



THE UNIVERSITY OF HAWAII
INTERNAL MEDICINE RESIDENCY PROGRAM



NEWSLETTER

JANUARY - FEBRUARY 2010

THE UNIVERSITY OF HAWAII CARDIOVASCULAR FELLOWSHIP PROGRAM GETS INITIAL ACCREDITATION!

CONGRATULATIONS to Dr. Robert Hong! The University of Hawaii Cardiovascular Fellowship Program received a 2-year initial accreditation cycle from the Accreditation Council for Graduate Medical Education (ACGME) to start the 3-year program in July 2010 at The Queen's Medical Center under the sponsorship of Hawaii Residency Programs and the John A. Burns School of Medicine. More details to follow in the next newsletter....

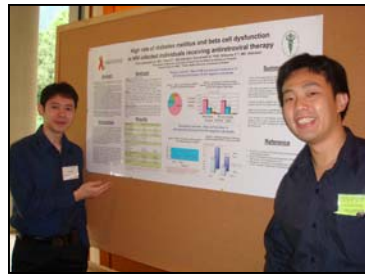
UH RESIDENTS SHINE AT ANNUAL HAWAII CHAPTER ACP MEETING

Jenny Helman, Executive Director for the Hawaii Chapter of the American College of Physicians (ACP), chose the beautiful Ko'olau Golf Club to host the 2010 Hawaii Chapter ACP meeting on Saturday, January 9, 2010. UHIMRP residents represented the Program very well. Thanks to the generosity of the local chapter under Dr. Alvin Furuike's leadership, residents were able to attend the meeting for free. There was an

outstanding turnout of residents this year as both attendees and participants in the academic program.

Eighteen abstracts were submitted from UHIMRP residents to the ACP for the competition. We are glad to announce that Dr. Suttirak Chaiwongkarjohn won 2nd place in the Resident Research Category for his abstract and poster on "Polymerase Chain Reaction Screening for MRSA in the Emergency Department." Congratulations Rak!

Drs. Dagmar Lin & Naveen Gara also represented UHIMRP well, as they were a part of the winning team in the Jeopardy Game. Way to go!



Dr. Suttirak Chaiwongkarjohn (left) with his poster that won 2nd Place

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UHIMRP Residents at the Hawaii Chapter ACP, from the left: Drs. Chong Wee Foo, Joey Kohatsu, and Lana Arakaki

• PATIENT CARE

• MEDICAL KNOWLEDGE

• PRACTICE-BASED LEARNING & IMPROVEMENT

• INTERPERSONAL & COMMUNICATION SKILLS

• PROFESSIONALISM

• SYSTEM-BASED PRACTICE

KNOW THE ACGME COMPETENCIES: PROFESSIONALISM

Residents must demonstrate a commitment to carrying our 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; and,

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

RESIDENTS BEHIND THE LENS

When they are not working, our residents enjoy doing many things to relax and exercise their creativity. Some of our Level 1 residents use photography as their creative outlet and we are proud to share their work!



*“Kaka’ako WaterFront Park”
By: Ekamol “Bird” Tantisattamo, M.D.*

Dr. Ekamol Tantisattamo finds his inspiration in the beauty of the island. He told us, “I usually jog from Ala Moana Beach Park to Kaka’ako WaterFront Park. Usually, I do not have a chance to see a beautiful sunset even though I try to wait and watch it. Fortunately, I was able to take this picture on New Years.”

Another resident, Dr. Benjamin Thomas, is inspired by his travels to Japan. He says, “My favorite place I have traveled to take photos is Japan. Interesting architecture, beautiful landscapes, traditional culture, and eclectic people make Japan a wonderful place to spend time taking pictures. I was lucky enough to spend nearly 2 months just traveling in Japan and taking pictures last year.” Below is his favorite photograph from that trip, it was taken at the Fushimi Inari Taisha. Ben said that he began photography as a creative outlet while in medical school. “I found that while in medical school, reading and memorizing facts day in and day out can be somewhat monotonous; therefore, I picked up photography during my 1st year of Medical School.” In addition to taking photographs of existing places, Ben will create things to photograph.

