



# NEWSLETTER



MAY - JUNE 2009

## 2008 ABIM EXAM RESULTS

Sixteen of our seventeen 2008 graduates sat for the 2008 American Board of Internal Medicine Certifying Examination in August. They were joined by two 2007 graduates from our Program giving us a total of eighteen first time test takers. Seventeen out of the eighteen first time test takers passed the exam giving us a 2008 pass rate of 94%. Both of the 2007 graduates passed

and fifteen of our sixteen 2008 graduates passed. Our pass rate in 2006 was 100% and 2007 was 86%, giving us a three-year pass rate of 94%. Several of our residents achieved perfect scores of a 100% on the subspecialty sections. Two of our residents achieved 100% on the Hematologic section, 2 residents achieved 100% on the Renal section, and 1 resident achieved

100% on the Gastrointestinal section. The ACGME Internal Medicine Residency Review Committee requires that over a three-year period at least 80% of graduates take the exam and a three-year pass rate of 80% for first time test takers. Congratulations to our 17 new Board-certified internists!

## 2009 PROGRAM RETREAT BY DR. PRASHANT VERMA

The Annual Internal Medicine Program Retreat was held at Treetops Restaurant in beautiful Paradise Park on Friday May 1, 2009. All Categorical and Preliminary Residents were in attendance along with many core faculty. The day started with a breakfast buffet and a short welcome from the current Chief Medical Residents. Dr. Soll followed with the results from this past year's highly successful recruitment season. Dr. Bello gave everyone a presentation on changes and expectations for next year.

The real hit of the day was the ice breaker. Future Chief Medical Residents, Ryon Nakasone and Kahea Rivera, came out dressed in wigs and costumes like Ike and Tina Turner performing a song



UHIMRP residents at the Annual Program Retreat

and dance number to "Proud Mary." They were joined by "backup dancers" level 3 resident Joanna Griffin-Boyce and level 2 resident Cody Takenaka.

We then got down to business and addressed many important Program issues that were brought up by residents during pre-retreat sessions. There was participation from all the residents and the faculty. Examples of the issues brought up were QEC, Kuakini, Dayfloat rotation, fellowship coverage, and continuity clinic. After a buffet lunch, the residents

headed over to a nearby park and spent the afternoon relaxing and playing games such as dodgeball, tennis and basketball. All in all, it was a great day to reflect on the past, look to the future, and spend time together as a group away from the hospital.

Finally, the residents and the Program would like to say "THANK YOU" to all the Attending Physicians who covered the patients in the hospital while the residents were away.

## KNOW THE ACGME

### COMPETENCIES:

#### PATIENT CARE

**Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.**

~Gather essential & accurate patient information.

~Make informed decisions on diagnostic & therapeutic interventions.

~Counsel & educate patients & their families to prevent health problems or maintain health based on patient information & preferences, up-to-date scientific evidence & clinical judgment.

~Competently perform & interpret the results of all diagnostic & therapeutic medical & invasive procedures.

~Communicate effectively & demonstrate caring & respectful behaviors.

~Work effectively with other health care professionals to provide patient-focused care.

### MEDICAL KNOWLEDGE

#### PRACTICE-BASED LEARNING & IMPROVEMENT

#### INTERPERSONAL & COMMUNICATION SKILLS

#### PROFESSIONALISM

#### SYSTEM-BASED PRACTICE



## END OF YEAR EXITING RESIDENTS

Reflecting on the ending of the 2008-09 academic year, it has been a year filled with great change. In July major changes in our Macrocurriculum were implemented with new Selectives in Critical Care for Level 1 residents, Nephrology and Cardiology for Level 2 residents and Neurology and Consultative Medicine for Level 3 residents. These changes were made possible by restructuring at Hawaii Medical Center East (HMCE), which freed up FTEs from the previous general medical inpatient services. Then 2 months later, on Labor Day weekend, HMCE filed for Chapter 11 bankruptcy and all UH residency programs withdrew from HMCE due to concerns about the educational experience in the bankruptcy setting. Our four medicine FTEs were transferred to The Queen's Medical Center (QMC) and the substance of the rotations continued as usual. These Selectives have been well-received by our residents. For the upcoming academic year, all Level 1 Categorical and Preliminary residents will do their Critical Care Selective at Straub Clinic & Hospital.

