, but it was a painfully familiar story, and I couldn't shake it.

This is how I first became involved in CIR, during my residency. I joined other CIR members and citywide organizations at rallies on the steps of City Hall. We testified before the New York City Council and at press conferences about the need for all workers to be afforded paid sick days, and I passed around a petition at Golden Farms for better treatment of the employees there.

By April of 2014, one year before I took office as CIR president, we'd won that battle for paid sick days legislation in New York City, Massachusetts, California, Newark, Jersey City, Washington DC and a number of other cities around the country, but there's still so much work to be done, and I'm looking forward to leading the charge in my new position as President.

As physicians and as union members, we are in a unique position to see and understand these issues - and to do something about them. Many CIR members work in safety-net hospitals, with patients who are disproportionately affected by poverty and severe working conditions.

Poverty is a healthcare issue. The Fight for $15 is a healthcare issue. During residency, considering the hours we work and time spent on training, studying, and exams, we're often paid at minimum wage levels, so most of us can identify with the anxiety of having to make hard choices with our budgets. But we know that the end of our training will come and with it better salaries that will allow us to live more comfortably, to pay off our loans, to take care of ourselves and to support our families; there's a light at the end of the tunnel.

For too many of our patients however, there is no light at the end of the tunnel, and we need to do something about that. I don't want to see another patient who can't afford to treat an illness or to take preventative care because they barely make enough to cover their rent and food.

It's an ongoing battle, but it's one I'm looking forward to continuing in the coming year as CIR President, and beyond.

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Organizing Victories: Residents Vote to Join CIR

Within two weeks, housestaff at both Palisades Medical Center in North Bergen, New Jersey and St. Mary's Medical Center in San Francisco, California voted to join the Committee of Interns and Residents. The resident organizing committees, which have had varying challenges within their respective hospitals, are excited for the bargaining process and to establish fair contracts and better working conditions for themselves and their colleagues.

St. Mary's SF Becomes Third Dignity Hospital to Join CIR

On June 6, St. Mary's residents voted to join CIR in hopes of bringing fairer wages and benefits to the bargaining table. The hospital employs 56 residents, working in internal medicine, podiatry, and orthopedic surgery.

Topics for a first contract include housing costs, wellness reimbursements, salary increases, and food allowances, all necessary due to ever-increasing San Francisco rents and a high cose of living. In the neighborhood of St. Mary's Medical Center, the median monthly price of a one-bedroom unit is $2850, and it is extremely difficult to make ends meet in the price-inflated city. Residents believe increases in pay, and/or establishing a housing allowance into the contract, will help residents afford to stay closer to the hospital.

Having a contract will also give residents opportunities to collaborate with the administration on work-related issues and problems.

"There just wasn't a process to bring our concerns to the hospital," said Dr. Dana Gersten, a second year resident in internal medicine. "A lot of my colleagues were having these creative ideas for how they could improve the hospital, and they kept getting shut down. I thought it was important to join CIR so that we could have a voice in the hospital. I also got really excited about the opportunities to be involved in advocacy and to be connected to the larger community of residents."

Palisades Residents Vote to Join CIR

On June 13, 79 residents representing internal medicine, surgery, family medicine, dermatology, OB/GYN, podiatry and gastroenterology, voted overwhelmingly to join CIR and are ready to negotiate a contract containing salary increases and improvements in working conditions, such as protected educational time, a speaker fund for didactics, and a committee to discuss labor management issues with a stated focus on education and training.

Residents at Palisades Medical Center in New Jersey experienced a host of problems as the first cohort of trainees in a brand new residency program, including not having a resident lounge or library for studying, and earning some of the lowest salaries in the area. According to the physicians who led the campaign to unionize, when they raised these concerns with the administration, their jobs were threatened or they were otherwise retaliated against.

Now, as union members, they are looking forward to having job protection and due process.

"The vote to unionize was not a decision our residents took lightly," said Dr. Tom Gut, who recently completed his internal medicine residency. "We know the challenges that a new residency can face in a well-established hospital environment. It is out of desire for improvement that we came to this decision. Our residents strongly believe that being part of CIR will help enhance patient care while improving education for all."

Contract Wins Around the Country

Montefiore North Division, New York

Housestaff at the Montefiore Wakefield Campus reached an agreement on a three year contract. It includes salary increases of 5 percent, additional personal days, pregnancy accomodation language and more.

"It's amazing what residents can accomplish when we're united. When hospitals take better care of their doctors, doctors can take better care of their patients," said Dr. Syed Rizvi, CIR delegate.

Interfaith Medical Center, New York

Two years ago residents didn't know whether Interfaith would remain open as they went into bankruptcy. But after a unifed effort in partnership with the community and other organizations, residents have helped keep the hospital open and out of bankrupcy with state backing. Even under those circumstances residents negotiated 3 percent salary increases as well as expanded medical malpractice language.

Christ Hospital, New Jersey

In June, the bargaining committee at Christ Hospital in Jersey City won 2 percent increases, improved book and meal allowances, coverage of licensing and exam feeds, and tougher job security language.

Rutgers, New Jersey

After nearly five years with no salary increases and over a year at the bargaining table, the housestaff at Rutgers NJMS & Rutgers Robert Wood Johnson finally won a new contract. Some of the gains include salary increases of 8.25 percent over 4 years, retroactive to July 1 2014; an annual book allowance of $500 with roll over; a new meal benefit; tuition remission for residents and their dependents; and four personal days, orientation pay and reduced parking rates, which was a huge issue for many of the residents.