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“Fushimi Inari Taisha, Kyoto, Japan” By: Benjamin Thomas, M.D.

ON DEATH AND WRITING

*By: Justin Yamanuha, M.D.
Transitional Resident, 2009-2010*

Mr. O. passed away today in the ICU and I was given the responsibility to make the pronouncement
Who was I to make such a declaration?
Because M.D. follows my name, I am given responsibility to be Marshall of Death

It was 0745 hours when I did the final examination
Electrical activity on the monitor, but no pulses to be felt anywhere
No beating of his heart
Lungs moving only because of the mechanical ventilator
Pupils fixed and dilated, staring off as if looking *beyond this world*

Unfortunately, this end was almost expected
For Mr. O came in because he was getting gradually weaker and eating less
He was admitted because he had tests which discovered inoperable cancer
Was this in itself an imminent death sentence?
Would he have been served better by less aggressive measures?
Instead of palliative bypass surgery, perhaps tube feeds or TPN

There were many individuals present at this passing
Lots of loved ones experienced this death
Some pronouncements are not so well attended
Sometimes loved ones cannot or *choose* not to be present
Is this any less love?

Of all those present for the event, it is only the M.D. who can formally pronounce that life has ceased and death has come
When the pronouncement is to be made, it should be done with humility and empathy
For this shall forever be the record of the final events of this patient’s life, a narrative of the death
It need not be a bland sequence of events, for machines record this
Should it not contain details of the emotions, the sights, the sounds?
For these are the real elements of the dying event, the memories which will not evanesce

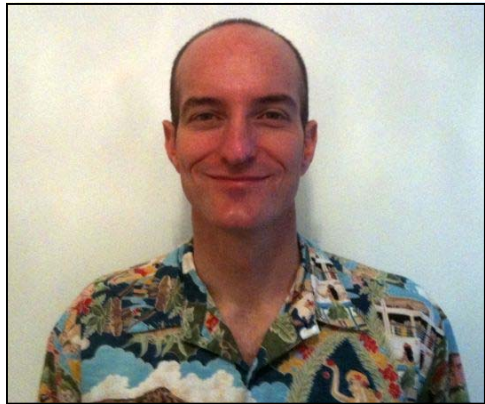
MEET CHRISTOPHER FIACK, M.D.

QMC MICU Intensivist

Tell us about the path that brought you to the QMC Medical ICU.



Out of fellowship I wanted to work for an institution dedicated to medical education and providing care to the medically underserved. QMC fit both of these criteria. Hawaii's warmer climate and proximity to Japan (where my wife is from) were additional attractions. Our recruitment visit from Boston was in the midst of a January blizzard so it was an easy decision.



Christopher Fiack, M.D., QMC MICU Intensivist

The Level 2 & 3 Critical Care rotations have been the most highly rated of all UHIMRP rotations for the past 3 years. What do you think is the secret to this success?

Tough to say, but our 24/7 presence in the MICU probably contributes. This translates into a fair amount of attending-level interaction for the residents. The volume and acuity of our ICU keep everyone busy but we work hard to preserve a reasonable balance between service and education. I think the house-staff recognize this.

What are the 3 most important concepts residents need to know about end of life care in the MICU?

- 1) End of life discussions with patients and their families are a standard of care. It's OK to have them.
- 2) Balancing non-maleficence and patient autonomy is the key to these discussions.
- 3) It is crucial to distinguish between a DNR order and palliative care. Families and physicians often confuse the two.



What is your teaching style?

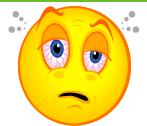
Try to illicit input through targeted questioning. Sort of guide the resident through the decision-making process. The goal is for them to acquire critical thinking skills rather than lists of facts. When it works, I learn as much as they do.

How can UHIMRP & UH Department of Medicine help you develop as teaching faculty?

Some version of a 'clinician educator' track for volunteer faculty interested in medical education might be helpful. I know there are a few of us around.

How do you avoid ICU burnout?

I don't know. Got any ideas?



