



# The Inside Scoop on Residency

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Committee of Interns and Residents / **SEIU**Healthcare.



# Taking Back Our Well-Being

Two months ago, I received word about something we all fear hearing but rarely speak openly about. One of my fellow CIR members was found dead, having jumped from the window of her apartment building. Work ground to a halt that day for many people, particularly her friends and colleagues at the hospital.

“It does not matter how close or far away you were from this girl, we all felt some degree of heartbreak at the news,” wrote a colleague in an anonymous piece posted on KevinMD.com. The author described the need to process, to grieve, to give and share support with one another. Some were afforded time and space to do this; some were expected to work through their shock and grief.

It’s all too common for residents to feel they must push aside their emotions in the wake of tragic or otherwise difficult events and carry on as normal. We become resigned to a certain culture of residency that requires us to check our well-being at the hospital door and work past our limits, physically and emotionally.

It’s time now for us to speak up together and change that culture.

In the beginning of my training, before the 16-hour work limit for interns was established, there was not a single day that I left the hospital before midnight or got more than three to four hours of sleep per night. I’ve thought many times in retrospect about how I was doing wrong by my patients, but when you’re in the midst of it, you don’t realize the danger that you’re in. I’ve seen mistakes happen due to lack of sleep, and it’s devastating for the patient, devastating for the doctor who makes the mistake, and devastating for everyone else involved.

Our colleague who recently died by suicide, our colleagues who struggle with substance abuse, and the mistakes we see or that we ourselves may make are all stark reminders that residents should not be considered an excepted class, expected to put aside our own well-being.

So what do we do? How do we take back our physical and emotional well-being and keep those aspects of our lives that threaten our well-being in check?

Acknowledge and accept that it really is okay to say “I’m exhausted.” Whatever anyone else might say, it doesn’t make us weak and doesn’t mean we can’t handle residency. Identify sources of stress, such as an inefficient system that we can help remedy. We have a seat at the table in our hospitals to creatively think about and implement change. Having a voice makes a difference. We have thousands of members across the country with whom to share experiences, share stories, and share ideas, which is a huge, valuable resource.

We should use this time to train our bodies and minds to balance the stressors of medicine. I encourage you to take learning seriously and also to set aside time to unwind and have an outlet. You *can* have a personal life outside of your training.

Remember that none of us are alone. We are part of an organization that has 60 years of experience in lifting the voices of residents collectively, and we know that there is a strength in numbers.

As we approach a new academic year, whether you’re beginning your residency, heading into another year of training, or moving on to the next chapter of your career, I hope you’ll join me in speaking out to continue changing and improving the culture of residency.



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## Lobby Days: Healers & Advocates

### FLORIDA

In what has become an annual tradition, five Miami residents boarded a plane to Tallahassee on February 17 to advocate on behalf of their patients and adequate funding for Jackson Memorial Hospital, the largest safety-net hospital in Southern Florida and largest public hospital in the state. As always, housestaff partnered with nurses from SEIU local 1991 in an effort to build solidarity across the hospital and highlight how important adequate funding is to all employees and patients at Jackson.

The hospitals and clinics at Jackson Health System treat the highest rates of uninsured and Medicaid patients in the state. Although Jackson's financial outlook has stabilized in recent years, it is only a few years removed from fiscal crisis. The Governor and the state legislature's refusal to accept federal funding to expand eligibility for Medicaid disproportionately affect the patients who go to Jackson for care.

Since a majority of the residents were in Psychiatry, sufficient funding for mental and behavioral health was also an urgent topic in their discussions. The state ranks 49 in the nation in funding mental-health services, spending \$40 per person, compared with a national average of \$122.

"After the lobby day I was able to see that the politics of medicine can affect our day-to-day and, more importantly, how these policies directly impact our patients' health," Dr. Onyinye Ugoji, a Psychiatry resident. "If we don't get adequate funding, we can't treat patients."

### NEW YORK



Social determinants that too often lead to poor health outcomes are a reality that most resident physicians working at safety-net hospitals grapple with every day. On March 2, CIR leaders

from New York headed to the state capitol to advocate on behalf of their patients by highlighting the many barriers to care their patients face outside of the hospital.