"We're thrilled to bring these gains in salary and benefits to our colleagues. And having finally struck an agreement with Rutgers administration, we're excited to show them all the ways that strengthening graduate medical education can help improve healthcare in the state of New Jersey," said CIR Secretary-Treasurer Sarah Ramer, a medicine-pediatrics resident at Rutgers-NJMS.

St. Mary Medical Center, California

St. Mary Medical Center in Long Beach, residents celebrated the ratification of their first CIR contract after voting to join CIR last winter. Their new contract includes salary increases, bonuses, and increased vacation time.

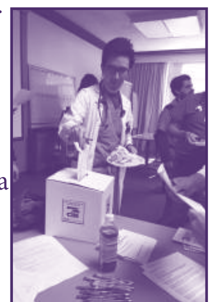
University of New Mexico

After contentious negotiations, residents at the University of New Mexico settled a strong contract at the beginning of the new residency year. Contract highlights include a 2.5 percent salary increase for all PGYs, increased flexibility in vacation language, making the quality improvement fund a permanent fixture with $40,000 every two years, a Patient Care Fund of $90,000 every two years and expanded grievance language that gives residents a greater ability to make information requests and resolve problems at the Program Director level.

Valley Consortium for Medical Education, California

On Oct. 28 residents unanimously voted to ratify a new contract at the Valley Consortium Medical Center (VCME) in Modesto, CA. The new three year agreement includes a 2 percent COLA (cost of living) salary increase for current residents and a realignment of salaries for new residents. It also includes a new professional development fund worth $1300 in each year, a board review class for family medicine residents, and a special equipment allowance for orthopedic residents. In addition, Martin Luther King Day was designated as a holiday.

Santa Clara Valley Medical Center, California



Residents voted overwhelmingly YES in favor of the new contract. The updated contract includes a salary increase totaling more than 15.25 percent over five years, 3.25 percent increase starting 12/21/15 and a 3 percent additional increase each year. It also includes a realignment salary increase for PGY 2 - PGY 5 residents of 2 percent. This is one of the first CIR hospitals to include a Wellness Pilot program, and they are now also providing a relocation alllowance of $1500 for incoming residents.

Resident Solidarity & the #WhyNotElmhurst Campaign Win BIG After Long Negotiations

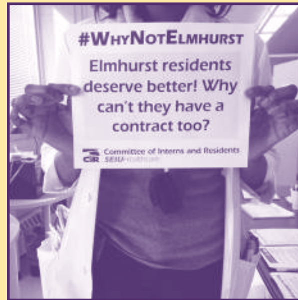
After more than a year of negotiations, the 140 resident physicians at Elmhurst Hospital Center ratified a union contract guaranteeing salary increases, a new educational fund, and access to quality improvement scholarships.

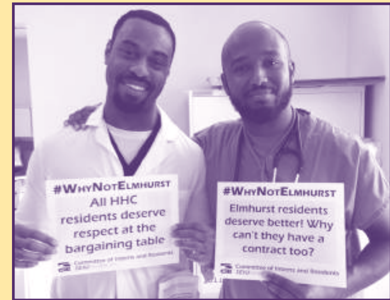
The residents at the Queens, New York hospital voted to join CIR in September of 2013. Their peers at nearly all other public hospitals run by the New York City Health and Hospitals Corporation have enjoyed union representation for decades, but Elmhurst was excluded from that collective bargaining agreement because its residency program is administered by Mount Sinai's Icahn School of Medicine.

CIR members at eight other HHC hospitals put pressure on HHC leadership to ensure Elmhurst residents receive comparable salaries and benefits to other public hospital residents. They spoke at public forums, took to social media to ask #WhyNotElmhurst, and gathered petition signatures.

In June 2015, the hospital agreed to 10 percent salary increases over three years, bonuses of $1800 for first and second year residents and $2400 for third year residents and above, and a new $450 education benefit that can be used to purchase books, equipment, professional memberships, or register for exams.

"I feel very good about this contract and the agreement reached between Mount Sinai and CIR," said Dr. Parvash Garg, an Elmhurst resident who was part of the bargaining committee. "A lot of people will benefit from it, and hopefully in the future we will take more leaps forward."





UC Irvine Residents Take Action

UC Irvine Medical Center (UCIMC) residents have been trying to negotiate a fair contract since early 2014, and in the past year the UC administration has canceled four negotiations. Yet residents have taken the time to show up, even as the university ignored them.

Residents have shown the university they want a FAIR CONTRACT NOW by taking actions and seeking public support. They held their first public action on September 1 in honor of Labor Day,with a family picnic and rally, followed by two Town Hall meetings with Dean and Vice Chancellor Howard Federoff, MD. Residents have been wearing buttons and stickers showing solidarity, and collected more than 300 signatures on a petition demanding a contract that addresses their concerns.

Priority issues for their contract are:

- Inequities on issues like meals and conference benefits
- Housing subsidies to address the high cost of housing around the hospital
- A Patient Care Fund to address issues that residents have identified

To get the latest updates on the UC Irvine contract campaign, visit **www.cirseiu.org/UCI**.

Los Angeles Members Start Conversation on LGBT Health Disparities

This past Spring, more than 20 CIR members from Los Angeles hospitals came together for the union's first LGBTA (Lesbian, Gay, Bisexual, Transgender, and Allies) Health Equality Dinner.

