



TRAINEE TALES...CHANGING OF THE GUARD

It's that bittersweet time of year again, when the medical chief residents say their goodbyes and move on to begin the next phase of their careers. This past academic year, the SFVA hosted Drs. Rabih Geha, Amanda Johnson, Anna Parks and Christy Soran. Together they educated us, attended on wards and in clinic, and contributed to the overall incredible VA atmosphere with their teaching, mentorship and warmth.

We are lucky to retain three of these four amazing clinicians at UCSF next year. In the coming months, Rabih will begin as ED faculty at the SFVA. Amanda will serve as Director of Primary Care Integration for New York Health & Hospitals Corporation. Christy will start a fellowship in primary care addiction medicine at ZSFG and Anna will enter the UCSF hematology/oncology fellowship program.

We deeply thank this year's chiefs for their service and welcome our incoming VA chiefs on June 1: Drs. Evan Walker (UCSF) and Armond Esmaili (Georgetown) will be the VA inpatient chiefs, and Dr. Chloe Ciccariello (Mount Sinai) the VA ambulatory chief. Looking forward to a wonderful year with you!



Rabih, Amanda, Ken, Christy & Anna



Fort Miley VA Open House
November 1959

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LANDS END BEFORE TIME

KEN'S KORNER

TRIVIA

IMPORTANT DATES

SUGGESTIONS

Dr. Paul Blanc

OCC HEALTH MEETS AMAZON

FAKE SILK: THE LETHAL HISTORY OF VISCOSE RAYON

Were you aware that on the ground floor of Bldg 203 sits a published author of prize-winning caliber & investigative powers of Erin Brockovich?

Dr. Paul Blanc, Chief of Occupational Health and Environmental Medicine, penned an expose on the once high-fashion textile, viscose rayon, describing its production, rise to popularity and secrets behind its hazards to factory workers.

A book review in the journal *Science* by Emily Monosson from November 2016 wrote

"...Blanc reveals the misery behind the making of this material: depression, weeks in the insane asylum, and, in some cases, suicide. Those who were not stricken with neurological symptoms might still succumb to blindness, impotency, and malfunctions of the vascular system and other organs. For each reported case, I could not help but wonder how many others retreated quietly into their disabilities or graves. Yet as their nerves and vessels weakened, the industry they worked in became stronger..."

Sadly, companies responsible for the production of rayon turned a blind eye to devastating effects of carbon disulfide exposure in favor of meeting demands of the oblivious rayon-hungry public and lucrative opportunities for business expansion.

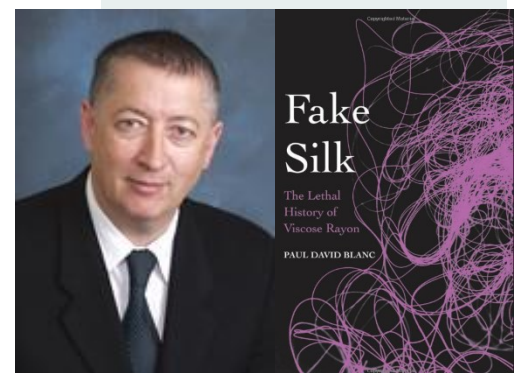
Paul published his first book *How Everyday*

Products Make People Sick in 2006 and then began work on *Fake Silk*. Supported by a National Library of Medicine grant—and an academic year at the Center for Advanced Study in the Behavioral Sciences at Stanford—he finished the book over a 10 year period. He remarks that writing a book has much value—but is a very solitary endeavor. The intent with *Fake Silk* was to create a lasting tribute memorializing those who suffered exposure to the dangerous chemical—and a cautionary tale of substances deemed 'all natural'. One of the best things to date that has happened as a result of the book was a reporter from Wales (*an area where much rayon was produced*) reached out to Paul to thank him for educating the public, sending appreciative emails from relatives of prematurely deceased workers.

Paul has had multiple radio interviews and book reviews since *Fake Silk's* release in 2016, but hopes to one day be invited as a guest of NPR's Fresh Air (he says with a smile).

His favorite read? *"Anything by Jane Austen"* Favorite fabric? *"Real silk. But I like linen too. However, linen does have a lot of occupational health problems..."*

What's in YOUR closet??