The pilot Academic Half-Day will continue as a permanent part of our curriculum for next year. While scheduling is tedious and challenging, it has been a resounding success. Residents are happy about having protected learning time. There have not been significant disruptions in patient care on the inpatient services that faculty were most concerned about. The quality of the sessions has improved and a larger proportion of residents have exposure to a core of these quality sessions such as the M&Ms and CPCs. Residents have assumed active responsibility for their education; they will continue to participate as speakers and to organize their

resident-driven sessions.

After many delays, we finally had our site visit. We were given a maximal five year cycle and the "Review Committee for Internal Medicine commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education." However, we received two citations on which we seek further clarification prior to our response to the ACGME. These citations will be covered in the July/August Newsletter.

Drs. Tony Lee, Nuntra Suwantaratt Suttirak Chaiwongkarjohn, and Dagmar Lin represented us well at national meetings this year. Multiple residents are currently preparing manuscripts for publication as well as working on submissions of abstracts for next year's meetings.

Our ABIM pass rate for the 2008 certifying exam is 94% which coincidentally is also our three-year pass rate for first time test-takers.

The majority of our Level 3 residents and our two chief medical residents are fellowship bound. Drs. Ashlee Nekoba and Dorothy Shigaki will be staying on as Department of Medicine faculty. Drs. Ryon Nakasone and Kahealani Rivera will have a chance to further develop their excellent leadership skills as chief medical residents at Kuakini Medical Center and QMC, respectively. We have already chosen chief-elects Drs. Tony Lee and Cody Takenaka waiting in the wings for 2010-11.

Our Preliminary residents will all be moving to the Mainland in July as they start their "real" residencies in Pathology, Anesthesia Emergency Medicine, and Radiation-Oncology. We wish them the best of luck and hope they will consider returning

PRELIMINARY	Post Preliminary Plans
Kristine Cornejo	Pathology: University of Massachusetts
Jonathan Halford	Anesthesia: UC San Francisco
Niloufar "Nelli" Naima	Emergency Medicine: University of Southern California
Samantha Onnagan	Anesthesia: Harbor-UCLA Medical Center
Suzanne Sachsman	Radiation Oncology: University of Southern California
Nicholas Trakul	Radiation Oncology: Stanford University
LEVEL 3	Post Residency Plans
Teera Chentanez	Infectious Disease Fellowship: University of Massachusetts
Nalurporn Chokrungrvaranon	Endocrinology Fellowship: Good Samaritan in Phoenix, Arizona
Jonathan Dworkin	Hospitalist at QMC for 1 year, then ID Fellowship
Joanna Griffin-Boyce	Primary Care position in Private Practice
Takashi Hato	Nephrology Fellowship: Indiana University
Amy Hong	Hospitalist at Kaiser Moanalua and at Kapiolani Women and Children
Sudumpai Jarukitsopa	Rheumatology Fellowship: Mayo Clinic, Rochester
Rachel Lee	Cardiology Fellowship: University of Florida
Meiko Kuriya	Pain & Palliative Care Fellowship: M.D. Anderson, Houston, Texas
Ashlee Nekoba	Dept. of Medicine Junior Faculty
Ryon Nakasone	UHIMRP Chief Resident, KMC
Mark Nishihara	Primary Care, Pearl City Medical
Yasuhiro Norisue	Pulmonary/Critical Care Fellowship: St. Louis University
Ronald Pangilinan	Primary Care at VA in Guam
Pornpoj Pramyothin	Endocrinology Fellowship: Boston University
Kahealani Rivera	UHIMRP Chief Resident, QMC
Dorothy Shigaki	Dept. of Medicine Junior Faculty
Erik Von Hagen	Hospitalist at HMCE
CHIEFS	Post Chief Plans
Katsufumi Nishida	Pulmonary/Critical Care Fellowship: University of Utah
Prashant Verma	Allergy/Immunology Fellowship: West Los Angeles VA Medical Center

to practice when they are done with their residencies.