Dr. Edward Callahan, a family and community medicine specialist at UC Davis, presented his research on the health disparities in the LGBT community that stem from patients not being asked about sexuality or gender identity. Some patients are even denied care when they disclose their sexual or gender identity, especially transgender people or those with HIV. As a result, many LGBT patients delay health care, leading to higher rates of chronic conditions and later diagnoses.

"There are steps that residents can take to change this," Dr. Callahan said. "One solution is for healthcare providers to include sexuality and gender identity on intake forms and in electronic health records.

"Until you get rid of 'Don't ask, don't tell' in healthcare, you can't offer quality care," he said. Some providers are taking it a step further and wearing a rainbow sticker or a button that says "Straight But Not Narrow," or "LGBT Ally."

Changing the culture will take time, Dr. Callahan said. "Any time you commit to social justice, you face resistance." He suggested forming LGBTA task forces within hospitals to improve the quality of care.

> ***"Until you get rid of 'Don't ask, don't tell' in healthcare, you can't offer quality care."***

Last year, CIR Regional Vice President Dr. Peter Ureste, a psychiatry resident at LAC+USC Medical Center, heard Dr. Callahan describe the LGBTA task force model at the Gay and Lesbian Medical Association (GLMA) Conference, and he decided to form one at his own hospital. He recruited residents, medical students, faculty, administrators, social workers, and a patient advocate to form an LGBTA Advisory Committee.

Residents attending the Health Equality Dinner shared their own experiences with homophobia and transphobia in medical school and residency, and brainstormed steps for starting LGBTA task forces in more institutions.

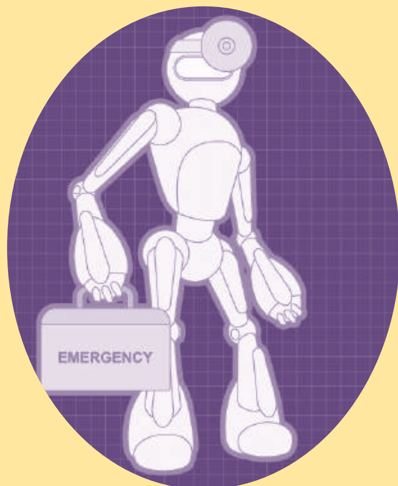
"Bed Bug" Victory in Miami

At one point or another, many hospitals and large overnight facilities have to deal with pests of some kind: roaches, bed bugs, rodents, marmots - you name it! Well, after several residents in the anesthesia trauma call rooms at Jackson Memorial Hospital woke up with bite marks all over their bodies, residents brought the issue up with hospital administration. The administration would neither confirm nor deny the presence of bed bugs.

For the next several days, residents continued to wake up covered in bites and rashes. It was clear that hospital administration was not going to respond to individual complaints, or even take the situation seriously. So residents worked together in itchy solidarity, and with the support and strength of their union, got the administration to take action. The hospital treated affected rooms by replacing furniture and bedding, and thoroughly cleaning the call rooms.

Though it's a small (much like the pesky bug) win, without CIR and collective action, Jackson residents would still be itchy, and the mystery bugs might have spread to patients and staff in other areas of the hospital. This would have set a low standard for patient care and would have been extremely damaging to the reputation of the hospital. Residents, once again, saved the day!

<The Technology Issue>



HEALTH TECH: Time Brings Innovation, Advocates Bring Change

When resident physicians bargained their first contract as CIR members nearly 60 years ago, recent major technological advancements included the pacemaker, use of ultrasound technology in prenatal care, and the first commercial videotape recorder. Many doctors still regularly conducted house calls, and very few owned a computer – and most computers held little more than nine kilobytes of memory. The first CIR members may not have fathomed that someday their successors would have whole computers in their pockets, complete with video recording capabilities, or how that technology might be used to change the practice of medicine.

As video chatting becomes more popular throughout the general population, so it does in medicine, though not without some controversy; many doctors are starting to see opportunity in the "virtual house call" – meeting with patients remotely by Skype, Google Hangout, FaceTime, or other types of video call programs. Some say is a great benefit for patients with difficulty making office appointments and busy doctors unable to make traditional house calls, while others argue that video technology should not replace the in-person doctor-patient relationship.

Similarly, Electronic Medical Records (EMRs) are replacing thousands of years of hand-written notes, records, and medical logs. Doctors can now input their patient notes, observations, and medical cases directly into computer systems from laptops or even from a phone or tablet. Patients are also gaining access to their own EMRs, increasing a move toward patient-centered care.

While advocates of EMRs point chiefly to the speed and convenience of instantly inputting information from the tablet in one's hands, as well as the ability to instantly share information between different hospitals, offices, providers, and patients, many are wary of the new technology. Some worry about the security of recording sensitive records and the lack of hard copies in the event of a data crash.

CIR members are in a unique position to be pioneers in health technology implementation and at the forefront of technology debates. Through CIR contracts, resident physicians have brought new pieces of technology into hospitals both for individual use and for the benefit of entire departments. Many contracts include reimbursements for items such as tablets, while others require money set aside for Patient Care Funds, the use of which is determined by residents for new pieces of equipment within the hospital, such as the ultrasound simulator purchased by the Jackson Memorial Hospital CIR Patient Care Fund last year – a far cry from the first real-time prenatal ultrasounds conducted back in 1956.

A blog posted recently on NPR.org entitled "Siren Song Of Tech Lures New Doctors Away From Medicine" profiled a number of medical school graduates who decided to forgo residency in favor of health tech startups, arguing that the best use of their careers in medicine would be to advance healthcare through technological development.

