



NEWSLETTER



SEPTEMBER - OCTOBER 2009

UHIMRP AND UH GERIATRICS FELLOWSHIP ACCREDITATION CYCLES EXTENDED TO 2015

On August 21, 2009 we were notified that the Review Committee for Internal Medicine (RC-IM) extended our previous maximum five year accreditation cycle by an additional year. Citing the RRC's desire to recognize our program's "demonstrated substantial compliance with the Standards" and implementation of annual ACGME Resident/Fellow Survey, the Review Committee believes longer review cycles are becoming more viable. All currently accredited internal medicine and fellowship

programs that were given a four or five-year review cycle were given a one-year extension. Accordingly, the University of Hawaii Geriatrics Fellowship program also had an extra year added to their original five year cycle.

The RC-IM, however, reserves the right to shorten the review cycle for any cause. Significant reported Duty Hour violations on the annual survey, in particular, will result in an automatic 6 month shorter cycle visit.

2009 INTERN RETREAT

BY DRS. KAHEALANI RIVERA & RYON NAKASONE

Picture a warm, sunny day in September on the fine, white sands of Bellows Beach with a cool breeze moving inland. This was the scene that Mother Nature set for the 2009 UHIMRP Intern Retreat. As the Categorical and Preliminary Medicine Residents arrived and joined in the camaraderie it seemed as if the fatigue, stress, and anxiety experienced at the beginning of the Intern year melted away.



Dr. Erlaine Bello, UHIMRP Program Director, made the trek over to the Windward side of O'ahu to greet the interns and play the *highly-anticipated* Naked BINGO (minus the naked part, of course). Drs. Kristi Lopez, Jon Dworkin, Rachel Lee, Ashlee Nekoba, Dorothy Shigaki, Nuntra Suwantararat, and Tony Lee discussed Fellowship, Primary Care and Research topics. Dr. Cody Takenaka discussed ways to be more efficient. MAHALO!

Casey Ballard deserves special recognition since she helped to put together a fantastic retreat and had to put up with CMR's Drs. Kahea Rivera and Ryon Nakasone (a feat in and of itself)!



KNOW THE ACGME COMPETENCIES

PATIENT CARE

MEDICAL KNOWLEDGE

PRACTICE-BASED LEARNING &

IMPROVEMENT

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- * Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- * Set learning and improvement goals.
- * Identify and perform appropriate learning activities.
- * Systematically analyze practice, using quality improvement methods, and implement changes with goal of practice improvement.
- * Incorporate formative evaluation feedback into daily practice.

Residents must:

- * Locate, appraise and assimilate evidence from scientific studies related to their patient's health problems.
- * Use information technology to optimize learning.
- * Participate in the education of patients, families, students, residents and other health professionals.
- * Be able to use information technology to manage information, access on-line medical information, and support their own education.
- * Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- * Be able to analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- * Be able to obtain and use information about their own population of patients and the larger population from which their patients are drawn.
- * Be able to facilitate the learning of students and other health professionals.

INTERPERSONAL & COMMUNICATION SKILLS

PROFESSIONALISM

SYSTEM-BASED PRACTICE

GET YOUR INFLUENZA VACCINE!

October is usually the target month to begin seasonal influenza vaccination. This year the CDC advised practitioners to begin giving seasonal flu shots when the first supply arrived in September in anticipation of a potentially heavy flu season superimposed on the ongoing H1N1 pandemic. Many colleges on the Mainland have been hit hard by large outbreaks on campus. Our state numbers for positive influenza PCR tests, the majority of which are H1N1, were dramatically decreased almost three-fold from July to September. Only time will tell whether those geographic areas which had widespread disease in the summer will remain equally vulnerable to seasonal and/or H1N1 in the fall through winter. The separate H1N1 vaccine is expected to become available sometime in October as well. However, as of this writing, the specific distribution and target groups have yet to be decided by the Department of Health.

All residents as healthcare workers who provide direct patient care should take the seasonal flu vaccine as soon as possible unless you have a medical contraindication. Likewise you should also take the H1N1 vaccine when it becomes available unless you were one of those

with documented infection during our summer outbreak of H1N1. Residents like most other healthcare workers who may come into contact with severely immunocompromised patients should get the inactivated intramuscular vaccine as the nasal spray live vaccine may result in prolonged viral shedding that could be potentially infectious.