"So many of the issues we see in our hospitals are preventable. If patients have paid leave time, access to quality healthcare and can earn a decent wage, then they don't have to choose between things like housing and health," said Dr. Eve Kellner, incoming CIR President, 2016-2017.

The lobby day focused on three issues: Paid Family Leave insurance that will ensure that working families have the time to care for themselves and their loved ones who are seriously ill; the Coverage 4 All Campaign, which advocates for statewide health insurance for the 450,000 New Yorkers currently excluded because of their immigration status; and the Fight for \$15, which seeks to raise the minimum wage.

## Massachusetts Residents Fight the Opioid Addiction Epidemic

After a public campaign by CIR leaders at Cambridge Health Alliance and Boston Medical Center, 5,000 physicians in training gained access to the Massachusetts Online Prescription Monitoring Program (PMP) in December.

As Cambridge resident Dr. David Scales wrote on WBUR's Commonhealth blog, "The database is a major piece of the state's effort to stem the overdose epidemic. Checking its critical data on patients' past prescriptions can mean the difference between prescribing a much-needed pain medication or wrongly prescribing what turns out to be an overdose."

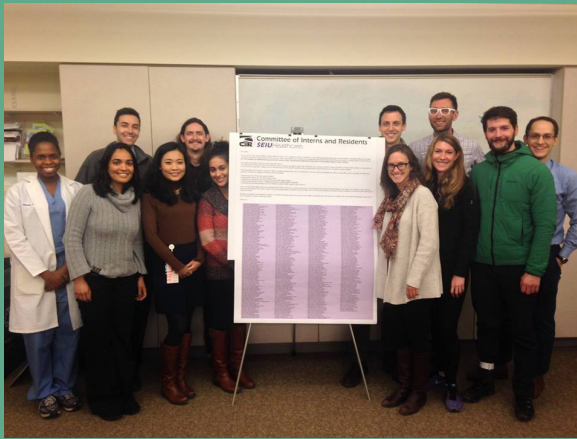
Previously, resident physicians did not have direct access to the state's database to see if a patient had active prescriptions from other doctors, forcing them to seek out an attending to review prescription records online.

Physicians gathered close to 300 signatures and presented a letter to Gov. Charlie Baker and Massachusetts HHS Secretary Marylou Sudder. Leaders have been invited to be part of a stakeholder group which will consult on the implementation of the Massachusetts Prescription Awareness Tool, a more robust version of the PMP that will have the capability of connecting with 42 states.

Massachusetts CIR leaders are also urging elected leaders to support guidelines or requirements for curricula to educate physicians-in-training on this issue.



## Boston Medical Center, Massachusetts



On April 6, CIR leaders at Boston Medical Center presented a letter to CEO Kate Walsh signed by 450 housestaff, asking her to include them in the hospital's new \$15 per hour wage minimum. Starting salaries currently amount to \$13.90 per hour when the average work hours are factored in.

## Cambridge Health Alliance, Massachusetts



Despite a budget crisis and a round of voluntary layoffs, residents at Cambridge Health Alliance won a continuation of a patient experience bonus in their latest three-year contract, ratified in April.

The 18-member bargaining team, representing 116 residents in nine programs, negotiated a \$500 bonus for all housestaff, plus 3 percent increases over the life of the contract. The patient experience bonus will award residents \$500 each if the hospital's patient satisfaction scores improve by a minimum amount by June 30.

Substantial changes in work space will now be a mandatory subject of notice and discussion, an important change for the housestaff who have in the past year seen several significant work space changes with as little as two days notice.

## St. Mary's Medical Center, California

A strong group of leaders at St. Mary's Medical Center in San Francisco came to an agreement with the hospital in February on their first CIR contract. The 58 residents in internal medicine, podiatry and orthopedic surgery will see 2 percent increases this year and 2.3 percent in 2017, a \$3,500 annual housing allowance, \$800 Educational Fund, and a Patient Care Fund and Quality Improvement Fund totaling \$12,000, as well as improvements to resident workspaces. St. Mary's is the third hospital in the Dignity Health chain to form a CIR chapter.