While it's an interesting choice that highlights both the myriad ways in which doctors can be involved in healthcare and the importance of having doctors directly involved in technology development, as well as the importance of having doctors directly involved in technology development, nearly 60 years of CIR history makes the case that this is far from the only way in which physicians can be at the frontlines of medical advancement.

Our members advocate for themselves, for their patients, and for their hospitals through both collective bargaining and other actions to bring about changes not just through technology, but through community and cultural engagement, legislation, and patient and provider education. Technology certainly changes medicine, but the act of inventing isn't the end of the process. Physicians need to stay engaged throughout implementation and beyond to ensure healthcare changes for the better.

<The Technology Issue>

HEALTH TECH BOOM IN SAN FRANCISCO!

Meet Dr. Omar Metwally, A Health Tech Consultant & Resident at St. Mary's Medical Center

Silicon Valley has certainly had it's influence on Bay Area residents, inspiring many physicians to explore anything from medical apps to speech recognition and machine learning algorithms that predict adverse events, as ways to improve and expand the American healthcare system. Indeed health tech is emerging as an exciting aspect in the field of medicine, and some resident physicians are taking on healthcare technology as a second full-time job.

Dr. Omar Metwally, a second year internal medicine resident at St. Mary's Medical Center in San Francisco, knows first-hand the ways technology can improve patient care, and this is one of the issues he hopes to raise at the bargaining table as part of a newly established CIR chapter. Dr Metwally is a health technology consultant and co-founder of the SMS texting app, 'pager.website,' which could replace the use of the traditional physician beeper. This app is less cumbersome, contains more details on the screen, and is also HIPAA compliant, a loophole that most new health tech ventures have to spend thousands in legal fees to jump through.

Dr. Metwally and his colleague, Dr. Seth Blumberg, realized early in their residencies that the current beeper system has two major problems: first, nurses often struggle to identify which team is taking care of which patient, and sometimes resort to randomly paging an on-call MD in hopes they've reached the correct physician. This method is completely inefficient in the face of a medical emergency, Dr. Metwally said. The second problem is the page only consists of a 4-digit "callback" number and gives no information on how emergent or non-urgent the page is.

The app lets users look up room numbers and send prioritized, SMS-based messages that include status details, room numbers, and the correct on-call physician name. The recipient can then acknowledge receipt of the message or respond to the text, eliminating inefficiencies within the current system.

> ***"It's thrilling to be part of a community of tech entrepreneurs who are shaping how healthcare will look in the coming decade."***

Dr. Metwally has been writing software since the age of twelve and has always enjoyed building tools to solve problems.

"It's fun to be able to build tools to address some of the inefficiencies within medicine. My first undertaking in health tech was PulseBeat, a tech-enabled home healthcare company I co-founded. This experience opened my eyes to how desperately healthcare needs innovators."

In addition, Dr. Metwally has helped design a Google Glass prototype meant to generate structured notations from unstructured audio-video data, just from "listening" and "watching" a patient-physician encounter while perched on a healthcare provider's nose. This would eliminate the awkward "turning the back to the patient," in order to take notes and add particulars to a patient's medical records. Instead, the notes would be recorded for the doctor, and in real time.

"Google Glass is still an early prototype, but I can foresee a more mature iteration being used routinely in hospitals and clinics in the coming years. It's thrilling to be part of a community of tech entrepreneurs who are shaping how healthcare will look in the coming decade," he said.

Medicine is a particularly risk-averse industry, so getting hospitals to adopt progressive technology aids can be difficult. Dr. Metwally hopes that all institutions will eventually embrace the growing technology services available. "The challenges of applying technology to healthcare isn't a technological one, but an organizational one. The technology is here; what we need most of all is a paradigm shift at the executive level," Dr. Metwally said.

For other tips and musings on health technology, visit Dr. Metwally's blog: **omarmetwally.wordpress.com**

<The Technology Issue>

STARTUP, MD

Highland Hospital Resident Pilots App to Connect Patients with Resources

Patients present in the emergency room at Oakland's Highland Hospital with a number of chronic needs that can't be treated by a physician - joblessness, food insecurity, and eviction from their homes, to name a few. To address these social and environmental barriers, Highland emergency medicine residents, led by Dr. Dennis Hsieh, created the Highland Health Advocates (HHA) Help Desk. Staffed by volunteers, the help desk assesses patients' needs and makes emergency legal referrals when needed.

Now, the Highland Health Advocates are harnessing the talent and resources of Silicon Valley by developing a "Yelp for Social Services," in partnership with a nonprofit startup company called One Degree (**www.1deg.org**).

"With the Highland Health Advocates, we have a lot of people who are very tech savvy who want to help patients, but we don't have the resources out there," said Dr. Hsieh. "So how can we effectively download all this knowledge that people keep on little sheets of paper, or on little notes on their cubicle walls?"

Dr. Hsieh and his colleagues initially worked with a woman who was doing her sub-internship at Highland on an app to aggregate the information provided at the help desk. They realized there was still a need for an updated directory with reviews, so HHA could feel confident that the programs they referred patients to were reliable.

The residents took their prototype to Alameda County officials and came across a number of different nonprofits doing this work, but most of them charge a fee for the data.

"We wanted a platform that was open not only for the Highland Health Advocates, but for our patients. There's no reason to charge fees for this information," Dr. Hsieh said.

Then they came across One Degree, a nonprofit working with mothers ages 18 to 40 who need social services resources. The Highland Health Advocates felt that One Degree's mission was aligned with theirs, and One Degree founders felt the same, so they agreed to expand from San Francisco across the Bay to Alameda County and partner with HHA.