MORALE COMPASS

NOT MORAL



Good Reads

BOOK *The Battle for Veterans' Healthcare* Suzanne Gordon 2017

A comprehensive review of past and current policymaking as it applies to healthcare delivery at the Veterans Health Administration. Gordon provides insight into mainstream media's negative reporting on the VHA and delineates ways in which veterans are delivered medical care that is second to none and should be expanded and replicated. Forward by Kenneth Kizer.

ARTICLE *On Veterans' Day a VA Doctor Shares Praise and Hope*
Megha Garg, MD. USA Today 11/10/2017

Most of you had the opportunity to read the heartwarming account of Dr. Garg's VA experience on Veterans' Day 2017. Here are a few letters sent to her in thanks from veterans across the nation.

Letters

I want to thank you for the recent article you wrote about the care provided by the VA. I am a Vietnam War veteran and I was wounded twice in Vietnam in 1969 and I have been receiving excellent care at the Sierra Nevada VA Hospital in Reno. Everyone there is so nice and all the vets I have spoken to who receive care there have nothing but good to say about our care.

I hope not to take up too much of your valuable time but this happened to me when I first started receiving VA care in Reno. My lab results showed minute amounts of blood in my urine. When I met with my primary care physician he wanted to know if I knew about that. I told him yes that the civilian hospitals said for years I had blood in my urine but since it was so small, nothing to worry about. My VA doctor said "I disagree with that", it might be nothing to be concerned with or it could be serious. So after a procedure to look at my bladder (it was normal) a scan was taken of my body and a very small calcium deposit was located in a kidney causing just the slightest irritation therefore the minute amount of blood. I was very impressed with how I was treated there.

Thank you again for "sticking up" for the VA and bless you for the care you provide along with your colleagues.

From Nevada

I am a WWII veteran aged 92 and reasonable active and healthy. The Veterans Hospital at Prescott Arizona gives me a complete examination twice yearly and provides any necessary medications. There have been management administrative misdoings in Arizona. However, all the staff I have seen are warm friendly people and I tell them so.

From Arizona

MAKING THE VA PROUD

- ◆ An article by **Dr. Maya Dulay** of GIM, "*An Intensive Community Clinic Immersion Experience for Interns*" in JGME in 2017 made the cut for top articles of the year during Updates in Medical Education at SGIM 2018.
- ◆ The **Kidney Health Research Collaborative** was awarded the 2018 Pathways Mentorship Award. They were nominated by medical students Jesse Ikeme and William Zhang—whose projects were chosen by leadership to be presented at the Inquiry Symposium for the School of Medicine.
- ◆ **Dr. Calvin Chou** of GIM was recently awarded the 17th annual Lynn Payer award from the Academy of Communication in Healthcare "for outstanding contributions to the literature on the theory, practice and teaching of effective health care communication and related skills."
- ◆ **Dr. Sei Lee** of Geriatrics received the 2018 SGIM Mid-Career Research Mentorship Award
- ◆ **Dr. Carl Grunfeld** of Endocrine & Metabolism was given the Distinguished Achievement Award of the Alumni Association of Haverford College
- ◆ **Dr. Mike Shlipak** of GIM has been invited to join the new 2019 VA/DOD Chronic Kidney Disease Clinical Practice Guideline. He is hopeful to bring KHRC's triple-marker diagnostic algorithm for CKD into discussions.
- ◆ Beginning June 2018, **Dr. David Lovett** of Nephrology will serve as Chair for the UCSF Committee on Academic Personnel (CAP).
- ◆ **Dr. Phyllis Tien** of Infectious Disease has been selected as the new Chair of the inter-CFAR HIV Research in Women working group effective July 1, 2018.
- ◆ **Dr. Susie Wlodarczyk** of Hospital Medicine was selected to participate in the Teaching Scholars Program for 2018-19. This highly competitive and intensive year-long educational series hosts some of the University's most promising educational leaders each year.
- ◆ **Dr. Eric Widera** of Geriatrics was selected as one of the 2018 AAHPM Visionaries in Hospice and Palliative Medicine, receiving an award at the Annual Meeting. The AAHPM visionaries project was created in order to recognize individuals who have made exemplary contributions to the field of hospice and palliative medicine.
- ◆ **Dr. Denise Connor** of Hospital Medicine along with Jason Parad, MPH, received the Cooke Award for the Scholarship of Teaching and Learning which recognizes outstanding scholarly works presented at the UCSF Education Showcase for their submission "*Characterizing Diagnostic Reasoning in the UCSF Pre-Clerkship Curriculum*"
- ◆ **Dr. Charlie Wray** was selected as Director for the new Journal of Hospital Medicine Editorial Fellowship. The first class of fellows begins in July.
- ◆ The Lung Cancer Screening Program at SFVAMC reached the mark of 1300 patients screened. **Tess Rubenstein**, Pulmonary NP, presented a summary of findings in the program at a poster discussion session at last week's American Thoracic Society International Conference.
- ◆ **Dr. Jim Brown** is new Vice Chair, American Thoracic Society, Research Advocacy Committee. He also continues to chair the VA Subcommittee, tasked with increasing ATS member participation in VA research programs.