And as if being medical residents were not challenging enough, two of our residents Drs. Malissa Iida-Takashima and Shige Karino added a seventh competency to their curriculum this year: Parenting!

"THE PHYSICIAN THAT BRINGETH LOVE & CHARITY TO THE SICK, IF HE BE GOOD & KIND & LEARNED & SKILLFUL, NONE CAN BE BETTER THAN HE. LOVE TEACHETH HIM EVERYTHING, AND HE WILL BE THE MEASURE & RULE OF ALL THE MEASURES & RULES OF MEDICINE"

SAVONAROLA

## BITS & PIECES

**National ACP Poster Presentation—**Level 1 resident Dr. Suttirak Chaiwongkarjohn's poster "A Report on The First Case of Vancomycin-intermediate Staphylococcus aureus (VISA) in Hawaii" was presented in Philadelphia on April 23-25, 2009. He was also joined by John Downs and Tony Cardile to represent the Hawaii Jeopardy team. They competed well and made it into the semi-final round at the conference which is a great accomplishment! Great job!

**Congratulations Level 1 resident!**—Dr. Kristi Lopez has been selected to participate in the 4th Annual American Gastroenterological Association (AGA) Institute's "Investing in the Future: Promoting Diversity in GI Training" Program held May 30th—June 4, 2009 in Chicago Illinois.

**Honorary Member at AOA**—Level 3 resident, Dr. Ryon Nakasone was elected to honorary membership as a resident, to Alpha Omega Alpha, by the AOA chapter students. The students cited his warm and competent teaching.

**Congratulations Level 2 resident!**—Dr. Chong Wee Foo has been accepted for a Dermatology Residency at the University of Utah for 2010.

**UHIMRP Welcome Party RSVP**—Dr. Elizabeth Tam has opened her home for the 2009 Welcome Party for the 2009-2010 Interns. Faculty and resident' (RSVPs are due to [medsec3@hawaii.edu](mailto:medsec3@hawaii.edu) by June 12) we'd love to have you there to show your Aloha!

## SCHEDULE OF EVENTS

- **Tuesdays** —Academic 1/2 Day
- **May 1, 2009**—Annual Categorical & Preliminary Resident retreat at Treetops Restaurant
- **May 8, 2009**—RSVPs due for End-of-the-Year Banquet
- **May 22, 2009**—Annual End-of-the-Year Banquet at Hawaii Prince Hotel
- **May - June**—Semi-annual Firm Director meetings
- **June 28, 2009**—Welcome Party at Dr. Elizabeth Tam's home
- **June 30, 2009**—Final QI Projects due
- **June 30, 2009**—Level specific requirements completed
- **June 30, 2009**—HRP orientation for returning residents in the afternoon session



## INTERN TO UPPER LEVEL RETREAT BY DR. EMILY DIEP

It was a little less than a year ago when the new class of interns started their first day of work. After this past year, whether they know it or not, they have gained many experiences. They are now about to embark on another journey. In July, they will now be upper level residents and be expected to lead a team. Each year, the Program holds an intern to upper level retreat to help ease the transition.

The interns were treated to a buffet dinner at The Willows while they listened to speakers Dr. Ganitano, Dr. Deshpande, and me. Since I was in their seats less than a year ago, I still remember



*Pictured is most of the Level 1 class, including Preliminary and Categorical residents*

how many of us were a little afraid of the transition. I tried to point out all the reasons why they should be excited and not afraid. Dr. Deshpande talked about various leadership styles that each resident might adapt and

expectations of attending physicians. Finally, Dr. Ganitano illustrated good and bad qualities of interns and upper level residents through case scenarios.

## END OF YEAR BANQUET PERFORMANCE

Philanthropist Don Eads has generously offered to be a performer at the UHIMRP & UHTRP End-of-the-Year Banquet on May 22, 2009. As you read about Don you will discover that he has an amazing educational, musical, and theatrical background. We would like to recognize and thank Don for volunteering!