"Highland and the HHA have been with us from very close to the beginning," said Rey Faustino, CEO and founder of the startup. "We're still very young, and even from that early time we knew we had to work with a forward-thinking organization and forward-thinking people who could tolerate imperfection. When you're running a startup, not everything is going to be perfect."

In the early days, the team at Highland gave feedback on how to improve the platform, leading to curated lists, making the search function better, and even making One Degree 100 percent HIPAA compliant, said Mr. Faustino.

Input from Highland volunteers has led to additional innovations that One Degree didn't anticipate.

"One of the health advocates from HHA told us that one of the highest needs from their patients was affordable housing. They used these paper lists showing available affordable housing, and they asked us to post it on One Degree," Mr. Faustino said. Since the lists have to be updated and printed out each month, he realized there was a more elegant solution and asked the nonprofit that provides the housing listings to collaborate on a parallel website called One Home (**www.onehomebayarea.org**). One Home enables tenants to search for affordable housing using different criteria and download applications with one click.

In just three weeks since the launch of One Home, more than 750 housing applications had been downloaded. Down the road, Mr. Faustino sees a lot of potential in analyzing data on supply and demand for housing and the other services they refer people to, and arming advocates and policymakers with that data.

Dr. Hsieh has worked with colleagues at UCSF Benioff Children's Hospital Oakland, Stanford Hospital, and San Francisco General Hospital to implement One Degree as a tool to refer patients to the best available resources. He hopes to expand the use of the tool and secure funding from Highland Hospital or other sources to continue to develop it.

Making the Tool Work for You: Modern Tech Talk with Dr. Wen Dombrowski

Dr. Wen Dombrowski, a former CIR delegate, develops technology and business solutions to drive innovation in patient care and improve the quality of life for vulnerable populations.

When did your fascination with technology and new media begin?

During college, I did bioinformatics research using computers to understand genetic data, and I did my summer internships with community health clinics building Access databases for their diabetes registry. Our organization was one of the first in the nation to participate in the IHI/HRSA Diabetes Learning Collaborative, and it was an eye-opening experience to learn first-hand how data and information systems can be used to improve the care of groups and individuals.

When I was a resident at St. Luke's-Roosevelt, the hospitals were implementing an EMR system. I became involved with the process by giving feedback to make the EMR more user-friendly and safe, and eventually became the go-to person for residents and attendings for reporting system glitches and seeking advice on how to utilize various features.

Because I was a CIR delegate, my colleagues also told me about other operational issues. It was a great position and environment to be in because the administrators understood how critical resident input was. Residents deal with the challenges of patient care every day; we literally provided frontline care 24/7 so we noticed things that other clinicians and administrators didn't notice.

Do you feel that EMRs have altered the relationship between the physician and patient?

Before EMRs, if you wanted to find the medical history of a patient from two years ago, it was almost impossible as you had to hunt for charts around the hospital and sift through hundreds of pages. But with an EMR, the information is right at your fingertips; in the clinical setting, access to information is invaluable.

What's important to remember is that technology is a tool. Take a hammer, for instance. I could give you a hammer and you can use it to smash things, or you could use it to build something meaningful. It's the same with technology. Unfortunately, most physicians aren't trained in best practices when it comes to technology. For example, there are ways to position your computer between yourself and the patient so that you are able to maintain eye contact. Another way to set up the computer screen is with both the physician and the patient facing the screen; this way, your patient is a part of the process as well. But considerations like this aren't often considered when designing exam rooms and clinics.

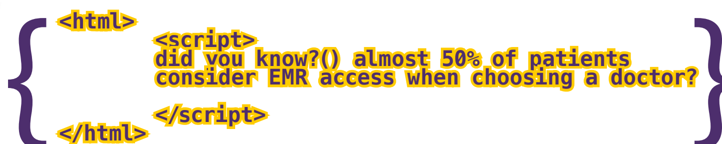
Where do you see medicine and technology headed in the next 5 years?

It's important to realize that medical technology is not only about EMRs. It's a broad range, including (but not limited to) point of care diagnostics, digital treatments, and information tools.

Information and technology is becoming more democratized. Online information resources and artificial intelligence are more readily available. If a patient is worried about symptoms, the first thing they often do is Google it. This is just foreshadowing what computers can do as more robust data sources and algorithms are developed.

There are medical devices that used to only be available in hospitals or ICU, but nowadays, many of those diagnostic devices or treatments are portable or even downloadable as an app on a smartphone. An example is the ultrasound: It was this huge machine that could barely be moved and used to cost over $20,000, but now you can buy a portable ultrasound for $500. Diagnostic tests are becoming less expensive and less bulky, partly because of the innovation that is happening in developing countries to make care more accessible.

In the U.S., patients are becoming more vocal about valuing convenience, access and affordability. Most people work during the day and it's not feasible for them to take a day off to go see a doctor. They want to be able to take care of their needs where they are. And for people who have a disability, it's not easy to get to a doctor, so treatment at home is preferable. Many of the new technologies offer the convenience of treatment at home. It is shifting healthcare away from hospitals toward self-care, telemedicine and home-based care. (***Continue on page 14***)



Full Speed Ahead with the Boston Medical Center Quality Council

The CIR Housestaff Quality Improvement (QI) Council secured a commitment from the Boston Medical Center Captive Insurance Company to allocate $25,000 each July 1 for the QI Council to give out in grants to housestaff-led quality improvement projects.