CONGRATULATIONS TO ALL! Please send your super-human, amazing, and noteworthy accomplishments to heather.nye@va.gov for the next newsletter

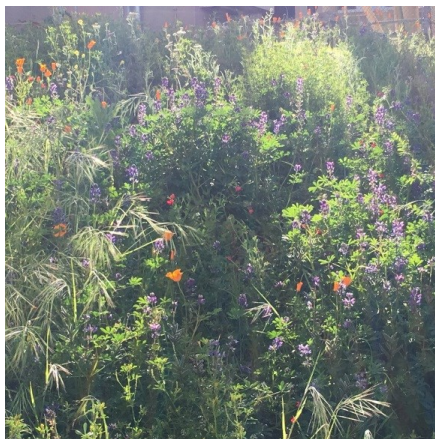
SHOW ME THE MONEY

- ◆ **Shira Maguen, PhD**, received a new HSR&D Investigator Initiated Research award. Title: *Eating Disorder Screening and Diagnostic Tools for the Veteran Healthcare System*
- ◆ **Dr. Paul Blanc** Chief of Occupational and Environmental Medicine (OEM) is the PI of a newly awarded training grant to support the OEM residency program from the Health Research Services Administration (HRSA). The HRSA award is \$400,000 per year for five years under the agency's Preventive Medicine Residencies program. The residency includes a supported MPH at UC Berkeley as part of its two-year program and leads to board eligibility in Preventive Medicine.
- ◆ Congratulations to VA clinician educators **Drs. Denise Connor and Nima Afshar** for being part of successful submissions for *UCSF Academy of Medical Educators Innovations Funding for 2018-19*
- ◆ The SFVAHCS was awarded \$100,000 toward a Trainee Telehealth Hub. This grant proposal was written by a diverse group of faculty from many specialties and spearheaded by **Drs. Rebecca Shunk, Melissa Bachhuber** and the **Teleprimary Care Hub Faculty**. (photo below)



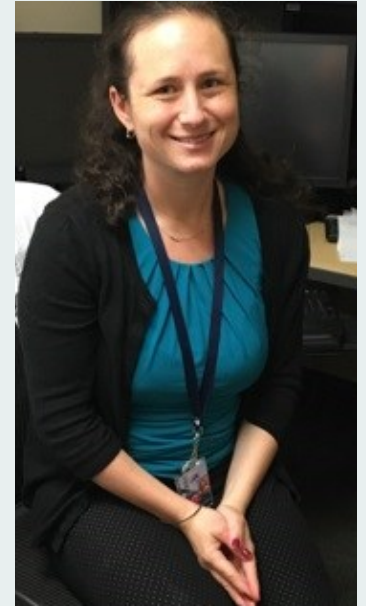
Favorite Hidden SFVA Places

Everyone recognizes the spectacular beauty of our VA campus—the Golden Gate, Marin Headlands, and Lands End in all of their glory. But there are some not-so-famous places I would like to celebrate. We may never know why, but someone thought to spread a handful of wildflower seeds on a dirt heap between the NCIRE building and the roaring turbines of building 41—and today stand golden California poppies, fragrant Alyssum, flowing grass, some Queen Anne's Lace and a lovely array of purple & tiny red flowers I can't put names to — gently blowing in the wind along the pathway to the parking lot. Sometimes I'll park there just for an excuse to pass by this secret VA garden. Thank you to whoever had the foresight to foster a wildflower haven amidst the concrete—and make our campus lives just a little richer.