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NEW HOSPITALISTS AT QMC

We would like to send a warm welcome to the new QMC hospitalists:



Jonathan Dworkin, M.D.



Joanna Griffin-Boyce, M.D.



Alexa Henderson, M.D.



Jonathan Kaufmann, D.O.



Rachel Lee, M.D.



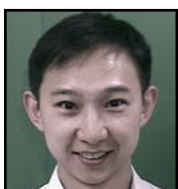
Kathryn O'Connell, M.D.



Daniel Sabry, M.D.



Divya Tiwari, M.D.



Alexander Pan, M.D.



Sekon Won, M.D.

Drs. Dworkin, Griffin-Boyce and Lee are 2009 UHIMRP graduates. We would also like to welcome back Drs. Alexander Pan and Sekon Won, as they were previously QMC Hospitalists and have now returned. We look forward to working with you and we appreciate all that you do!

MEET CHRISTOPHER FIACK, M.D., CONT...

If the Duty Hours were customizable to each individual rotation, how would you redesign them for a resident in the MICU?

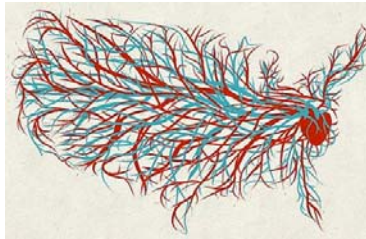
Some academic centers have experimented with a shift schedule for ICU residents. Potential advantages include a reduction in total duty hours and better resident understanding of all ICU team patients (rather than just the 2-4 they are typically assigned). Potential disadvantages include breaks in continuity resulting from more frequent patient hand-offs and a negative impact on medical education. Overall, it seemed to work pretty well at the Mayo Clinic (Afessa B, et al. *Chest* 2005;128:3910). As currently structured our rotation lacks a critical mass so it would require some creativity at the program level to make it happen.



How do your expectations of a Level 2 resident in the MICU differ from a Level 3 resident in the MICU?

A Level 2 resident should be proficient at identifying and prioritizing critical care problems. This is a function of good data organization skills which take some time to develop. But by the end of that year they should be able to generate a cogent list of key organ system issues for any given patient. A Level 3 resident expands these lists to include progressively mature diagnostic and treatment plans. Within these I like to see both contingencies (“if x happens, then we should do y”) and supporting evidence.

What do you think about a public option?



If a Health Exchange is going to be the country’s mechanism for covering the uninsured then it makes sense to include a public option. That said, no one really knows if it will have the desired

effect (i.e. truly incentivize the Exchange’s private options to reduce their costs). I recently moved from Massachusetts where ‘Commonwealth Care’ (its version of the public option) has had some problems that the state did not anticipate when it rolled out. Anyway, the socialist in me would still like to see a legitimate national dialogue on a single payer system. Seems naïve to think that merely insuring every citizen will make us a healthier country.

What is the next revolution in the subspecialty of Critical Care?



Canada, Europe and Australia/New Zealand all have well-established clinical research networks dedicated to critically ill and injured patients. The U.S. has finally funded a similar network (Cobb JP, et al. *Crit Care Med.* 2009;37:3158). In addition, the leaders of these networks have agreed to collaborate on a more coherent research agenda for our subspecialty, including increasing the number of multicenter/multinational studies. While not a revolution in itself the effort may lead to one.

“TAKE 10” By: Erlaine Bello, M.D.—UH Internal Medicine Residency Program Director

The colorful “Take Ten” buttons on the white coats and shirts of medicine residents do not refer to Institute of Medicine (IOM) proposed nap times. “Take Ten” buttons are part of a Program-wide attempt to improve resident documentation and serve as reminders to residents and faculty to spend ten minutes going over some aspect of medical records and documentation.