*The first round of grants included projects in emergency medicine, surgery, internal medicine, pediatrics, dermatology, nuclear medicine and infectious disease departments. Proposed interventions address handoff procedures, diagnostic error, infection control education, cultural competency, and other barriers to quality care. For more information, visit **bit.ly/BostonQI**.*

Quality Scholarship Month

In April, the BMC Quality Council held its first ever Quality Scholarship Month with a series of events designed to equip the housestaff at BMC with the tools they need to publish and present their QI work. About 90 residents, attending physicians, and medical students attended the series. The three workshops were:

Designing a QI Project for Publication with Don Goldmann, MD, Chief Medical and Scientific Officer, Institute for Healthcare Improvement

Diving into Data: Methods and Metrics for Publishable QI Project with Adam Rose, MD, Center for Healthcare Organization and Implementation Research (CHOIR) Physician-Scientist, Bedford VA Internist, Associate Professor at Boston University School of Medicine

Interactive SQUIRE Guidelines Writing Workshop with Greg Ogrinc, MD, lead author of the SQUIRE Guidelines.

Videos and resources from the workshops can be found at **bit.ly/BostonQI**.

This academic year, CIR leaders have blazed new trails in quality improvement and patient safety. Below are just a few highlights from members around the country. For a full list of projects this year visit bit.ly/qiupdate

Residents Present QI Projects at Nat'l Patient Safety Foundation Congress

The following initiatives were selected for presentation at the 2015 NPSF Congress:

- An adverse-event reporting project by the Housestaff Safety Council at Brookdale Hospital has allowed residents to promote a shared vision and strategy, according to research presented by Dr. Miliana de la Cruz and Dr. Snow Trinh Nguyen.
- An educational intervention led by Dr. Matthew Chatoor Harlem Hospital was followed by a major reduction in needlestick injuries over two years.
- Metropolitan Hospital residents found that fatigue, distraction, and availability of medication are the three most common factors that affect the prescribing behavior of resident physicians. To address these issues, the team, led by Dr. Sun Young Kim, created an anonymous online patient safety hotline and arranged additional training for all house staff through several QI/PS programs.

Fellowship Awarded to Reduce Costs in OB-GYN

As cost-conscious medicine comes to the fore, CIR residents are gaining recognition for their cutting-edge work in this field. Dr. AnnMarie Vilkins, in OB-GYN at Boston Medical Center, was awarded a highly competitive fellowship from the American College of Physicians (ACP) for her project to reduce unnecessary and expensive prenatal prescriptions by starting with low-cost treatments.

The Choosing Wisely High Value Care in Action Fellowship will support Dr. Vilkins' efforts to bring her department's prescribing practices into conformity with the stepwise approach recommended by the American College of OB-GYNs (ACOG).

Dr. Vilkins will be presenting her results at next year's ACP Internal Medicine meeting.

Miami Residents Blaze QI Trails

CIR residents at Jackson Memorial Hospital in Miami hosted their first quality improvement conference in May, where they announced grants to three Jackson residents to pursue innovative QI projects. Karyn Baum, MD, MSEd, MHA, a nationally recognized expert in teaching QI, brought a highly informative presentation on what QI means for residents.

Dr. Baum made a passionate call for housestaff to take the reins of this vital task: "If we don't engage in quality work, someone else will, and we will be irritated with the results." She offered detailed tips on launching effective QI projects.

Residents initiated a partnership with administration and established their first quality improvement committee. Meeting once a month with the Chief Medical Administrative Officer, residents discuss QI, near misses, and strategies on improving patient safety and report on in-progress projects. The committee has residents from over 10 departments and continues to grow as residents take the lead in improving the delivery of care at their hospital.

#BlackLivesMatter: SF Leaders Organize a Multi-Disciplinary Grand Rounds

On March 5, 2015, as part of the #whitecoats4blacklives actions in medical schools across the country, San Francisco General Hospital (SFGH) held a grand rounds entitled "Patient and Provider Rights: Interacting With Law Enforcement in the Healthcare Setting" to formulate strategies for interacting with law enforcement within the hospital. The panel focused on patients' rights and safety when faced with law enforcement's over-use of force.

Residents Saw a Need

The 2014 tragedy involving SFGH patient Lynne Spaulding, who died under the SF Sheriff's watch, as well as daily interactions involving both sheriff and police presence at SFGH and UCSF, prompted many residents, physicians, and nurses to organize on behalf of patient safety. CIR leaders began to collaborate with STEP UP, a professional and academic development program at UCSF aimed at teachers, instructors, and those who plan to stay on as faculty.

"We needed to know more," said CIR Regional Vice President Dr. Diana Wu. "We are the advocates for our patients and we didn't know how to advocate for them. We had a lot of questions about the law, about our rights as healthcare providers, and how we could protect our patients and give them the best care."

At the grand rounds, residents heard from experts from the San Francisco County Office of Risk Management and Office of Citizen Complaints, and lawyers from the National Lawyers Guild of San Francisco. The presentation was a series of five vignettes, highlighting real events in which healthcare providers previously did not know how to respond. Members of the panel answered a range of questions, including "How do we give the best care if the patient is handcuffed?" "How do we file complaints about the use of excessive force?" and, "Who is in charge on hospital property – the officer or leading physician?"

> ***"We are the advocates for our patients and we didn't know how to advocate for them. We had a lot of questions about the law."***

"Some of the role confusion was cleared up. Law enforcement and healthcare providers have very different goals and there is a huge difference in training and accountability," Dr. Wu said. "This misalignment between law enforcement and hospital administration is detrimental to patient safety and the grand rounds helped siphon through the differences. We had to learn how to speak in their [law enforcement's] language."