FEATURED FACULTY

Meet Laura Flink



After taking an extended East coast detour, we are delighted that Dr. Laura Flink landed back from whence she came—the San Francisco Bay Area. Laura joined the SFVA cardiology staff in September of 2016 and currently attends in echocardiography, general cardiology and CHF clinics. Laura brings many unique aspects to the division, including compelling research in women's cardiovascular health. She currently partners with the Women Veteran Cohort Study to examine the risk of cardiovascular disease in women with polycystic ovarian syndrome and is working on a study of diastolic dysfunction in women with hyperandrogen states using an NIH/NHLBI database. She became interested in this area as a result of research during residency about disparities in cardiovascular health in women.

Laura grew up in Berkeley, California, and spent time in Providence, RI, for her undergraduate degree (Brown). After completing medical school at UCSF in 2009, she returned East for internal medicine residency at Columbia followed by cardiology fellowship at NYU. Among the many reasons she cites for accepting a faculty position at the SFVA is a desire to be back in the Bay area—near her parents and her sister who was a GI fellow at UCSF and now soon-to-be faculty (Dr. Sara Lewin). She also notes the collegiality of her cardiology colleagues (many of whom she knew as a student at UCSF), the unique blend of academic and community setting and the patient population. When a trainee at UCSF, Laura developed a deep connection to the UC system and educational mission. She now enjoys giving back in the form of teaching trainees on all levels...students, residents and fellows.

In her first year as Interim Chief of Cardiology, Dr. Cara Pellegrini notes that hiring Laura was one of the highlights. *"She is bright, hard-working, team-oriented, caring, and enthusiastic. She is the first to offer help to a colleague and has brought fresh ideas and a can-do attitude to our educational and clinical enterprise."*

While it would seem there is little time for much else at the end of her workday, Laura also manages to gracefully raise two small people (daughter Emma, almost 3, and son Eli, 10 months) Not a job for the faint of heart, another important person helps her with this, her husband David. He also runs a national nonprofit for children with learning disabilities called *Eye to Eye*. During 'down time' the power-duo enjoy hiking with kids in tow and occasionally Laura escapes to do spinning cycling.

DIVERSITY SOUGHT IN SANTA FIGURE

We knew he could run a Medicine Department and was often handy with an endoscope, but few recognized the genius of Dr. Kenneth McQuaid in challenging Hollywood Santa stereotypes when he broke out the red and white suit last December at the VA DOM Holiday Party.

Children squealed (or cried) with joy (or fear) at the svelte, towering Santa who is now taking Hollywood by storm.

The always humble and somewhat befuddled Dr. McQuaid stated "I'm proud to represent our VA facility in SF or La La Land" when receiving the Nickelodeon Kids' Choice Award.

A remake of *Miracle on 42nd Street (and Clement)* is expected out by Thanksgiving. McQuaid reports having ample Annual Leave and grandfathering experience to fulfill his duties in the role.



NEWEST TMS MODULES ROLLED OUT

In an effort to update physician and staff education, Talent Management System (TMS) has been revamped to include more relevant, timely, and potentially helpful material.

New Modules will be available in the coming months to replace the current **'Duck & Cover,' 'How to Answer the Phone,' & 'Washing Your Hands Before Dinner.'**

Anticipated topics designed to better prepare the federal employees include **'Tweeting Wisely,' 'Answering your Telecom,' 'Name That SFVA Building,' & 'You're Probably Doing Something Illegal and Just Don't Know It Yet.'**

Proposed topics narrowly voted down may be reconsidered in coming years;



'Calendaring Etiquette: Creating and Canceling Meetings with Compassion' and **'NEVER**

EVENTS: Using Google Products, Common Sense & Wi-fi'

Most employees welcome the idea of newer modules through the modernization effort. Others, however, have been frustrated that hours spent completing their current modules to avoid privilege suspension will not be carried forward.

