



NEWSLETTER



JANUARY - FEBRUARY 2009

ACGME SITE VISITS UHIMRP

On October 22, 2008, Dr. Michael Valdez conducted a site visit of the UHIMRP for the Accreditation Council of Graduate Medical Education (ACGME). Dr. Valdez's background included a surgical internship then a residency in Preventive Medicine. He had a distinguished career as a Naval physician, including serving as the director of an Aerospace Medicine Residency, before his retirement and joining the ACGME field staff in 2004. He told us that the competition to receive the assignment to site visit training programs in Hawaii can be fierce.

As the major accrediting body in the world for graduate medical education, the ACGME has the responsibility for ensuring the quality of more than 8,000 residency programs in the major specialties and

subspecialties. There is a Review Committee (RC) for each of the major specialties and related subspecialties as well as for Transitional Year programs. The ACGME reviews about 2,000 programs per year. The interval between site visits averages 3.5 years. A longer cycle between visits generally indicates greater compliance with ACGME standards and a capacity for the program to provide a quality educational experience.

The site visitor serves as the fact-finder who compares the information he/she derives from the site visit with the information provided by the program in the comprehensive and often extensive Program Information Form (PIF), which is submitted a few months ahead of the actual visit. Dr. Valdez interviewed the Program Director, Program

Administrator, Department Chair, and key clinical faculty who are actively involved with resident teaching and evaluation. The most important aspect of the site visit may be the interview with peer-selected residents. During this session, the site visitor does a reality check between the residents' reports with the PIF, the administration's and faculty's descriptions of the program. The residents who participated in this site visit included Drs. Kahea Rivera, Ryon Nakasone, Ashlee Nekoba, Jon Dworkin, Cody Takenaka, Joey Kohatsu, Emily Diep, Robert Eager, Soma Subramanian, Jennifer Kaya, and Kristi Lopez.

The site visitor also gathered updated information as our site visit had been delayed

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KNOW THE ACGME

COMPETENCIES

- PATIENT CARE
- MEDICAL KNOWLEDGE
- PRACTICE-BASED LEARNING & IMPROVEMENT
- INTERPERSONAL & COMMUNICATION SKILLS

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

~compassion, integrity, and respect for others.

~responsiveness to patient needs that supersedes self-interest.

~respect for patient privacy and autonomy.

~accountability to patients, society and the profession.

~sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

SYSTEM-BASED PRACTICE

"WHEN MEDITATING OVER A DISEASE, I NEVER THINK OF FINDING A REMEDY FOR IT, BUT, INSTEAD, A MEANS OF PREVENTING IT."

LOUIS PASTEUR

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SELECTIONS BY DR. BRUCE SOLL

It's impossible to have a great program without great residents. You might think that it's easy to fill 17 categorical and 6 preliminary positions when you get over 1,200 applications every year. It's not. Getting the residents you want is difficult. There are 372 Internal Medicine programs in the US looking for 4,860 residents each year. Everyone wants the brightest

and the best. Competition is intense. If you want to succeed in this environment you have to be well organized and hard working. Our Recruitment and Selection Committee is both.

Recruiting from the middle of the Pacific is a challenge. We have tried many ways to get the "word out" about our program. What has worked best is our web page, and other



websites such as scutworks.com, and word of mouth. Of these, recommendations and praise from successful graduates is best. Our reputation among faculty and students in international and mainland

SITE VISIT, CONT.

twice, which gave us time to effectively respond to the restructuring at HMCE. In addition, Dr. Valdez asked for a tour of the facilities at The Queen's Medical Center which is our principal teaching hospital. QMC Chief Resident Dr. Prashant Verma and DME Dr. Bruce Soll led the way to the newly-refurbished Iolani 5 Residents Conference Room and Tower 7 call rooms. He also walked through the Tower 4 MICU, and met Dr. Scott Gallacher and the ICU team on their bedside rounds.

After the site visit, the site visitor writes a report of the information gathered. This report is intended to be as objective as possible and specifically does not contain personal opinions or recommendations regarding accreditation or cycle length. True to his mission, Dr. Valdez was objective and extremely thorough. He noticed a candy wrapper on the floor in the Tower 7

corridor, and the slope of the floor in a corner on Iolani 5. (Fortunately, there are no standards about floors in the Internal Medicine RC requirements!) This report along with the PIF, serves as the basis on which the Internal Medicine Review Committee will determine our compliance with ACGME requirements and the date of our next scheduled visit. We will hopefully be reviewed at the Internal Medicine Review Committee meeting in January and know our accreditation status in February 2009. However, Dr. Valdez informed us that there is a chance we could be reviewed as late as May 2009.