Now SFGH and UCSF residents are better prepared for events ranging from how to speak with law officials on the phone to how to file complaints against law officials.

"When speaking with law enforcement, the key is to be very specific, such as, 'I need you here as backup in case this situation escalates.' or, 'We need you in this room for stand-by,'" Dr. Wu explained. Other tips included how to file a complaint against law enforcement, how to ask for the right help during an emergency de-escalation, and how to give the best patient care while a patient is in custody.

Residents reflect on the impact of technology on healthcare

Kitty Victoria, PGY 2 NY Methodist Hospital - IM

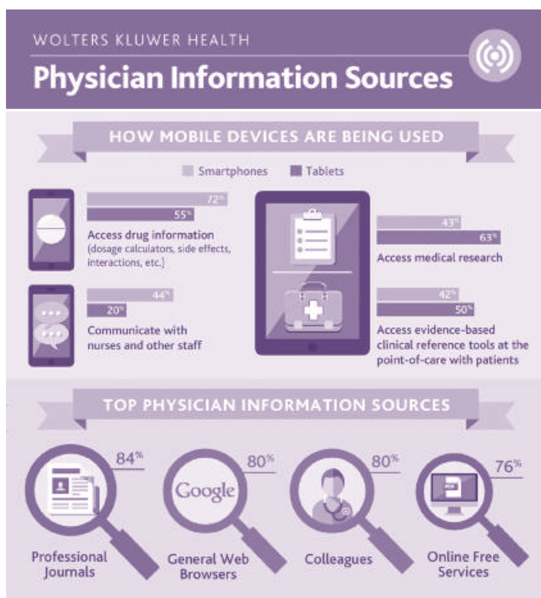
It seems the questions on everybody's mind is "How do we ensure physician efficiency while delivering the highest quality patient care?" I foresee that technological healthcare advocates have a long and rewarding road ahead of them as well unseen challenges and ethical responsibilities. Each challenge will require us to step back constantly reflecting on outcomes. We need to really measure results and direct our focus towards technology that actually improves the quality of both the heath care provider's and patient's life.

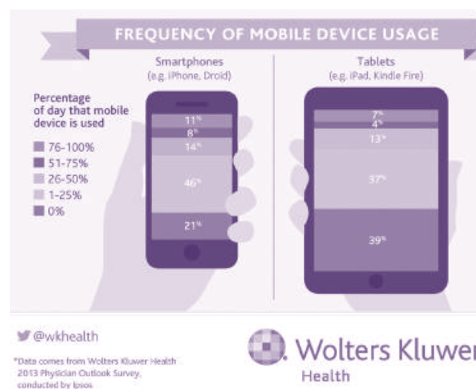
Mike Hoaglin, PGY 2, Brooklyn Hospital Center - EM

For years technology has largely been replacing existing paper clinical processes, often improving communication, but also sometimes creating frustrating inefficiencies as hospitals and clinics adopt new systems. However, Health IT is on the precipice of changing the way we practice for the better: organized, structured clinical data can power clinical decision support engines that make us better doctors.

Taiwo Odufunade, PGY 5 Harlem Hospital - EM

In terms of what technology's impact on medicine has been, I would say, probably positive and negative. On the negative end, a lot of patients come in already carrying a diagnosis that they looked up on the internet. Most of the time it's wrong. And they always seem to be fixated on the worst one. On the positive end, though, it definitely makes it easier to talk to patients about certain disease processes that you wouldn't think that they would know about. There have been certain situations where I've tried to explain a certain disease in layman's terms and as I'm describing it the patient is like, "Oh, you mean this? Yeah, yeah, I read it on the internet."