However, the VA is a dynamic, nimble and adaptable 180000 ton ship. And when the winds shift, so must we.

"It's a sad day when I have to choose between asbestos and air"
anonymous



investigating the possibility. Safety, however, has been a major area of concern with hazardous agents still presenting risks in these areas. Other considerations include sunlight deprivation, no cell /pager service, and minimal air circulation.

"We are willing to sacrifice a lot of things when it comes to work space, but staying alive is not one of them" remarked Dr. Wlodarczyk.

But one frustrated hospitalist, wishing to remain anonymous, declared "It's a sad day when I have to choose between asbestos and air. I can't breath in an office with 15 people either!"

As has been typical of his 'all-in' leadership, McQuaid was the first to volunteer to make the proposed solution a success. He will be the sole occupant in the pilot Office of the Chief Annex beginning August 2018. "It may be harder for people to just knock on my door...without a hazmat suit"

Dr. Paul Blanc of Occupational Health has yet to comment.

SHAREPOINT OFFLINE ENTIRE MONTH: NO ONE NOTICES

"Strange, it was a relatively quiet month on the IT hotline," commented tech specialist Alex following the discovery that all content and functionality on local and national SharePoint sites had been nonfunctional for five weeks.



Harry Lampiris was relieved to hear that it wasn't just the speed of his computer, which had been trying to load the Antibiotic Stewardship Program page since May 10th.

Now that the VA Intranet is again up and running, page administrators are removing content prior to 2011 in order to prevent future server overloads. 50% of pages are expected to disappear.



Proposed site for Chief of Medicine office

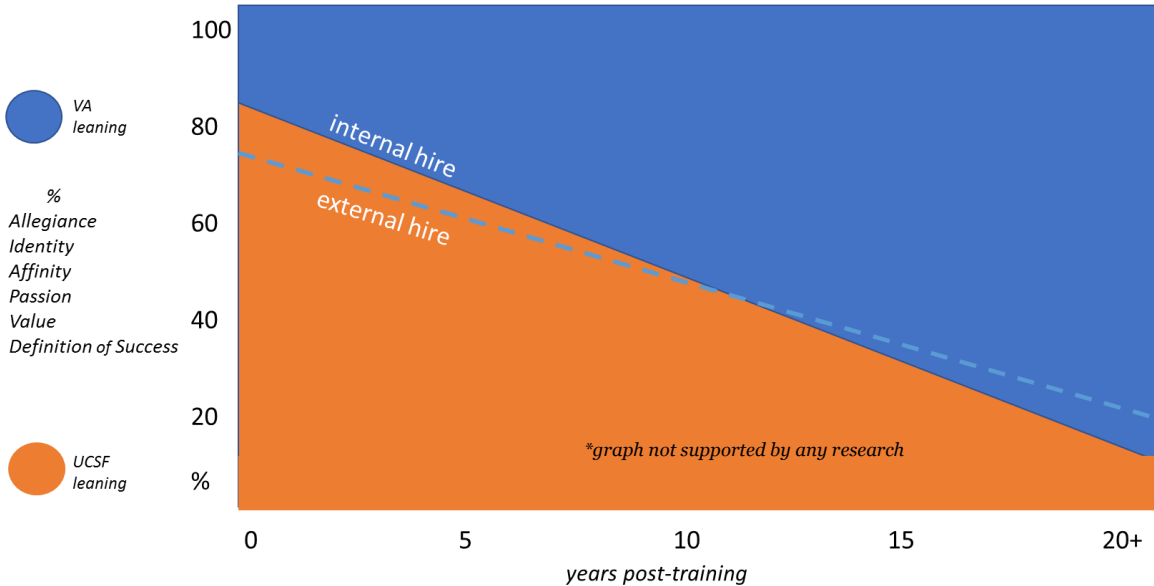
CREATIVE BUNKER USE SOLVES SPACE ISSUE

When Dr. Robert Owens suggested considering abandoned bunkers adjacent to the hospital as potential office space at the April staff meeting, Assistant Chief of Medicine, Dr. Susie Wlodarczyk, wasted no time in

EVOLUTION OF VA ACADEMIC FACULTY : WHERE DO YOU PLOT?