Program Administrator Kari Noble worked uncountable hours to ensure timely completion of the "CAAR" which is the unique Internal Medicine version of the PIF. One has to actually complete a PIF to understand the extensive effort it takes to write, revise and often rewrite several times an

accurate, detailed yet clear PIF. The extensive data-gathering exercise involves pulling together often complex information from multiple people and sources who may or may not be as engaged in the accreditation process. The smooth flow of the site visit day was also largely attributed to Kari's efficiency and experience from previous Transitional Year program site visits.

We are praying for a review in January and a reasonable cycle length as the implementation of the new Internal Medicine RC requirements take effect in July 2009. These changes, including increases in Continuity Clinic, will pose a significant challenge to implement without adversely impacting other components of our educational program.

Please visit the
ACGME website
to learn more!
www.acgme.org



SELECTIONS, CONT.

schools is growing each year.

As you know, we have established ties in Japan, Thailand and Singapore. Many of our former residents are now in leadership positions in medical schools in these countries. They are now sending their outstanding residents to us. Our faculty has traveled to Kobe University for the last three years to teach and learn from our Japanese colleagues. When they visit they also recruit and interview.

The selection process is complex, hard work. We are successful because we work as a team. Dr. Bello, Angely Andrade, Traci Randolph, Kari Noble, key faculty, and the current and incoming chief residents comprise our team. Residents have always been involved, however, this year we increased their participation by introducing a Wednesday night social for applicants and residents. Feedback has been very positive.

Please thank Prashant, Katsu, and the residents who have volunteered their time for making this a success. We also relocated the applicant lunches from Oahu Country Club to Queen's and Kuakini. This change has increased resident participation and made the atmosphere more informal.

Reviewing over 800 categorical and 400 preliminary applications in a thoughtful fashion and finding gold nuggets is very difficult. The solution: team work. This year we upgraded our first pass screening that Angely and Traci perform. Detailed second pass screening is done by me, Dr. Judy Rudnick, Dr. Emilio Ganitano, and Dr. Sam Evans. Each person is given a specific category of applicants to review. This year ERAS introduced off-site web-based review which made this review much easier. It also made it possible for Dr. James Madison, a UHIMRP graduate, to screen applicants from Oklahoma

We introduced mainland interviews with graduates of our program for the first time this year. The committee felt that the cost of airfare and the economic down turn would limit the number of applicants that would travel to Honolulu to interview.

Last year we began a process of shaping our rank list to meet our program and community manpower needs. We will enhance that process this year. Recently, Dr. Bello and I met with Art Ushijima and the leadership at Queens. They will develop a physician manpower statement and share it with the committee. We will use this information for the first time this year to shape our rank list to fill not only the community and program's needs, but the needs of our major sponsor as well.

BITS & PIECES

Dr. Dennis Bolger is stepping down as the Coordinator for the UH Hospitalist service. Dr. Michael Pfeffer, who did his Internal Medicine training at UCLA and where he was also Chief Medical Resident, will be taking Dr. Bolger's place. The Program is very appreciative of Dr. Bolger's contributions to the residency program, and in particular, for the considerable time he spent on the Consultative Medicine and Inpatient written curricula. We know he will continue to participate in the UH Hospitalist service as an attending. We look forward to working with Dr. Pfeffer who in his short time here has already demonstrated excellent clinical patient care and interpersonal and communication skills.

It's a Girl—Welcome Baby Hirota! Transitional resident Michael Hirota & his wife, Sherrie, welcomed their little girl, Ashlyn Malie Rose Hirota, to the world on New Years Day (1/1/09) at 9:05am! Malie means "calm." She weighed 6lbs, 3oz. and was 19.75 inches long. What a way to start out 2009!

Congratulations to Song! Level 1 resident Dr Song Ching Ong was awarded a \$900 grant from the National Kidney Foundation to attend their national meeting in Nashville in March 2009. Song plans to apply for Nephrology fellowship next year.

SCHEDULE OF EVENTS

- **Tuesdays** - Academic 1/2 Days
- Now taking orders for the ALOHA MEDICINE T-Shirts!
- **November-January:** Mid-Year Meetings with Firm Directors
- **January 10, 2009:** ACP-ASIM Hawaii Chapter Scientific Meeting
- **February:** Scheduling Requests for Returning Residents Begin



UH RESIDENTS SHINE AT ANNUAL HAWAII CHAPTER ACP MEETING

Amidst scenic vistas at the Koolau Golf Club, at the base of the lush Koolau mountain range, UHIMRP residents represented the Program well at the annual Hawaii Chapter American College of Physicians meeting on January 10, 2009. Thanks to the generosity of the local chapter under Dr. Alvin Furuike's leadership, residents were able to attend the meeting free. There was a very good turnout of residents this year as both attendees and participants in the academic program.

