



NEWSLETTER



MARCH - APRIL 2009

UHIMRP GETS 5 YEAR CYCLE! DANCE!

We received an email notifying us of the preliminary decision of the Internal Medicine RRC after its January meeting of a five year cycle until the next site visit! This is the maximum cycle given to ACGME-accredited residency programs. We will receive the complete accreditation cycle letter sometime in the next few months detailing their complete findings. These will be reported in a future newsletter. Department Chair Dr. Elizabeth Tam thought this is cause for "dancing in the streets!"

STRAUB RETURNS AS ACTIVE UHIMRP PARTNER

Straub Clinic and Hospital was an active inpatient training site for the University of Hawaii Integrated Medical Residency Program until they withdrew in 1985. We are excited that nearly 25 years later they are returning to active partnership with the University of Hawaii Internal Medicine Residency Program. After a few years of back-and-forth discussion, the stars have aligned and with the strong support of Terry Long, Vice President of Finance at Hawaii Pacific Health, and Ken Robbins, Chief Medical Officer at Straub, starting in the 2009-2010 academic year, we will be

sending two Level 1 residents per block to do a Critical Care medicine rotation in the Straub ICU. The two FTEs, which originated from Hawaii Medical Center East and are currently allocated to The Queen's Medical Center (QMC), will be transferred to Straub.

Aloha Critical Care Associates, under the leadership of Dr. Malcolm Haruno, will be providing the major faculty support with Dr. Emilio Ganitano as the rotation supervisor. Our residents will also have the opportunity to work with Straub intensivists Dr. Joey Vierra and Dr. Sailaja

Kolli. The Straub ICU is a 16 bed mixed specialty ICU and has promise as an excellent addition to our stellar Critical Care curriculum at QMC for upper level residents which has consistently been the most highly rated rotation by UHIMRP residents for the past four years.

We are also exploring additional opportunities for primary care and Continuity Clinic rotations at Straub. We welcome Straub back into the UHIMRP Ohana and look forward to a sustained and rewarding educational collaboration with them.

INTERN CLASS FOR 2009—2010 BY BRUCE SOLL, M.D.

I'm sure that you have heard by now that we have an outstanding 2009 intern class. The group is very diverse. Four are from JABSOM, ten hail from the mainland, and ten are graduates of Pacific rim medical schools. This last group includes four from Thailand, three from Japan, two from the Philippines and one from Canada via Australia. Most have moved through the traditional educational process while others have taken detours to practice in rural settings or participate in significant research. One has completed internal

medicine and specialty training. Some are staying home, others are coming home and everyone has passion for living and working in Hawaii. Everyone in next year's class is bright, hard working, and collegial.

2009-2010 Intern Class:

*indicated Preliminary Resident

Christine Chen*, David Geffen School of Medicine at UCLA (Diagnostic Radiology: Yale)

Maude Gibbs, University of Hawaii John A. Burns School of Medicine

Nestor Herana, University of Santo Tamas, Philippines

Peter Ho, University of New South Wales

Mitsuya Katayama, Jikei University, Japan

Anne Kemble, Brown Medical School

Christopher Kwock, Oregon Health & Science University

Christine Lauro*, New Jersey Medical School (Radiation Oncology: University of Colorado School of Medicine)

May Liu*, Keck School of Medicine of the University of Southern California (Emergency Medicine: Cook County-Stroger Hospital)

KNOW THE ACGME COMPETENCIES

PATIENT CARE

MEDICAL KNOWLEDGE

PRACTICE-BASED LEARNING & IMPROVEMENT

INTERPERSONAL & COMMUNICATION SKILLS

PROFESSIONALISM

SYSTEM-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

~Work effectively in various health care delivery settings and systems relevant to their clinical specialty;

~Coordinate patient care within the health care system relevant to their clinical specialty;

~Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

~Advocate for quality patient care and optimal patient care systems;

~Work in inter-professional teams to enhance patient safety and improve patient care quality; and

~Participate in identifying system errors and implementing potential systems solutions.