Some of the challenges the Program faces in teaching our residents effective medical records skills include:

1. Balancing efficiency and

- clarity with completeness;
- 2. The wide range of English language and writing skills, which are most pronounced in our international medical graduates but also reflective of overall decline in graduates of U.S. medical schools as abbreviated texting has become a major mode of communication;
- 3. Residents come to our Program with a wide range of training in documentation requirements in medical school;
- 4. Electronic medical records at nearly all of our teaching sites which

- have copy and paste functions that can greatly improve efficiency, but if used inappropriately can be filled with irrelevant and outdated information that can lead to errors and actually take longer to read;
- 5. Faculty with a wide range of documentation skills and expectations of resident’s performance even when they use the same chart audit form; and,
- 6. The duty hours time crunch.

We started with sessions at Academic Half-Day doing critical reviews of de-identified resident and faculty History and Physicals

(H & Ps), progress notes and discharge summaries.

Hopefully, by the end of the year there will be chart review templates for H & Ps that will incorporate resident suggestions from the Academic Half-Day sessions and build in some standard quality measures, such as avoidance of banned abbreviations and routine code status discussion on admission. We will also implement the intern recommendation for a more intensive session on documentation expectations at Intern Orientation this coming June.



RESIDENTS BEHIND THE LENS, CONT.

"I like to be able to see things from a different perspective. Making the ordinary, extraordinary. I do enjoy making things myself and then photographing them." An example of this can be found in Benjamin's photograph, "Apples and Oranges." You can find more of Benjamin's amazing work by visiting his website at <http://www.jpgmag.com/people/ranmyaku>.

Another resident, Justin Young, also became attracted to photography during medical school. "In medical school, many hours were spent studying and learning about the sciences. However, it was through photography that I made a connection to my soul. Studying diligently at the medical school by day and attending photography workshops at night made my life feel balanced." Justin quickly found that he was not the only one that his photographs made happy. "My photographs were



"Apples and Oranges" By: Benjamin Thomas, M.D.



"Bride" By: Justin Young, M.D.

treasures that delighted others and made me feel as if I were able to share something not able to be said in words." And, his passion provided a lucrative opportunity. With the help of local wedding photographers, he began to work as a professional photographer, taking portraits, wedding and family photos and modeling portfolios. Justin loves being there to capture the special moments that mean so much to the people he is photographing. He says, "To capture life, even for just a moment is a beautiful experience...In every moment, there is a time to celebrate. The passion of living is in the eyes a person, it is on the smallest wrinkles of laughter, and it is the way the sunlight fall so perfectly on a smile." To see more of the magical moments Justin has captured, you may visit his website at www.justinyoungphoto.com.

Dr. Onopa Appointed to AlohaCare Board of Directors

Dr. Janet Onopa, Associate Program Director for Ambulatory Medicine, has been recently appointed to the AlohaCare board of directors. AlohaCare is a non-profit medical insurance company started in part by the Community Health Centers (CHCs) in Hawaii. CHCs are federally-funded clinics specifically tasked with delivering health care to underserved populations. AlohaCare services the Quest and Medicaid population in Hawaii, and any profits it makes are returned to the nonprofit clinics that deliver the care to the people of Hawaii. The CHCs were joined by the Queen's Medical Center, which through its charitable foundation helped to finance AlohaCare's creation. AlohaCare has historically

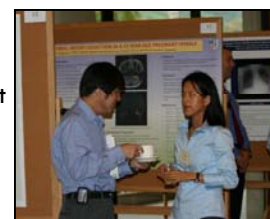
had a representative from the Queen Emma Clinics (QEC) on their board, since CHCs and QEC share similar—underserved and underinsured—patient populations. Ms. Kathy Coughlin, in her role as QEC's general manager, served as QEC's AlohaCare board representative for years, but when she retired in 2009, Dr. Onopa asked if she could represent QEC's patients' interest on the board. She was officially appointed on January 1, 2010, and will also be serving on the Quality Improvement sub-committee for the board.



ACP HAWAII, CONT.