Since all residents are well-insured by HRP and have many options of where to get your seasonal flu vaccines:

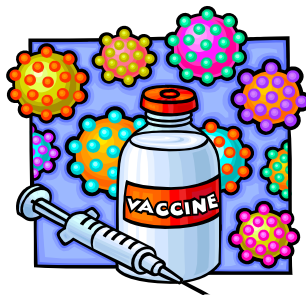
1. Primary Care Physician—this is the best option because your PCP will make this a part of your personal health record,
2. Community sites—there are a large number of sites and dates available at pharmacies as well as by various insurers; residents, see New Innovations Department Manuals Influenza folder for a complete list of locations,
3. QEC – if you are on rotation in QEC; remember to

bring your insurance card so QEC can get paid, 4. QMC—for those rotating at QMC, you can go to Employee Health; again remember to take your insurance card; you can expect to pay \$30 otherwise.

Remember to immunize your high risk inpatients and outpatients who are at high risk of complications or who take care of such patients:

1. Children aged 6 months up to their 19th birthday
2. Pregnant women
3. People 50 years of age and older
4. People of any age with certain chronic medical conditions (DM, asthma, COPD, immunosuppressive therapy, etc)
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:
 - a. Health care workers
 - b. Household contacts of persons at high risk for complications from the flu

Finally, try to eat a healthy diet, get enough exercise and rest, and find a constructive, self-confirming way to de-stress!



QEC DIABETES MONITORING QI REPORT & CONTINUITY CLINIC QI PROJECTS

By Dr. Janet Onopa, Blue Firm Director & Associate Program Director, Ambulatory Care



“...residents are doing a superior job when they take care of patients with diabetes! But we ask everyone to consistently use the QEC Diabetes Monitoring template when seeing your patients with diabetes.”

For several years QEC has been using a template in the clinic’s EMR that reminds doctors about things that should be addressed when a patient with diabetes is seen in the outpatient setting. When the template is used, it also allows us to pull data on whether our QEC physicians are following standard guidelines for quality

care for patients with diabetes.

QEC has been running reports on our overall compliance with the National Committee on Quality Assurance (NCQA) standards for excellence in diabetes care. The reports are based on data entered into the template. In the past, we had repeatedly fallen short on meeting the NCQA standards. Finally, in September of 2008, the report showed that we had met the standards for overall quality diabetes care when looking at the data aggregated over the previous year for patients with diabetes who had been seen in QEC’s primary care clinic at least three

times. We were very happy that we had improved enough to meet the standards set to become a “provider of excellence” for diabetes!

Unfortunately, QEC’s next report, done three months later at the end of 2008, failed to meet the standards again. There are three items where we have repeatedly failed to meet the NCQA’s goals:

- 1) too high blood sugars, indicated by HgbA1C measurements >9.0,
- 2) ophthalmology screening, and
- 3) kidney damage assessment.

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Since the report looked like we were getting worse in our care, last spring we decided to review a sampling of the charts that had been read as “failing” these three items, to see what was happening.

I am happy to report that the chart audits were encouraging. Many of the ‘failures’ were due to the resident physician not using the template that allows the computer program to report that the care was delivered as it should be. Almost none of the ‘failures’ were due to physicians not bothering to look after the diabetes care. For most of the charts where the kidney function or eye screening was reported as ‘not done’, a thorough review of the notes showed that these items were assessed, but the information never made it into the template to be credited by the reports. The charts where the blood sugars were too high showed that most were either:

- 1) in the midst of adjusting medications to get control of their diabetes, or
- 2) were due to social or financial barriers, e.g. patients who were transient to Hawaii, were financially unable to obtain medicines, had psychiatric problems interfering with their ability to manage their illness, etc.

In every case, the physician was trying to intervene and address these issues.