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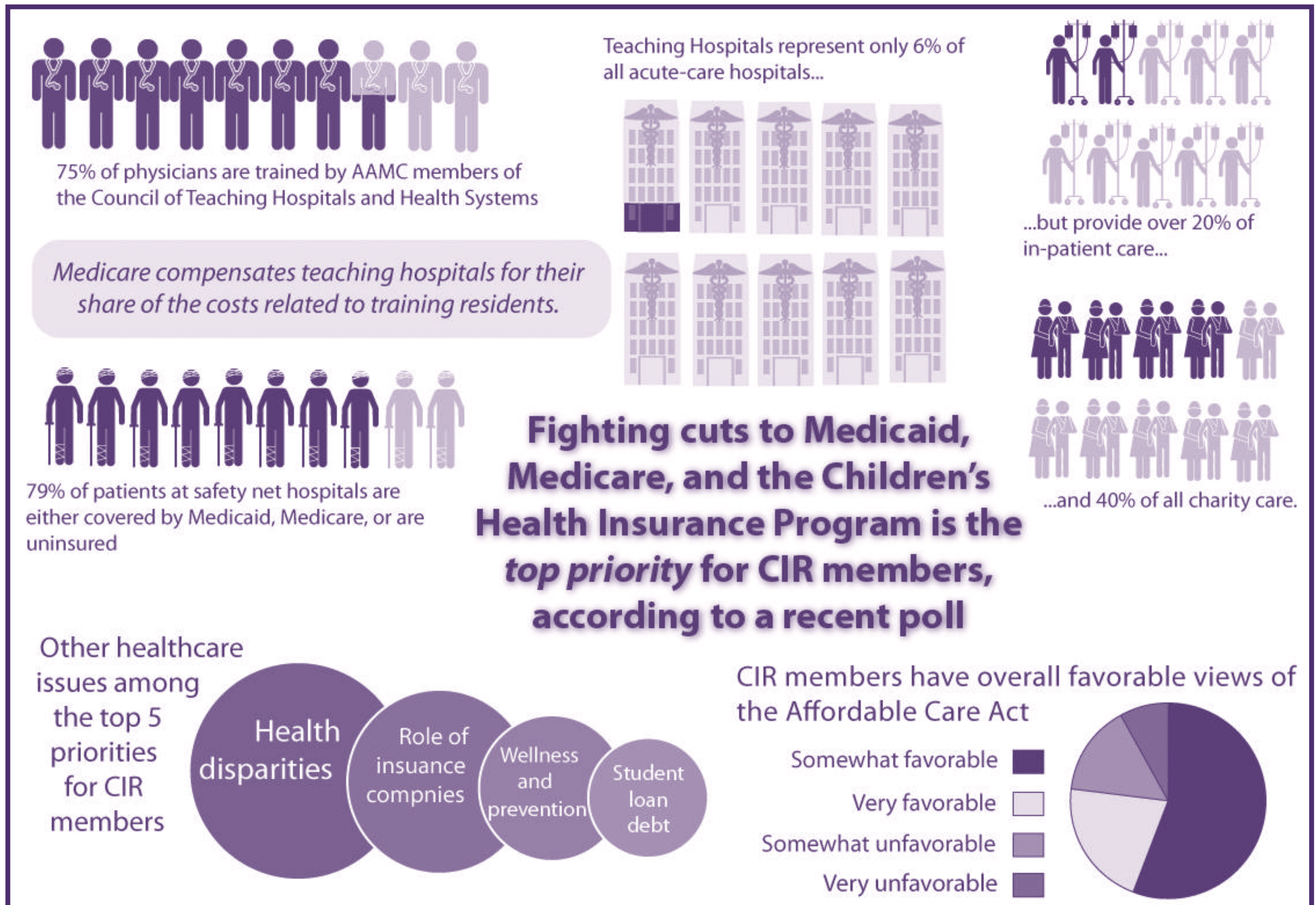
CIR Members Prioritize Fighting Cuts to Medicaid, Medicare & Eliminating Disparities

This summer 454 CIR members across the country were polled in anticipation of the presidential election in 2016. In addition to questions on their political views and endorsement preferences, respondents gave their thoughts on political and advocacy issues that CIR has been involved with, and what they'd like to see as priorities in the union's political work going into the election.

For more information about CIR's Agenda for Health Justice for All, visit **bit.ly/CIRHealthJustice.**



(from Alumni Corner page 10)

One concern, however, is the current graduate medical education (GME) system focuses on inpatient care; the majority of residents train to be hospitalists. Most residents have very few primary care and homecare experience, whereas patients' preferences are moving away from hospitals. There is so much that can be done safely at home or remotely, and with the advent of miniaturized technology, it will become a reality sooner rather than later.

What role do residents play in the new role of technology in medicine?

It's important that there is sufficient training for physicians on how to provide technology-enabled community and home-based care, including understanding how technology tools and data can be used to improve population health. We need to maximize the use of technology to improve, tailor and customize care, rather than impersonalize medicine.

We keep reading about the doctor shortage in media; but it is only true if based on traditional models of care delivery. If artificial intelligence and telemedicine is more widely available, then it will free up doctors to focus on harder, rare, interesting, and more complicated cases, while nurses and allied healthcare professionals support less ill patients in self-care and healing. Technology has the ability to completely challenge and change every aspect of how we practice medicine. Physicians have a critical responsibility to learn about and adopt the technologies that will help them help their patients.

Snapshots From Around the Country

#CIRInAction

CIR members join thousands of other union members to march in the 2015 New York City Labor Day Parade

CIR leaders from Jackson Memorial Hospital join the Fight for $15 in Miami

Dr. Claudia Alvarez speaks at a press conference in Sacramento to lobby for stricter tobacco laws in California

RowanSOM residents hold a press conference in South Jersey demanding a fair contract after almost two years of negotiating

This October's What's Your QI IQ? conference in New York City focused on how to publish academic research

New York City residents toured Harlem and the South Bronx to learn more about their patients and their communities

High school students in Newark toured Rutgers-NJMS and spoke with residents as part of the Physician Pipeline Diversity Event to foster diversity in medicine

CIR leaders teach a class to elementary school children in the Bronx as part of the Family Health Challenge

Howard University Hospital residents mentor local youth from the Washington, D.C. area on the medical profession

University of California-Irvine residents rally for a fair contract at their Labor Day picnic

Southern California residents enjoy an evening at the Los Angeles Natural History Museum to kick off the new academic year

Jackson Memorial Hospital residents hold their annual Housestaff Appreciation Day in Miami

CIR VITALS
Committee of Interns and Residents/SEIU Healthcare.
The magazine keeping the pulse of CIR/SEIU

Stay Connected

TOP SECRET

Are you Leading a Double Life?

In an upcoming issue of Vitals on "The Secret Lives of Residents" we'll feature the stories from and about residents that we never hear about.

Did you grow up in a traveling circus? Do you have an interesting background? A side business? Did you recently find out you were a twin? Have you ever played a sport professionally or semi-professionally?

Tell us your stories (and the interesting stories of your colleagues--with their permission of course). What is your life like outside of the hospital? What fortuitous events led you to where you are today? Let us know!

Vitals@cirseiu.org