"MEDICINE IS A STRANGE MIXTURE OF SPECULATION & ACTION. WE HAVE TO CULTIVATE A SCIENCE & TO EXERCISE AN ART. THE CALLS OF SCIENCE ARE UPON OUR LEISURE & OUR CHOICE; THE CALLS OF PRACTICE ARE OF DAILY EMERGENCE AND NECESSITY."
PETER MERE LATHAM

ANNOUNCING 2010-2011 CHIEF MEDICAL RESIDENTS



Cody Takenaka, M.D. Tony Lee, M.D.

In recent years, we have recruited a significant number of chief medical residents (CMRs) from outside the program, mainly from lack of interest in the position among our residents. While CMRs from outside the program bring a valuable perspective from another system, we are ecstatic about the recent high interest in the CMR position from within our own ranks beginning with the 2009-2010 academic year. We have high expectations of 2009-2010 CMR elects Dr. Ryon Nakasone and Dr. Kahea Rivera as leaders, teachers, resident role models, and junior faculty and look forward to working with them in July.

The CMRs are typically assigned to an inpatient site and work closely with their Directors of Medical Education, Dr. Bruce Soll at The Queen's Medical Center and Dr. Ken Sumida at Kuakini Medical Center. Their responsibilities include running Board review, making monthly hospital call schedules which have become much more complicated with the duty hours, keeping monthly statistics on admissions and transfers, monitoring duty hours, evaluating resident performance, organizing resident retreats, participating in intern orientation, overseeing medical students and observers, and proctoring the annual in-training exam. They are members of the core program

committees including Curriculum, Recruitment and Selection, Residency Evaluation and Review, and Institutional Review. Since they work closely with third and fourth year medical students, they are also members of the JABSOM Student Evaluation Committee. They can choose clinical teaching experiences in QEC or on the inpatient services. We are still considering an Ambulatory CMR position for 2010—2011 as well.

By far, the most challenging part of their job is their human resources role. They are on the front line for resident and student concerns and problems of all kinds. They must mediate conflicts and interactions between students, residents, attendings, nursing staff, and hospital administration. They are neither real residents nor real faculty or administration. Often the CMR is in the unique position of having "neither eyes" to look at the residency and hospital systems anew. The CMR's leadership style sets the tone and mood of the inpatient services at their institution. They can have a huge influence on resident morale.

We send all of our chiefs to the annual Spring Association of Program Directors in Internal Medicine (APDIM) meeting to attend the 2-day workshop which is "chief resident 101 training." Our chiefs usually enjoy this workshop and the chance to interact with colleagues from across the country. Some of our CMRs have served as an 'acting chief' as upper level residents when CMRs are on vacation or away at conference. However, most of the training is on the job and the learning curve is steep in the first three months even for CMRs from

our own program.

We are happy to announce the selection of Drs. Tony Lee and Cody Takenaka as CMRs for the 2010-11 academic year. Both were asked to provide a personal statement on why they aspired to be CMRs. Here are excerpts from their statements. Tony wrote: "Being a chief resident is a challenge that I am ready to embrace, should I have the honor of being selected for this position. It is one which requires one to serve different roles, as a leader, teacher, facilitator, administrator and innovator. I am passionate about each of these roles and have demonstrated throughout my medical training that I have the skills necessary to meet this challenge. At the same time, I realize that this role will require me to evolve as a person and physician. I will face this challenge with the same vigor and passion that I apply to being a physician every day." Cody wrote: "As a chief resident, I will serve as an effective liaison between administration, faculty and residents. I am extremely adaptable and always approachable, which will make it easy for residents and faculty alike to consult me with their concerns. By keeping an open mind and open ears, I plan on serving as a strong advocate for my fellow residents, enabling them to participate in the ever-evolving process of optimizing our program. In the event of conflict, I will strive to act as a mediator and an effective enforcer of the policies pertaining to our program and institution."