Overall, I am pleased that our residents are doing a superior job when they take care of patients with diabetes! But we ask everyone to consistently use the QEC Diabetes Monitoring template when seeing your patients with diabetes—it helps to remind us what needs to be done, and it will make the gathering of data about diabetes care easy to measure and much more accurate.

Residents with continuity clinic based in QEC will receive one-per-year individual report cards from the charts of patients they see, based on data extracted from Logician data fields and the DM template. If you receive a report that says that you

are not doing well, one thing you should do is make sure you are using the template appropriately.

Thank you to all of our QEC residents for their excellent care, especially with patients who have significant barriers that make managing chronic diseases difficult. QEC has some challenging patients—often they are poor and uninsured, have significant psychiatric illness, do not speak English, and/or have limited education. If you can do this well with the patients in QEC, then it’s likely you will do well with all your patients after your residency!

All residents complete an independent QI project annually with their Continuity Clinic, reviewed semi-annually with their Firm Director. For this QI project, residents picked 2 goals from a list of NCQA set goals. Residents could pick from the goals listed below:

NCQA SET Goals

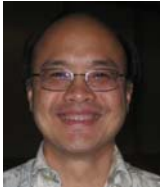
1. Hemoglobin A1C of <7.0 in patients with diabetes seen by you at least 3 times (target goal of at least 40%)
2. Influenza vaccination given to all patients with a diagnosis of asthma, COPD, and/or diabetes, including documented refusal or contraindication, after release of a new vaccine type and by the end of the following March of each year (target goal of at least 50%)
3. In patients with diabetes or chronic kidney disease, systolic blood pressure of <130 after three clinic visits to you (target goal of at least 50%)
4. In women over the age of 50, a mammogram within 2 years, including a) documented refusals and b) orders made but patients not keeping their appointments (target goal of at least 70%)
5. In women over the age of 50, DEXA scan done at least once, including a) documented refusals and b) orders made but patients not keeping their appointments (target goal of at least 50%)

6. Foot exam done in patients with diabetes at least once within the past year (target goal of at least 70%).

Residents who exceeded their QI goals for 2008-2009:

Suttirak Chaiwongkarjohn	Goal: #5
Marvin Elias	Goal: #1
Takeshi Iimura	Goals: #2,#5
Nachinsuren "Nyama" Jacobi	Goals: #1,#6
Arksarapuk "Puck" Jittirat	Goals: #1,#3
Shigehiko Karino	Goals: #2,#6
Jennifer Kaya	Goals: #1,#2
Fumihiro Kodama	Goals: #4,#5
Sandy Liang	Goals: #1,#3
Song Ching Ong	Goal: #3
Ahoora Payam	Goals: #2,#6
Yotsawee Sanguanjin	Goals: #2,#3
Takayuki Suzuki	Goals: #2,#3
Kahoko Taki	Goal: #5
Lana Arakaki	Goals: #1,#6
Emily Diep	Goals: #3,#4
Robert Eager	Goal: #2
Naveen Gara	Goal: #1
Licheng Lee	Goals: #1,#3
Dagmar Lin	Goal: #3
Alex Smith	Goals: #4,#5
Nuntra Suwantarat	Goal: #1
Veeravat Taecharvongphairoj	Goals: #4,#5
Sabrina Tan	Goals: #1,#3
Teera Chentanez	Goals: #2,#3
Nalurporn Chokrungrvaranon	Goals: #2,#3
Jonathan Dworkin	Goals: #2,#4
Joanna Griffin-Boyce	Goals: #2,#4
Amy Hong	Goals: #1,#3
Sudumpai Jarukitsopa	Goals: #2,#3
Meiko Kuriya	Goals: #2,#6
Ryon Nakasone	Goal: #6
Ashlee Nekoba	Goal: #1
Mark Nishihara	Goals: #1,#6
Yasuhiro Norisue	Goal: #6
Ronald Pangilinan	Goals: #1,#6
Pornpoj Pramyothin	Goal: #2
Kahea Rivera	Goal: #1
Dorothy Shigaki	Goals: #1,#2





MEET MELVIN YEE, M.D.
DIVISION CHIEF OF NEUROLOGY

Q. Tell us about your premedical life.

A. I was born in Honolulu when it was still part of the Territory of Hawaii. Just to give our readers a flavor of how “small-town” Honolulu was at that time, I recall as a small child being taken out by my father for a big treat, to the top of Aloha Tower because it was the tallest building in the state. I grew up as a sheltered, local boy. Imagine the culture shock when I went to Yale University! It was only the second time I had been to the mainland United States. I had been to the mainland only once before to go to Disneyland.