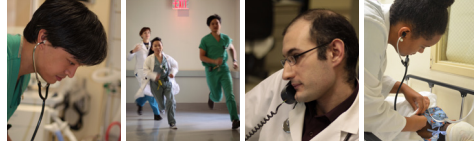
## RowanSOM, New Jersey



The CIR bargaining committee of RowanSOM, representing 230 residents in New Jersey, capped off two years of negotiations with the hospital in February with a contract settlement — the first since Rowan University took over the School of Osteopathic Medicine from the former UMDNJ. Members won a number of improvements to the contract, including 1.75 percent salary increases retroactive to July 2014 and 1 percent retroactive to October 2015, an increase to their educational allowance, up to \$1,000 in conference reimbursement or journal submissions and publication, increased scheduling flexibility, and contract language protecting education time.

Despite the long negotiation process, the members at Rowan never let up on the pressure, or on their own unity in the face of a tough fight from the other side of the table, most notably with a press conference and rally held in the rain by 50 Rowan residents demanding respect.

"We work an average of 80 hours per week," said Dr. Kay Yoon-Flannery, speaking at the press conference in October. "We cure cancers and transplant organs. We sacrifice our own well-being and time with our family members. We always put our patients first. We deserve dignity and a fair contract *now*."



# Howard Residents Inspire Future Generations



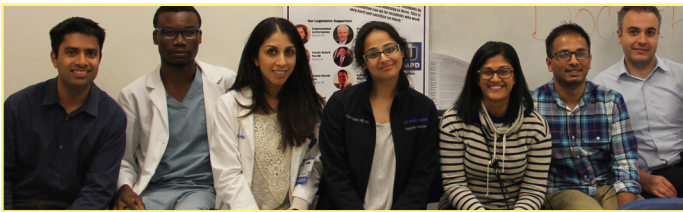
A contingent of Howard University Hospital residents were enthusiastically received by students at the Columbia Heights Educational Center for Career Day with Doctors, an event to inspire the next generation of physicians of color. For over 150 years Howard University Hospital has served the African American community of Washington, D.C., and is the only teaching hospital on the campus of a historically Black college/university.

On November 9, physicians representing internal medicine, orthopedic surgery, pharmacy, and ophthalmology held an informal panel discussion for over 150 junior high and high school students about the process of becoming a doctor. Residents shared stories about why they went into medicine, what barriers they had to overcome, and the range of different post-residency plans (and salaries) among the panelists.

“It’s very important that students see doctors who look like them, come from their neighborhoods and speak like they do. It’s easier to believe they can achieve it when they see that others like them have already,” said Dr. Chad Hines, Internal Medicine.

The Career Day presentation was immediately followed by a representative of Howard University recruiting students for summer internships in Medicine and Pharmacy.

# UC Irvine Residents Win Housing Allowance, Education Funds in First CIR Contract



University of California Irvine Medical Center residents ratified a three-year contract providing a \$2,900 housing stipend to housestaff living within a certain radius of their training sites, educational reimbursements of \$750 next year and \$1,000 each year after that, and a host of other benefits.

This first contract represents a major victory for residents who endured a lengthy challenge to their right to form a union and protracted bargaining.

Residents at the Orange County hospital showed a united front and persevered through dozens of bargaining sessions, a change in leadership at the hospital and medical school, and the challenges of creating a collective bargaining agreement that meets the needs of some 600 residents spread out among 12 work sites in Orange County and Los Angeles County.

“Having a contract will make us feel like our voices matter and that our patients’ voices are being heard, and that we’re part of the larger institution providing care to the people of Orange County,” said Dr. Ruchi Kapoor, an internal medicine resident who was part of the bargaining committee.

Dr. Kapoor and her colleagues wrote op-eds, testified before the University of California Board of Regents, met with local politicians, spoke out at town hall meetings and rallies, and gathered hundreds of petition signatures during the course of the campaign.

# Global/Local Challenges

Dr. Tiffany Chioma reflects on Haiti relief mission



Soon after I placed a breathing tube in our very sick patient at Hospital Bernard Mevs in Port-au-Prince, Haiti, the Emergency Department team connected her to our last ventilator. Shortly thereafter, a flatbed truck pulled up. Inside was an older woman, unresponsive, on a bed of pillows in the bed of the truck. Her daughter sat with her and kept her covered with a blanket. When they arrived outside of the ED, I was called to assess her in the truck. After seeing her I knew she would need a breathing tube, ventilator, and CT scan of her brain.