Level 2 resident, Nuntra Suwantararat, and Level 3 residents, Rachel Lee and Yasu Norisue, gave excellent oral presentations. Level 1 residents, Suttirak Chaiwongkarjohn, Song Ching Ong, and Kahoko Taki; Level 2 residents, Nuntra Suwantararat, Dagmar Lin, Hanh La, and Ongkarn Sarasombath; and Level 3 residents, Ashlee Nekoba, Nalurporn Chokrungrvaranon, Teera Chentanez, Pornpoj Pramyothin, and Kahealani Rivera all had posters accepted for display.

Yasu took the First place resident award with his original research project on "Surfing as a Risk Factor for Gastroesophageal Reflux disease." Kahea won the Third place award in the same category for her poster on "Atrial fibrillation Increases Risk of All-Cause Mortality: The Honolulu Heart Program."

Suttirak won the First place Clinical Vignette Award with his poster on "The First Case of Vancomycin-Intermediate Staphylococcus aureus in Hawaii." This makes him eligible for the national Associates competition at the National ACP meeting in Philadelphia in April.

IN-TRAINING EXAM : FEATHER IN CAP FOR SOME, WAKE-UP CALL FOR OTHERS.

Residents recently received their Internal Medicine In-training exam results. UHIMRP requires that all of our Categorical residents take this standardized national exam administered in October each year. The test is written for the level of proficiency expected of second year residents. It was developed to aid residents and Program Directors in evaluating knowledge during residency training. The content was developed by a national committee of physicians representing a spectrum of community-based and university training programs. Studies nationwide and done locally in the past by Dr. Patrick Sousa have shown that a Level 2 scores above the 30-35th percentile, correlate with ultimate passage on

the American Board of Internal Medicine (ABIM) examination after the completion of training. That being said, for many residents who do not score well on the ITE, intensive study and preparation for the ABIM exam can often result in successful ABIM certification.

The exam is only to be used for educational purposes and to advise residents about their current progress in learning internal medicine and designing remediation measures if necessary. Specifically, the test scores should NOT be used for: 1. promotion decisions; 2. selection decisions; 3. letters of recommendation; 4. curriculum vitae.

It is also important to recognize that this is.

Other important competencies such as attitudes, relationships with patients, problem-solving abilities in the clinical setting, technical skills, and the capacity to interact with other members of a health care team are not measured by this exam.

Residents take a varied approach to the exam. Some residents actually study for it. Others purposefully do not study, and tell us they use their result as a gauge of how much more they must study. Board review is optional for residents who score above the 40th percentile.

Our residents this year, as in most years, exhibited a wide range of scores at all levels. This year our residents' mean percent correct score was 2-4% above the mean for all test takers at all levels. The program is extremely pleased with the Level 3 resident performance as we have five residents who scored above the 90th percentile compared to their Level 3 colleagues in other programs with scores of 93%, 98%, 98%, 99%, 99%!

Level	Mean % Correct Score UHIMRP	Mean % Correct Score all test takers	n for all test takers
Overall	63%	61%	402 programs
Level 3	69%	65%	6,479
Level 2	62%	61%	7,385
Level 1	57%	55%	6,801

MEET SCOTT KUWADA, MD

PROFESSOR OF MEDICINE, DIVISION CHIEF OF GASTROENTEROLOGY



We are delighted that you have returned to Honolulu and JABSOM. What brought you back? My wife and I grew up here so we have strong ties to Hawaii. After 14 years in academic medicine on the Mainland, I felt that my experience could help me give something back to JABSOM, my alma mater. My career started here and I've always felt proud of my medical and research education I received here. It's funny that I thought I would come right back here after 3 years of internal medicine residency but many opportunities arose that we felt we had to take.

Tell us about your family background and where you grew up? My parents are from Maui and the Big Island where many relatives still live. I was born on Maui and then spent 10 years of my childhood overseas in Europe and Japan where my parents worked for the Dept of Defense. We then moved back to Mililani and I graduated from Leileihua High School.