Q. Where did you do your medical training?

A. I was accepted to the University of California, San Francisco Medical School as an out-of-state student. I did my internship and one year of medical residency at UCSF. I did my 3 years of neurology residency at UCSF. I then completed a one-year Fellowship in clinical neurophysiology and neuromuscular diseases at the University of Iowa. I knew that I was coming back to Honolulu to practice, I thought I would get less “rock fever” coming back to Honolulu from Iowa rather than coming back from San Francisco.

Q. What is it like to work with your father in your office?

A. He began working in my office in 1992 when Dr. Okihiro retired and I had to start running the business. He still comes to work daily and is now 89 years old. It’s a pleasure to watch him age gracefully. He keeps the office cheerful. He is completely reliable. He’s someone I can talk to that I know has my best interest at heart.

Q. Typically women physicians get asked about competing priorities at work and home. I know your family is very important to you; how do you as a male physician balance work and child-rearing responsibilities?

A. Someone once told me that when you’re old and retired no one ever says “I wish I spent more time at work.” Balancing your practice and raising a family is always a difficult proposition. Especially when your children are young, they want to spend as much time as possible with you. I make it a point to reserve time from work to go to their school functions. I made sure that I went to all of their performances at school and in sports. I try not to bring any work home so that I can spend time with them.

Q. Are you still doing lion dancing and martial arts?

A. I started doing Kung Fu at age 12. Currently I help teach martial arts. I try to do Tai Chi with my wife every morning at 5:00. You can see me with my club during the Chinese New Year’s Parade. Please give money to the lion or dragon!

Q. Your new Neurology Selective is highly rated by third year residents. What are the secrets to its success?

A. I believe that the Neurology selective is so successful because of the dedication of the community neurologist to teaching and the neurologist’s maintenance of their intellectual curiosity. It also helps that most medical students and medical residents have minimal prior neurologic training so that we can impress them all with relatively little knowledge!

Q. What are the three most important things residents should learn on Neurology Selective?

A. How to do a competent neurologic examination, how to localize where is the lesion that explains the patients complaints, and to understand what neurologic diseases and conditions they are able to treat and when he or she needs to refer the patient out.

Q. What do you think about a public insurance plan?

A. I think some form of insurance for the general population is a requirement for a modern society. The devil is in the details. I am afraid that the federal government bureaucracy will turn medical care into a quagmire of red tape and inefficiency. I suspect for the practicing physician it will mean that he or she will work harder for less payment. In the long run this will exacerbate the shortage of physicians.

Q. You joined Dr. Michael Okihiro in practice when you returned to Honolulu after your Neurology Residency. What lessons did you learn from him about practice that can be passed onto residents starting private practice?

A. I joined Dr. Michael Okihiro when I first came back to HI as a neurologist. I knew him for 12 years prior to joining him in practice. I first met him when I did research for him as an undergraduate. He was the first neurologist in Hawaii. He was also the first non-Caucasian physician at Straub Clinic. I learned many important things from him: 1. If one gets a partner you should find someone who you trust and have a good working relationship. 2. Stay true to your principles. Be a patient advocate. Treat your patients with intellectual honesty. 3. Work hard and play hard. I am still working on achieving the ability to play hard.

Q. Will you encourage your 11 year old son or 14 year old daughter to pursue a career as a physician?

A. I would not discourage my children from a career in medicine. It depends on the reason they choose the medical profession. If they are looking just for a career and a way to make a living, there are easier and probably more lucrative jobs. If they are truly looking for a way to help care for other people, then medicine is still a wonderful career.

Q. What is your favorite part of the brain?

A. No question...the cerebellum. The song below was part of my brain CT class that I taught at my children’s school :(Sung to the melody of Frere Jacques)

“Cerebellum, Cerebellum.