The family explained to one of our Creole translators that we were the third hospital they visited that day and no one had space to help them. I stood outside, my mind racing, trying to troubleshoot how we could take care of her. I briefly excused myself, discussed the case with the other medical staff and made the tough decision to turn her away. We had no space and no life sustaining equipment left. I saw her daughter, disheartened, cover her up again with the blanket and they drove away.

I participated in a clinical elective funded by CIR in Haiti. The hospital is partnered with a non-profit called Project Medishare based in Miami, Florida. Bernard Mevs houses the country's only critical care and trauma hospital, newborn and pediatric intensive care units, and various surgical subspecialties. They have CT scanning capabilities, an orthotics and prosthetics laboratory, and one of nation's most advanced wound care programs. It also has pediatric and neurosurgical residency programs.

I worked primarily in the ED and Intensive Care Unit at the hospital. I was able to provide clinical care, ultrasound instruction, and teach medical students and residents how to manage many complex patients at once. People in Haiti, like many under-resourced nations, often seek medical care only when they are truly ill, which makes acuity exceptionally high. I encountered various Level 1 traumas and took care of patients with serious medical emergencies, including a 38-year-old female with severely elevated blood pressure who succumbed to a subarachnoid hemorrhage.

My Haiti experience came at a perfect time in my residency career. Earlier in my training, if I had the aforementioned encounter, it may have generated negative comparisons in my mind between the U.S. and Haitian healthcare systems. I may not have taken into account the unique circumstances around why certain decisions are made in the Haitian healthcare system.

Having worked in various clinical environments as an Emergency Medicine resident, I realize that every community has challenges in providing healthcare to patients, and though our problems in the U.S. may not be turning patients away, we suffer from other issues such as poor access to care in underserved communities, medication and treatment plan non-compliance, reliance on advance testing and stringent malpractice laws. With this in mind, it is easier to go abroad and be grateful for our medical advances here in the U.S., while maintaining a non-judgmental attitude. My training and experience helped me recognize that despite medical limitations in Haiti, their medical professionals and the medical system are caring for their patients the best they can.

I have always been interested in spending some part of my career working abroad, but was never quite sure the best way of going about it. The difficulty for clinicians who want to spend time abroad is negotiating how they will fulfill their professional interests in their home country. CIR funded a one-week clinical elective that was the perfect amount of time for me.

*Learn more about the program and how to apply at [www.cirpei.org/haiti-relief-program](http://www.cirpei.org/haiti-relief-program).*





# The Advice Issue

CIR has collected advice from scores of residents who have been in your shoes! How do you maintain relationships outside of the hospital when you work 80+ hours a week? How can you get enough rest so you're not trying to complete charts on 4 hours of sleep? From parenting to dating & relationships to self-care and time management, read what the veterans have to say!

Internship is a year of management. You will learn how to manage your patients, your expectations, your nurses/support staff, and your stress. You've got everything you need inside of you to succeed. Go fearlessly forward!

— Erica Lubliner, Kern Medical Center, Psychiatry

For anyone coming in as a new resident, definitely become a member of CIR. I always wanted to be a part of the union because that's how we get our power. When you feel like you don't have any support, you're less likely to stand up for yourself. What I got from CIR is that you're not the only one having issues. Being able to share solutions to common problems helps to ease the the struggles of residency.

— Sowande Buckmire, Bronx-Lebanon, Family Medicine

I wish I had known how easy being involved in CIR was going to be. That's not to say it isn't extra work, or that it doesn't take up time. But by and large the bulk of what we do as CIR delegates is what we would do anyway for our fellow residents anyway: improve our programs, help our colleagues, and advocate for our patients.

— Jacob Bailey, LAC+USC, Med-Peds

While learning your new role as an intern, being in CIR is like having an older sibling who looks out for you. Eventually you will figure it out, and then you will be the older sibling with the responsibility to look out for younger physicians-in-training. Remember that being in CIR does not take away from your training; it actually enhances your skill set.

— Peter Ureste, LAC+USC, Psychiatry

People are going to get sick whether you are there or not. It's the positive that you bring to that person's/family's life that makes the difference.

— Vahe Akopian, LAC+USC, Neurology

Take the extra minute in the morning to find out something about your patient as a person.