Congratulations to the other residents whose abstracts were accepted:

- Marvin Elias
- Nyama Jacobi
- Arksarapuk Jittirat
- Jennifer Kaya
- Fumihiko Kodama
- Licheng Lee
- Dagmar Lin
- Yotsawee Sanguanjin
- Sheri Shimizu
- Soma Subramaniam
- Nuntra Suwantararat
- Veeravat Taecharvongphairoj
- Cody Takenaka
- Kahoko Taki
- Ekamol Tantisattamo
- Takahiko Tsutsumi



UHIMRP Residents at the Hawaii Chapter ACP, from the left: Drs. Fumihiko Kodama and Dagmar Lin

SCHEDULE OF EVENTS

- **Tuesdays:** Academic Half—Day
- **January 9, 2010:** ACP-ASIM Hawaii Chapter Scientific Meeting
- **January 17, 2010:** UHIMRP Mid-Year Orientation at Wai'oli Tea Room
- **February 1, 2010:** 2010 ABIM Certification Examination Registration Closes
- **February 10, 2010:** Scheduling Requests for Returning Residents begins, deadline is February 24, 2010
- **February 26, 2010:** Annual Program Retreat at Treetops Restaurant in Manoa

Upcoming events:

- **March 1, 2010:** Elective Requests for 2010-2011 begins
Temporary Medical Licensure begins for returning residents, deadline is March 31, 2010
- **March 18, 2010:** Match Day
- **April 1, 2010:** Due Date for Academic Projects:
L1s: Topic
L2s: 1st Draft
L3s: Final Project in Publishable/Published form
- **April 14, 2010:** Intern to Upper Level Retreat



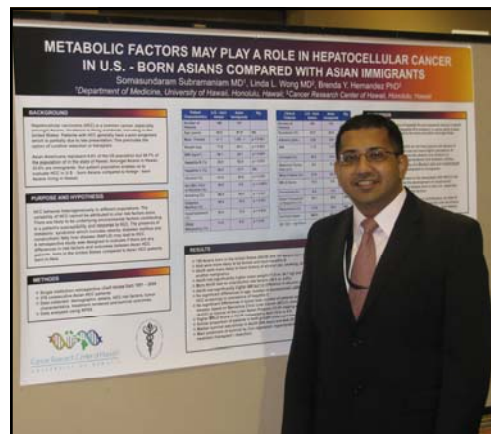
BITS & PIECES

It's Basketball Season Again!—The Annual QMC/JABSOM Basketball League is starting in February! The Crab Killers are welcoming any residents who want to play for the team. They invite you to come play for fun, exercise, and camaraderie. Email the Captain, former UHIMRP Chief Medical Resident, Dr. Aaron Choy at aronchoy@yahoo.com if you are interested!



Stepping In & Taking Over—Dr. Satyan Chekuri, former QMC Hospitalist, has taken over the Nephrology practice in POB I for Dr. Ramona Wong, who took a premature retirement from her private practice.

Scholarly Activity—Congratulations to Dr. Soma Subramaniam who was selected to present his research on, "The Role of Metabolic Risk Factors in Hepatocellular Carcinoma," at the ASCO Gastrointestinal Symposium in Orlando, Florida, January 22-24, 2010.



Baby News—Dr. Sherwin Cheng, a UHIMRP teaching attending and 1999 graduate, and his wife, Marlene, welcomed twins Dylan and Kaitlin on November 12, 2009. Dylan is 5 minutes older and weighed 4 lbs. 9 oz.



Kaitlin weighed 4 lbs. 4 oz. Both babies are growing strong; Kaitlin now weighs 9 lbs. and Dylan is a healthy 12 lbs. Congratulations to the new parents!

In-Training Exam, Results Are In!—As a reminder, those of you who passed the examination with a 40% or higher, you are exempt from attending the Board Review session of Academic Half-Day. Although, the Program strongly encourages all residents to continue to attend the Board Review sessions and study for the ABIM exam until the completion of your residency. The In-Training Exam scores can closely correlate to the competence in mastering the information necessary to perform satisfactorily on the American Board of Internal Medicine certifying examination.

"Each patient ought to feel somewhat better after the physician's visit, irrespective of the nature of the illness" -Warfield Theobald Longcope

Scrubs Design Contest!

Submit your design for a Program Scrub that will be created and available for purchase to all 2009-2010 residents. Entries should be submitted to the program office or emailed to medsec4@hawaii.edu by **February 26th**. There will be a prize for the winning designer!



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

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