Where are you? Where are you?

Posterior fossa, Posterior fossa.

There you are, There you are!”

SCHEDULE OF EVENTS

- **Tuesdays**—Academic 1/2 Day
- **September 11, 2009**—Intern Retreat at Bellows AFB
- **October 2, 2009**—Level 2 Primary Care & Fellowship Retreats
- **October 10, 15 & 17, 2009**—In-Training Exam

Costume Contest at Academic Half Day! October 27, 2009

Dress in your best Halloween costume & win a prize!

Last Year's Winners:

Cutest: "Panda" Level 3 Cody Takenaka

Scariest: "Blood Drive Vampires"

2009 Preliminary Graduate Nelli Naima & QMC CMR Kahealani Rivera

Funniest: "Mario Team" Program Administrator Kari Noble, Program Assistant Traci Randolph and 2008-2009 QMC CMR Prashant Verma



UHIMRP DINNER FOR JABSOM 4TH YEAR STUDENTS BY LAURIE TAM, MD, CLERKSHIP DIRECTOR & ASSOCIATE CHAIR, UNDERGRADUATE MEDICAL EDUCATION, JABSOM DEPT. OF MEDICINE

The annual UHIMRP Recruitment and Selection Committee Dinner for JABSOM senior students was held on August 28, moved to a new venue, the best dining spot in Honolulu—at Dr. Bruce Soll's lovely Kahala home. How often do you get to dine with students, residents and faculty under strings of paper lanterns in a hidden backyard garden?

All JABSOM 4th year students who

expressed interest in applying to Categorical Medicine residency were invited, as well as UHIMRP alumni and current residents, including those that were also JABSOM graduates. Of course, key Department of Medicine and UHIMRP faculty didn't miss the event.

The evening's purpose was to share information about the residency program that JABSOM senior students may not be aware of: why current and former

residents chose UHIMRP over Mainland programs, how UHIMRP residents match to excellent fellowships, how UHIMRP graduates are well prepared to start fellowship or primary care, how UHIMRP graduates easily find jobs in Hawaii and how UHIMRP loves JABSOM graduates.

The highlight of the evening was meeting and getting to know our young future physicians of Hawaii!

BITS & PIECES

Dr. Ongkarn Sarasombath accepted to Geriatric Fellowship—Level 3 resident Dr. Sarasombath will begin in the UH Geriatric Fellowship Program July 2010. Congratulations!

Poster Presentations—Level 3 residents Drs. Nuntra Suwantararat & Ongkarn Sarasombath will present posters at the 47th Annual Meeting of the Infectious Diseases Society of America in Philadelphia this October. Their faculty advisor was Dr. Alan Tice, Infectious Disease Specialist and Clinical Associate Professor in the Department of Medicine.

UHIMRP Graduates return to Hawaii after completing Rheumatology Fellowships—2006 graduate **Dr. Deryll Ambrocio** completed his fellowship at the University of Virginia in 2008. He has returned and started a Rheumatology Private Practice in Queen's POB II. Another 2006 graduate **Dr. Kelly Wachi** completed her fellowship at the University of Iowa and started a Rheumatology Private Practice in Waimea. 2007 graduate **Dr. Scott**

Kawamoto completed his fellowship at Stanford University and joined a Rheumatology Group Practice in Queen's POB III. We are glad to have them back in Hawaii!

Dr. Soma Subramaniam tied the knot! Congratulations to Soma and his wife Meena Nagappan! They were married in Karaikudi, South India surrounded by family and friends on September 7, 2009.



Dr. Abby Harada has twins! 2005 graduate Dr. Harada and husband, 2004 Transitional graduate Dr. Gregory Schmidt, welcomed twins, Jacob & Olivia, to their family on September 5, 2009. Congratulations!

Great news from grads Drs. Jason Dinh & Monicha Kangwanprasert! Former chief and 2004 graduate Dr. Dinh and 2006 graduate Dr. Kangwanprasert are returning to Hawaii, but not alone...they're expecting! They will practice Nephrology and Primary Care together at Queen's Medical Center in POB II.

*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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