— Juliana Morris, SFGH, Family and Community Medicine

Take advantage of the union's ties with the hospital administration. Many more opportunities are open to those that utilize and build on each CIR-associated program's relationship between residents and administration.

— Pranay Parikh, LAC+USC, Internal Medicine

I wish I had known my strengths and weaknesses. You've got to keep in mind that you're not going to be perfect at everything. Even though you have support, there aren't always training wheels.

It's okay to say "I need a moment, I need help." We've all gone through that experience before and it's better to talk about it than keep it to yourself. I promise there are people who feel the same way and hearing it would be helpful. For me, stopping and reflecting on what happens has been helpful. There will be days when you feel drained, you might have to cry, you might need a cocktail when you get home or to go shopping. Find whatever it is that makes your day-to-day feel better. But also know that it will get easier.

— Camille Rodriguez, Jacobi Medical Center, Pediatrics

# Things I Wish



A lot of the residents who come here aren't necessarily from the U.S. or from this area, so they're transplanting here either from a different city or from a different country, and being alone is difficult. Even if you're friends with people here at the hospital, seeing them outside of work is necessary. That said, when you go home, it's still not the end of work. You still have to balance work with education, studying, research, doing everything else you need to do.

— Kristal Ragbir-Toolsie, Bronx-Lebanon, Internal Medicine

## Self Care/ Well-Being

Be unapologetic about your self care. Commit to your health, mind, body, and spirit. Don't apologize for it; do it. Schedule some time for joy. Put it on your schedule like you do everything else. Define joy however you want to, it's different for everyone. It's that which makes your heart sing.

— Toni Lewis, former CIR President (2007-2010), current Chair of SEIU Healthcare

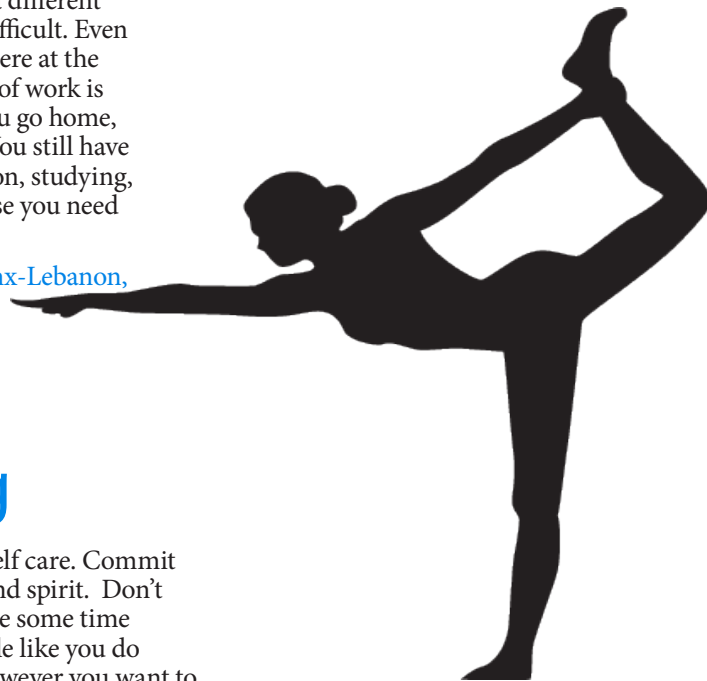
Eat the best food you can. Sleep the best you can, and store up on good sleep before night float if you can. When you're not at work, prioritize the people you love. Ask any questions you want to. Safety is always better than ignorance.

— Alison Duncan, UNM, Psychiatry

## Dating & Relationships

I was lucky because I was already married when I started residency, but other residents are doing online dating and have found it pretty successful, although they say it's hard to pick a day when they're free or not exhausted. I can't see my husband every day, but communicating throughout the day, even if it's just a text, makes a big difference. Staying in touch however you can with loved ones keeps you connected and can help you make it through those long days and nights. And making sure you don't constantly talk about work when you're at home is important too. Your whole life doesn't have to be work.

— Camille Rodriguez, Jacobi Medical Center, Pediatrics



Women, in general, have a harder time saying no. But saying yes all the time leads to burnout - it's ok to say no and draw boundaries.