Don Eads has been acting and performing on piano, guitar, bass, and other instruments from an early age. On the mainland, his groups have opened for (short list) Pat Metheny, Jefferson Airplane, BB King, and ZZ Topp, often competing with the group Kansas for top billing.

In Hawaii, Don's group East West North South—a band with direction-performed on the largest Magnum PI episode ever filmed. He has graced the stages of most Waikiki venues, working with the top performers at

Dukes, Don the Beachcomber, the Outrigger, the Hyatt, & etc. His group, Brown Spice was on Homegrown IV. His band Skyline did rock'n'roll cruises with Toto, the Little River Band, and many other top stars. He worked with Zulu and Tommy D. in the old days at the popular Sandy Beach concerts. These days Don works with Tony Robbins, and he was on the Andy Bumatai Show live on May 7 with old friend John Cruz. Don is also flying part of the year in China, where he performs large concerts with the world champion harmonica player, who is Chinese. He has done several TV specials on Blue Ocean Network in Beijing. Don is also well known as the father of three gifted kids, Michael, Healani, and Hoku. They have been widely recognized throughout the world as educational role models. Governors Cayetano and Lingle have given them special recognition, as well as Mayors Jeremy Harris

and Harry Kim. They have been featured on the World magazine and were on the Hawaiian Moving Company.

Don is currently a PhD. candidate at the University of Hawaii with a background in US-China Relations and international education. He has performed for the American Holistic Medical Association national conventions, and knows Andrew Weil, Deepak Chopra, and Patch from those events. He is producing the Fifth Annual 21st Century China Symposium to be held July 17-19 at the East West Center. Here are a few links to learn more about Don:

Tony Robbins:

<http://tonyrobbins.ning.com>

21st Century China Symposium:

<http://21stcenturychina.blogspot.com>

Kindling International Ministries:

<http://www.geocities.com/pastoreads>

## MEET JONATHAN HALFORD, MD

### PRELIMINARY RESIDENT

#### *What do you recall about your applicant interview with us?*

Being chauffeured around to the different hospitals and having a buffet lunch at the Oahu Country Club – the chocolate cake was something! I was impressed by the genuine friendly and welcoming nature of the department and hospital staff.

#### *What made you choose our Program?*

I chose UHIMRP for the large exposure to ICU during internship, the opportunity to do a multitude of procedures, especially since there are no fellows to compete with, the overall friendly nature of the hospital, the diversity of patients and pathology. Also, it didn't hurt that more than one previous prelims last year stated that coming here was "the best decision of my life" and that I would "be crazy not to rank it #1."

*One of the challenges our highly competitive Preliminary and Transitional programs struggle with is how to select interns from a stellar applicant pool who will continue to work hard and who are not content to rest on their laurels during their year in warm, sunny Hawaii before they go back to the Mainland to do their "real" residency? Any ideas on how we can spot the slackers during the selection process?*

Judging by the caliber of the preliminary and transitional residents here this year, the selection committee should continue with whatever recipe they are currently using. These talented doctors are hardworking, extremely intelligent and easy to get along with. I'm not sure what else you could ask for in a resident. I think most preliminary and transitional program applicants see an intern year in Hawaii as a chance to learn and be challenged while in the hospital but also the opportunity unwind with all the luxuries Hawaii has to offer when they're off. Hawaii provides a perfect balance of the two. I feel that most people who were hardworking in medical school are innately that way and will continue to be hard-workers during their internship even if it isn't

their "real" residency. For me, I try to excel at whatever I'm doing.