Clearly both Tony and Cody already have insight into the challenges and rewards of being CMR.

INTERN CLASS CONT...

Alfred Lua, De La Salle University, Philippines
Yoshihito David Saito, University of Chicago Pritzker School of Medicine
Kenji Sekiguchi, Gunma University School of Medicine, Japan
Sheri Shimizu, University of Hawaii John A. Burns School of Medicine
Fiona Smith, Pennsylvania State University College of Medicine
Narin Sriratanaviriyakul, Mahidol University Siriraj Hospital, Thailand
Ekamol Tantisattamo, Mahidol University Siriraj Hospital, Thailand
Benjamin Thomas, Mercer University School of Medicine

Jeffrey Tiger*, University of Washington School of Medicine (Dermatology: Dartmouth-Hitchcock Medical Center)
Nathan Tokuda, University of Hawaii John A. Burns School of Medicine
Takahiko Tsutsumi, Kobe University, Japan
Vorawan Ummaritchot, Mahidol University Ramathibodi Hospital, Thailand
Karl Vance*, University Of Colorado School of Medicine (Dermatology: University of Illinois College of Medicine)
Lada Wongvarachoen, Mahidol University Siriraj Hospital, Thailand
Justin Young*, University of Hawaii John A. Burns School of Medicine

THANK YOU!

A special thanks to the following residents for volunteering to help with this year's resident end-of-the-year banquet!

- * Sabrina Tan - Photographer
- * Victor Sai - Photographer
- * Nachinsuren Jacobi - Slide Show
- * Veeravat Taecharvongphairoj - Performer
- * Kristi Lopez - Emcee

There's plenty of fun for everyone! If you'd also like to volunteer please see Melissa Higgins in UT room 705.

BITS & PIECES

UHIMRP Basketball Team: Come show your support for the “Crabkillers” every Sunday morning starting Feb 8th, on the UH campus basketball court.

Level 2 resident Alex Smith is engaged! Her fiancé, Jason Demain, proposed at the top of Mauna Kea last May. They are planning the wedding ceremony for Oct. 2010 in Pittsburg. Congratulations!

Congratulations Preliminary Resident Kristine Cornejo accepted a Pathology Residency position at the University of Massachusetts in Boston.

Dr. Haley is expecting!—Dr. Amanda Haley, an Assistant Clinical Professor of Medicine and primary care attending in Queen Emma Clinic, is expecting her first baby this June. Matt and Amanda picked the name Evangeline Rose Haley for their baby girl. She is scheduled to arrive on June 25, 2009! Dr. CS Chan has generously agreed to come out of retirement to cover her maternity leave.

Baby news for Dr. Nip!—Dr. Ivy Nip, an Assistant Professor of Medicine, is expecting another bundle of joy this summer - Big sister Jordyn is excited to meet her new brother!

SGM Poster Level 2 Resident—Dagmar Lin’s poster on “An Uncommon Gallbladder Tumor Masquerading as Cushing’s Syndrome” was accepted by the Society of General Internal Medicine for presentation at its annual meeting on March 7, 2009 in Irvine California.

ATS Presentation, Level 2 Resident—Tony Lee and Dr. Samuel Evans, an Assistant Professor of Medicine at HMC East, will be presenting their research on “Sepsis: From Bench to the Bedside.” at American Thoracic Society Meeting in San Diego, California on May 19, 2009.

SCHEDULE OF EVENTS

- **Tuesdays** —Academic 1/2 Days
- **March 1, 2009** —ABIM late registration deadline
- **March 19, 2009**—Match Day!
- **April 1, 2009**—Due date for Academic Project:
 - L1s: Topic
 - L2s: Draft
 - L3s: Final/Published
- **April 15, 2009**—Intern to UH Retreat at The Willow’s Restaurant



DR. PAUL PASCUAL WORKS WITH THE CLINTON FOUNDATION IN PAPUA NEW GUINEA

Paul Pascual was a Level 1 Categorical resident in our Program from 2007-2008. He is now doing very interesting work in HIV with the Clinton Foundation in Papua New Guinea. The following is an excerpt from a recent email from Paul:

“I just wanted to send you a quick note to keep in touch and let you know that things are working out great here in PNG. The work is exciting and challenging and I’m continuing to learn a lot.