— Advice from Panelists at Northern California's Women in Medicine Mentorship Discussion

Self-care is crucial in residency and as a physician. There will always be people around who complain -- people get tired, cranky, and have all types of things going on in their personal lives. Hearing negative comments from patients or staff can get discouraging if you take it to heart every time. Try to stay positive and remember why you're in residency.

Celebrate the small, day-to-day accomplishments. Try to maintain perspective and a positive attitude. And above all, take care of yourself in and out of the hospital to help prevent burnout.

— Dyani Loo, UNM, Psychiatry

In terms of work/life balance, you have to kind of steal that time. Make sure you have your outlet, definitely a healthy outlet - the gym, something artistic, something you never thought you would do but you thought it might be fun - just do it, steal that time away to do that.

— Sowande Buckmire, Bronx-Lebanon, Family Medicine

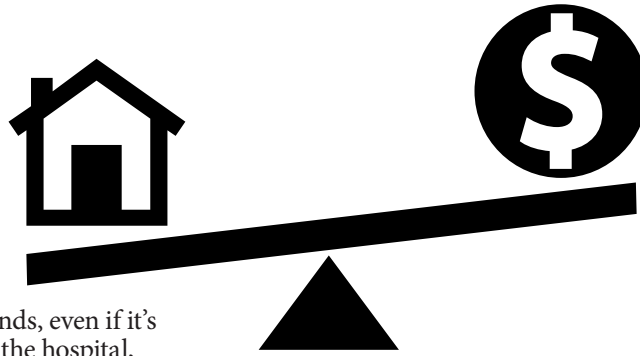


# They Told Me

Sleep when you can. Make friends outside of residency as much as you can, and actually see them! Realize that you are actually helping. No matter how much you feel like you failed, whatever you did helped someone.

— Emily Lu, SFGH, Family and Community Medicine

## Work/Life Balance



When you go out with friends, even if it's friends or colleagues from the hospital, talk about something other than work. Talk about books, talk about theater, talk about museums. Find something other than work.

— Aruna Mishra, Bronx-Lebanon, OB/GYN (Attending)

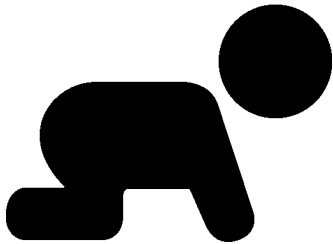
You have to be honest with yourself about what you want. If you want to focus solely on your career, that's fine. If you want to have other things outside of your career, that's okay too. Go to work, see your patients, do the best you can with them, and leave. And go live your life the way you want to. But don't be dishonest with yourself because you feel like you have to do something or be a certain kind of doctor because that's what you saw. You're never going to be happy unless you're honest with yourself.

— Lisa Loehrke-Sichart, Bronx-Lebanon, OB/GYN (Attending)

Find something about residency, about what you're doing, that's fun, and interests you. Whether it be the people that you work with, the staff, or the patients, just find something that you like about it. For me, I can say the excitement and challenge of helping people who come through the doors of our hospital.

— Sowande Buckmire, Bronx-Lebanon, Family Medicine

## Parenting



I came into medical school married and I'm in my fifth year of training for general surgery, and I'm pregnant with my third baby. It's rare for a resident - let alone a surgery resident - to be pregnant during residency. A lot of people ask, "How do you manage your family life when you're a very busy surgical resident?"

Often people will warn you that if you want to be a successful surgeon you have to give up your family life. But I've been pretty successful - I got my top pick for fellowship. There are sacrifices I've had to make: I've missed my kids' birthdays, or I've not

been able to take them to their first day of school, but overall I haven't had to sacrifice my career for my family.

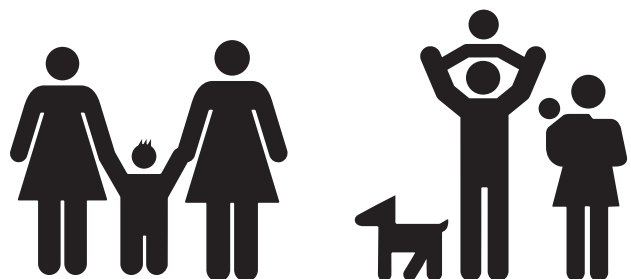
I think it's important for female residents - or anyone interested in having a family - to know that it's not impossible to do it during a busy residency career. It's important to let residents know that if you think you're alone, or you're struggling academically or clinically, that CIR is an outlet for them. Even if you think your one voice is too small, it matters if you stand together.