*It must have been a major trauma to have your car broken into and stolen during your first month of residency. What happened to your car? To the thief?*

I had just finished my first overnight call as an intern when I walked out to the parking lot at Kuakini. All I wanted to do was go home and sleep, but apparently someone did not care that I hadn't slept in nearly 30 hrs. My newly purchased Honda Civic (just 2 weeks earlier) was not to be found anywhere in the lot. Was this post-call delirium? Did I walk to work yesterday? I was hoping my car was towed for not having my pass in the window – anything but having it stolen. After hours of police reports and phone calls to the insurance company, I was still without a car and sleep. The following day, I received a phone call from the Honolulu police department telling me they had found my car and that I should come pick it up. "Is it drivable?" I asked. "I think so," was the reassuring response I got. When I arrived at the scene, there was already another victim there claiming his stolen property, also a Honda Civic. I had just replaced the plastic paneling around the bottom and around the windows of the car a week earlier after it had been stolen from the previous owner and guess what, they stole it again! They also busted up the ignition pretty badly but other than that and some Coca-Cola poured on the car, it wasn't in too bad a condition. Well, it started it up and I could still drive it and currently still can. What hurts the most is that I bought "The Club" for it online a few days before and it arrived the day after it was stolen. As far as the thief goes, I'm sure he/she is still out there stealing Civics.

*What was the most difficult adjustment you have had to make this year?*

Being almost 5,000 miles away from friends and family for an entire year hasn't been easy, especially when it's coupled with a 6 hour time difference. I haven't seen my parents since I graduated from medical school. Fortunately, I've met some



amazing people this year who have made me feel right at home.

*Who is your favorite upper level resident and why?*

I have the month of the June off, so hopefully I'll be gone before this is published, nah, just kidding. I've been really fortunate to have worked with some excellent upper levels this year. I don't think it would be fair to pick just one since all them were great to work with. I have to give a special thanks to Ashlee Nekoba. She was so patient with me while I fumbled around Kuakini my first month of internship. And on top of that, she got stuck putting up with me two more times! And I can't forget to thank Dorothy Shigaki for always "having my back."

*After completing half a year restricted by the Duty Hours, what is your opinion on the Institute of Medicine proposal to further limit the duty hours to 65 hours a week? What do you think about the enforced 5 hours sleep period on call?*

I'm jealous! I started my internship too early. Eighty hour work weeks can be pretty brutal. However, internal medicine is so broad with so much to learn. I'm not even sure that three years of residency is enough time as it is to learn everything you need to know. If the work hours were cut to 65, I think that the residency would have to be expanded to four years in order for residents to feel comfortable practicing on their own. I also think a decrease in the work hours would put a large burden on the Hospitalists who would have to pick up the extra work. Five hours of sleep on call would be more than I get on most non-call nights. I would welcome it with open arms but again the Hospitalists would have to pick up the slack.

*Residents from the Mainland are often pleasantly surprised by the wide variety of ethnic cuisines here.*

*What is your favorite and where do you go to enjoy it?*

I'm sort of a food connoisseur but unfortunately I'm not a big fan of seafood, so I feel like I'm missing out some of the best culinary experiences here. The best food I've had so far is from Alan Wong's Restaurant. The

short ribs are unbelievable. Unfortunately, my bank account hasn't allowed to me dine there as often as I would like.

*What will you remember the longest about your Preliminary year?*

I'll never forget my elective month on Molokai. There were so many different things that made this month memorable. Since I have to pick one, it would have to be riding my mountain bike down a basically deserted red dirt road towards Mo'omomi beach on Molokai's northwestern coast. I must have been going 20 + mph downhill when I hit a patch of dirt causing my front tire to suddenly stop while I did a full flip over the front of my bike. I landed pretty hard on my right knee. My bike also decided to flip and unfortunately landed on my head, shoving my face into a rock. Luckily I was wearing my helmet and suffered no facial or head trauma. At this point, I was almost at the beach so decided to hobble around the shoreline for a bit. When I returned to my bike, a kiawe root had flattened my front tire. Now I was left to walk 2 plus miles uphill pushing a bike with a flat tire with a bum knee. As I gulped down the last drop from my water bottle, I spotted three deer hunters as they were heading back for the day. I threw my bike in their truck bed and hitched a ride back. It must have been a bad day for them too, since I didn't have to share the truck bed with any deer.

***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?*

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