I’ve grown to be more patient and diplomatic working with national and provincial politicians, but have also had some great creative collaborations with big oil and construction companies. I’m also still at the hospital on a daily basis designing and implementing HIV programs, from education and prevention to care and treatment. So it’s been an amazing and productive three months so far.

Later in the year, I’m hoping to jump start some rural outreach programs so I hope to be visiting some of the even more remote areas of the province.

Well I just wanted to send you and the program best wishes for the coming year. I wouldn’t be doing this without my experience at UH so thanks again!

Mahalo,
Paul

Paul Pascual, M.D.
Program Manager,
Rural Initiative - Southern Highlands
William J. Clinton Foundation
HIV/AIDS Initiative
Papua New Guinea”

UHIMRP CRABKILLERS! BY PRASHANT VERMA, M.D. & RYON NAKASONE, M.D.

It is basketball season again! A longstanding tradition at UH is the annual JABSOM Basketball League. The league consists of 11 teams made of players who are physicians or medical students. This year, the teams are Pediatrics, Medicine, Psychiatry, Tripler, Surgery, Kapiolani, all 4 levels of the Medical School, and the Crabkillers. Most of the members of the Crabkillers are residents of UHIM, and are led by Captain Aaron Choy (last year’s Chief Medical Resident at HMCE). The Medicine team is made up mainly of Attendings, and is led by Captain Brad Chun. Last year, the team from Psychiatry won it all, and they will look to repeat this year.

Games are played on Sunday mornings on the main UH campus in the old gym. The regular season consists of 8 games, and Playoffs will be held on Sunday May 10. One of the more anticipated games of the regular season will be when the Crabkillers go head-to-head against the Medicine Team on April 12. So come out and support the Crabkillers and Medicine, or any other team you want to root for. For a list of dates and time of games please see the UHIMRP office in the University Tower, 7th Floor, or ask one of the players!

Crab Killers:

Aaron Choy (Captain)
Roy Ebisu
Erik Von Hagen
Ryon Nakasone
Joey Kohatsu
Melvin Palalay
Prashant Verma
Ahoora Payam
Christian Geanette
Scott Suetsugu

Medicine:

Brad Chun (Captain)
Kevin Stevenson
Mark Lau
Jared Acoba
Carlson Wong
Richard Kasuya
Rae Ann Magyar
Travis Nakamura
Roger Yim
Chris Taylor
Noby Harada
Brent Baker
Mike Hirota
Eric Kajioka



MEET AMY HONG, MD

LEVEL 3 RESIDENT

Any you are the most cheerful resident I know, possibly the most cheerful person I know! What or who is responsible for your unquenchable sunshine and enthusiasm?

Haha, that is funny you ask. I remember a specific time when my family went traveling and we all squeezed together into the same hotel room. During the night, my brother who is four years younger than me said he woke up to hear a high-pitched witch-like laugh coming from me. He called my name but realized I was sleeping. He said that was "very scary." I must be a laughing machine. My mother has also mentioned that I was a laugh, sleep, eat, and then laugh more baby and that I was practically born laughing, not crying. The last quirky explanation could be that the corners of my mouth are turned slightly upwards and that I was possibly born with excessive amounts of serotonin, the "happy hormone." The more simple answer to your question: I feel lucky to wake up daily, to experience life, to have deep and meaningful relationships, and to be doing what I love on a daily basis. If I had to choose who, in my family, were responsible, it would likely be a tie between my mother and my late paternal grandfather, both of whom laugh a storm so strong and so loud, they would easily beat me in a "happy" contest.