— Kay Yoon-Flannery, RowanSOM, Surgery

## Family Time

Don't underestimate the importance of having family and friends to support you outside of the hospital because residency is a long, tough, arduous journey. It's going to take a lot out of you. You're going to be working longer hours than you expect on some days. You'll be surprised when you go outside and see the sunshine. And to have people on the outside of the hospital to support you is very important.

— Kristal Ragbir-Toolsie, Bronx-Lebanon, Internal Medicine



# The Power of a Collective Voice



**C**ynthia Stotts, DO, is an inpatient pediatric ward and PICU attending at Los Angeles County+USC Medical Center and recently spoke on the Women in Medicine Alumnae Panel at CIR's Resident Leadership Conference. She completed her residency at LAC+USC and was the President of the

Joint Committee of Interns and Residents (JCIR), the union representing residents at Los Angeles County hospitals until joining with CIR in 1997.

## How did you get involved with the union during residency?

I went to a meeting about the Patient Care Fund. When I asked how much money there was available, I was told that we'd spent about half of the \$400,000 we had for the year. That fund came because the residents in the 1970s gave up 10 percent salary increases and put it into this pot to buy the things that they needed in order to make them better able to do their jobs.

"What are we doing with the other half?" I asked. No one was really sure. So I said, "Okay, let's get organized and spend this money." And we organized ourselves, saying, okay, this department gets this and this department has this list of needs, and we were all collaborating. In the process we made significant improvements that you could see year after year. And all of this

was just advocating for what people wanted - what made a better residency, what made a better training program, what made a better place to take care of patients.

## What can we do to help residents - particularly women - maintain their careers while also dealing with other life issues?

Accommodate women's issues so that women can have careers the same way men can. We used to say that if you had a female intern that was of the child-bearing age, you could count on them being out at some point, and it was seen as something unique to women. It was a source of discrimination. But now the guys go out for six weeks too, so all of a sudden there's less separation between the genders on this. I think that's great.

Everywhere that you can get language that facilitates people doing part-time work so that when life happens they can deal with it and not lose their career, keep working on those issues. Think about what could happen in your life and what protections would allow you to deal with it and then come back and reintegrate into residency. Get that language into the contract.

## What is the importance of being part of a union and being active in the union during your residency?

I was the president of JCIR, and all I was was the voice for what everyone else was either too busy to say or too fearful to say. It can be quite intimidating to speak up, especially when you're in the lower tiers of residency, but it's got to be the residents who speak up. A union is the members. You need the help and support of others, but you need that support to do what you need to do for yourselves.

## Think You're a QI Expert? Test Your Skills!

The CIR Policy & Education Initiative is introducing a unique online training designed for busy residents who want to improve patient outcomes; redesign clinical workflow for greater efficiency, learning and satisfaction; or offer evidence of QI learning to program directors (and the ACGME)

*Plan, Execute, & Publish!* is a package of 4 online training modules that deliver the basics of how to do a quality improvement project.

Residents can use these modules – each about 30 minutes long – to develop skills on:

- Understanding Quality Improvement
- Designing a QI project
- Managing a QI project
- Publishing a QI project

Nationally-recognized faculty with extensive experience in QI teach each module, offering practical examples that speak to real-life demands. You can get started today by visiting: [www.qigateway.healthcourse.com](http://www.qigateway.healthcourse.com)

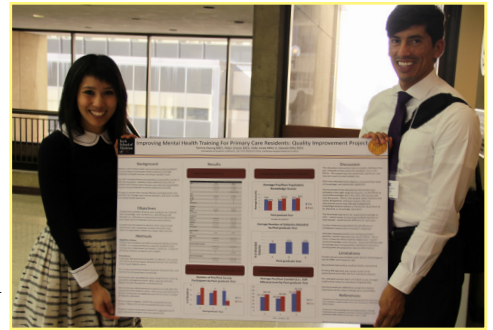
*Plan, Execute, & Publish!* is a project of the CIR Policy and Education Initiative, with funding provided by the CIR Benefits Funds and the Committee of Interns and Residents.