What made you choose Gastroenterology as a subspecialty? I really liked the breadth of internal medicine and sought out a subspecialty that covered a large area, literally! In addition, the pioneering epidemiological studies on GI malignancies led by Dr. Abraham Nomura of JABSOM and Kuakini Medical Center showing the rapid increase in colorectal cancer and decline in gastric cancer in Japanese-American immigrants happened to mirror my ancestors' experiences—one of my grandfathers, both second generation Japanese-Americans, died from colorectal cancer and the other from gastric cancer. Although these studies demonstrated the environmental factors involved in adult cancers,

I ended up researching the hereditary factors underlying GI cancers.

You have trained in three different academic institutions. Can you give us a snapshot compare and contrast of Mayo, Utah and JABSOM? JABSOM- I have always felt and stated that JABSOM prepared me extremely well for residency and allowed me to compete well with residents who hailed from larger medical schools from Harvard to the U of Washington. I paid \$450 for my first semester at JABSOM and consider that my best investment ever with regards to returns! Every graduating student should feel well prepared to compete at any residency training program.

Mayo- The real beauty of the Mayo Clinic, beyond the marble and rosewood paneling, is the extremely well organized infrastructure that made the practice of medicine very physician friendly. I learned what excellent patient care is about and launched by research career in GI there. I still call on my former mentors there for advice on leadership. I credit Dr. Irwin Schatz with great advice on where to do my residency. He was right on!

U of Utah- My years at the U of Utah taught me the inner workings of an academic medical institution. I learned how valuable and important it is to work with colleagues and superiors who valued the main missions of any academic medical center – clinical, research, and education. These missions create a very unique and powerful culture that drives excellence in all facets of medicine that is underpinned by medical education. Teaching is what keeps a physician current in her/his medical knowledge and skills, and, drives inquiry and thus research.

The greatest lesson learned through my experiences at Mayo and Utah is that great and exciting things can be created by large groups of people working towards common and important goals.

Some gastroenterologists have predicted virtual imaging may replace traditional colonoscopy for screening in the near future. What are your thoughts? I have quoted Joan Jett to other gastroenterologists on this – "...you can run but you can't hide." Technology is an important part of medicine and advances in imaging have been truly astounding. We all have to be able to continually adapt to inevitable technological advances- even if they threaten the status quo. I believe that virtual colonography has the potential to become a major modality for screening individuals at average risk for colorectal cancer. Virtual colonography is purely diagnostic so individuals with a higher pre-test probability for colorectal polyps or cancers should undergo optical colonoscopy since any such lesions can be removed or biopsied, respectively. There are also prototypes of self-propelled endoluminal devices that use treads or legs to move through the intestines. Remember the movie "Fantastic Voyage?" That really shows my age!

What are your research interests? At this point in my career, I am most interested in research interests that can quickly translate into clinical treatments. My research laboratory is working on novel inhibitors of metastasis of intra-abdominal cancers. My clinical research is the use of rational drug targeting as chemopreventive strategies in individuals at high-risk of developing GI tumors.

How do you see yourself fitting into the GI community here? There is a shortage of gastroenterologists all across the country so there is already a demand for my clinical services here. I hope to build an academic group of gastroenterologists around a GI fellowship training program. This will be difficult since there is a lot of infrastructure that needs to be built here to support such an endeavor but I am hopeful this will eventually occur.

You bring a wealth of experience as a previous GI fellowship Program Director at the University of Utah. We are excited about the prospect of a GI

fellowship here under your leadership in the next 3-5 years. Do you have any preliminary plans for building the infrastructure for this? I am fortunate that the Internal Medicine Residency has a strong program director who I will report to one day as a subspecialty program director. Fortunately, much of the infrastructure for the internal medicine residency program serves as a foundation for subspecialty fellowship programs. The first task is to identify key clinical teaching faculty who meet the requirements of the ACGME for subspecialty training programs. I envision a training program that draws on the diversity and strengths of the private and federal (Tripler, VA) medical centers here. They all have vital yet unique facets that would be required to build a successful subspecialty training program.

What do you do outside of medicine for fun? I play golf badly, mountain bike, and constantly follow my kids from one event to another. I love all kinds of music, especially live – except country!

Please give us feedback on our newsletter! We welcome your thoughts and comments!

Is there something that you would like to share with residents and faculty in a featured article?

Contact Traci Randolph at medsec3@hawaii.edu or Casey Ballard at medsec4@hawaii.edu

University of Hawaii Internal Medicine Residency Program

1356 Lusitana Street, 7th Floor Honolulu, HI 96813

Phone: 808-586-2910

Fax: 808-586-7486

E-mail: uhim@hawaii.edu

VISIT OUR WEBSITE!
<https://hawaii residency.org/medicine>