How did you end up applying to our Program?

I believe that I have been destined for the islands. I have lived in Washington State for the majority of my existence in a city called Mercer Island. I then went to Grenada for medical school, which is an island in the Caribbean. Lastly, I was drawn to Hawaii as this was an island as well as a major upgrade from Grenada given that Grenada is a third world country. Also, we have friends here in Hawaii; a great friend of mine moved from Seattle to Hawaii and married a UH family

practice graduate. The word on the street was that the University of Hawaii Internal Medicine

Residency Program was "tough," but I was looking for a place that would equip me for the future and where I would be happy, so here I am.

Looking back over the last three years of residency, what learning experiences stand out for you? Any "ahah" experiences?

Haha, every day is an "ahah" day for me. More specifically, working in the MICU with the Intensivists has opened my eyes to the rewards of hard work. These situations forced me to face the concept of death and dying and how to deal with heartbreak and pain. All the time spent in anatomy lab in medical school finally paid off with regards to understanding and successfully completing procedures such as central lines. Lastly, the words "Code Blue" mean so much more now. Taking BLS and ACLS courses and practicing on dummies does not have the same effect and was a completely difference experience in real life and with real people.

What was the most challenging year of residency for you?

Definitely, without a doubt, intern year was the most challenging year of residency for me. I remember sleeping poorly for the week prior to intern year from anxiety and the jitters. I recall my first block was with my colleague, Jon Dworkin, on the Hospitalist service. He was such a "smartie" and so I had to really keep up. This was actually the best case scenario since this mindset had stayed with me through the rest of the year. I remember thinking that sometimes you have to fight for the things you want, and so that is what I had to do. Phew, I am glad intern year is done with.



Tell us about the Women's Health elective you did with Dr. Robb Ohtani.

This rotation was the highlight of the year for me as I have a strong interest in Women's healthcare. I love my sleep and my friends used to know to not call my parent's home until well past noon, but this was one rotation where I was "bright-eyed and bushy-tailed, getting up in the morning." Dr. Ohtani taught me many of his secret techniques for various pelvic procedures and I often felt like Daniel-san, being taught by Mr. Miyagi. I soaked in as much information as possible. As an additional perk, I met many pregnant women, some first-timers and others with twins, and had the chance to learn about pregnancy, which will one day become a very relevant topic.

What are your plans for next year?

Actually, in August of this year, I will be tying the knot with my long time significant other of over seven years! Also, by next year 2010, we hope to move back to Seattle permanently to start up our new life back in the rainy, cold town. This will be very bittersweet as we have both grown to love Hawaii and everyone here. For the short-term, I plan on a Hospitalist position while building private practice to meet my long-term goal of practicing primary care and integrating Women's healthcare as a niche. No mini-me's in the near future, rather in a couple of years.

Who would you identify among our faculty as the most inspirational for you during your residency training?

All faculty members contribute to each resident in so many ways. For me, Dr S.Y. Tan was one of the most inspirational. His enthusiasm was competition for my own and I could see his love for education and resident teaching in every word and body language that he expressed. He challenged our thought process and encouraged each resident to be more than just average, to become

exceptional! I will not forget Dr. Tan and the many other faculty members that have shaped us, built us up, and made us into the doctors we are today.

Any advice for medical students who will be entering Internal Medicine residencies?

One of the best sayings that got me through medical school, and even now through residency, is "roll with the punches." Sometimes the process is painful and often times our fears get under our skin, but you have to fight for what you want. The decision to choose Internal Medicine over the other residencies is the hardest part, and once that is done, the fun begins. That might include some blood, sweat, and tears along the way, but it is all part of the growing pains and the rite of passage. There are endless opportunities within Internal Medicine, so, keep an open mind and try anything once. Confidence is often times an acquired art, but this is a goal that can be achieved by anyone. And, of course, a big smile and a good attitude go a long way.

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

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