## California Resident Leadership Conference

*“How do I find the right balance between my training and my life outside of the hospital?”*  
*“What are the most important elements of my employment contract after residency?”*  
*“What are some of the specific needs of my LGBT patients?”*

These are just a few of the questions that residents in the Los Angeles area addressed at the Resident Leadership Conference held on April 2 at the USC Health Sciences Campus.

“Take the words ‘just’ and ‘lucky’ out of your lexicon,” advised Keynote Speaker Dr. Lynn K. Gordon, Senior Associate Dean for Diversity Affairs at UCLA’s David Geffen School of Medicine, speaking to attendees on the topic of “Imposter Syndrome,” the fear, often among high-performing individuals, that they don’t deserve their accomplishments.



In the workshop on Improving Quality of Care for LGBT Patients, Dr. Edward Callahan, Associate Vice Chancellor of Academic Personnel for the Schools of Human Health Sciences at UC Davis, helped participants tackle the difficult topic of unconscious biases and their effect on patients. One of the powers we have is to make others uncomfortable,” Dr. Callahan remarked on making change in the healthcare system. “That can be very valuable.”

Continuing the theme of the power of change was Dr. Mitch Katz, Director of the Los Angeles County Health Agency. Dr. Katz took residents through the path of his own career, highlighted by his work during the height of the AIDS crisis in Northern California, during which he studied illegal needle exchange programs and advocated for their expansion to help reduce HIV transmission.

Over at the Women in Medicine Alumnae panel, several former CIR members spoke on what it means to be a leader in medicine. Dr. Susie Morris, forensic psychiatrist for the Department of Mental Health, capped the afternoon off with this: “I never felt that my gender or sexuality were things that held me back. They’ve only made me more powerful.”

Residents also presented posters on various topics. A full list of the posters presented at the conference and the winners is available at [bit.ly/qiposters](http://bit.ly/qiposters).

## Kings County Poised to Become Hemangioma Center of Excellence

Patient Care Trust Fund Grant Buys Critical Equipment



Pediatric patients with hemangiomas or other dermatological conditions will now have access to the optimal treatment without having to leave Brooklyn, thanks to the purchase of a pulsed dye laser for Kings County Medical Center.

The laser will be funded by the CIR Patient Care Trust Fund (PCTF). CIR Members established the PCTF in 1978 for residents to purchase equipment and educational materials. Today, the PCTF has expanded to also cover patient safety and quality improvement projects in individual hospitals and throughout the NYC Health+Hospitals system (the new name for HHC).

“Our full-time pediatric dermatologist is a local and national expert on hemangiomas,” wrote Dermatology Fellow Dr. Marjon Vatanchi in her grant application. “As a result, she and our department attract a high volume of referrals for the diagnosis and treatment of hemangiomas and other vascular anomalies. One of the mainstays of treatment for these and other lesions involve the use of a pulsed dye laser. Unfortunately, there is not a single pulsed dye laser for use by any department within the hospital.”

Dr. Sharon Glick, Director of Pediatric Dermatology at Kings County, is the only academic pediatric dermatologist in Brooklyn and will open an afternoon clinic devoted to patients that can use this treatment option.

PCTF equipment applications will open again in Fall 2016 for any residents at NYC Health + Hospitals institutions who have identified equipment needed to improve patient care.



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# CIR's Quick Guide to Residency

## ● Need to connect with someone at CIR?

Call the national office at **212-356-8100** or email [info@cirseiu.org](mailto:info@cirseiu.org) to speak with an organizer.

## ● Wondering what's in your contract?

Find your hospital here: [www.cirseiu.org/benefits](http://www.cirseiu.org/benefits)

## ● Need a little something extra?

Check out CIR's many Members Only discounts to save money on scrubs and white coats, gym memberships, Kaplan Medical Test Prep, student loan refinancing, and more:

[www.cirseiu.org/benefits](http://www.cirseiu.org/benefits)

## ● Unsure about which student loan repayment plan is best for you?

Read up on your options and find resources here: [www.cirseiu.org/student-loan-information](http://www.cirseiu.org/student-loan-information)

## ● Thinking about a Quality Improvement or Patient Safety project?

Talk to your CIR organizer.

## ● Want to get involved?

Talk to your hospital's CIR delegates or your CIR organizer about upcoming meetings and events!