In addition to bolstering morale, a second priority for the Chief's office is to understand, integrate & optimally support the diverse perspectives and priorities of its faculty. These most often stem from individual experiences & interests, generational & cultural differences, and a wealth of personalities. Recognizing priorities & perspectives change as one moves through her/his career is critical to support and guide faculty at various stages—and leverage unique assets that each group brings to the department. While there is no perfect paradigm, here's one way of looking at the evolution of an academic faculty member.* We may sometimes agree—and sometimes disagree, but it is always easier if we appreciate the different & evolving lenses through which others view situations. Please send thoughts to heather.nye@va.gov

Natural Evolution of an Academic VA Career



Immediately after leaving residency:

- 1 Strong appreciation for and attachment to educational mission, teaching
- 2 Mentors and examples of success are mostly UCSF affiliated, in highly visible areas to learners (*SOM, residency leadership, divisional and hospital/dept administration*). Goals and measures of success are tied to UCSF ideals, opinions, and opportunities
- 3 VA seen as outpost, not separate system. Difficult to feel affiliated with VA *per se*.
- 4 National meetings seen as clinical learning, exploration, social, more elective
- 5 Limited perspective, undifferentiated, prefers to do all things well, less value seen in having niche

Unique assets: great energy, spirit, can-do attitude, new eyes, and undifferentiated

After 5 years

- 1 Learning VA system, what being an employee is, begins to represent VA in conversations
- 2 Hitting stride as physician—comfort with system—growing affiliation.
- 3 If 'success' achieved (*roles in academic world; administrative & educational leadership*), alternates between identities of UCSF educator / VA clinician
- 4 If 'success' NOT achieved, may feel a stranger in a strange land—seeks alternate measures of success, exploring VA opportunities
- 5 Appreciates VA, slower pace, though remains strongly influenced by UCSF 'success', Considering niches

Unique assets: same as prior, but now greater institutional knowledge/ awareness

After 10 years

- 1 Firmly entrenched in VA systems issues, facile with work-arounds, expert at employment, more likely to say they work at SFVA vs. UCSF
- 2 Clinical work an area of pride—teaching fun, valuable, but stands less on its own
- 3 More likely to develop niche, feel relief in focusing efforts & activities. Values & definition of success evolving rapidly (family, children, health)
- 4 Asks self about impact—how innate skills might tailor pathway —open to less 'prominent' roles
- 5 Comfortable with distance from academic partner—glad to maintain association, benefit from working with learners
- 6 Seeks community nationally - representing own work, passions and/or VA

Unique Assets: energy, deeper understanding of VA system and needs, part of community network, highly skilled & experienced, still malleable

After 15 years (provided not a Dean or in large administrative, leadership or UME/GME role)

- 1 All of the above, but more-so
- 2 Much less engaged in UCSF internal affairs—but finger on pulse of need-to-know changes (new programs, curriculum, administrative leaders)
- 3 VA opportunities more alluring than UCSF opportunities—to keep it simple, focus on institution that provided \$\$, stability and satisfaction—strong desire to GIVE BACK. VA mission resonates strongly after years of caring for vets, existing in VA culture
- 4 National communities important for enriching career and long-term satisfaction, sense of impact

Unique Assets: breadth of experience & perspective, institutional knowledge, appreciation of historical trends, deep wisdom

After 20 years (provided not a Dean or in large administrative, leadership or UME/GME role)

- 1 Know & understand the political landscape & inner workings for both VA and UCSF, becomes more of an observer of UCSF
- 2 Live in a state of suspended disbelief—VA could close soon or be here another 100 years (or at least until you retire)
- 3 Strong desire to develop, mentor and impart perspective on more junior faculty, aims to draw others into one's own Niche
- 4 Can ignore most idiosyncracies of bureaucracies because its understood they exist everywhere, considers legacy of career
- 5 Recognizes fortune of affiliation with VA system so many years ago, understands term 'high 3'

Unique Assets Sets overall tone for institution, models 'success' in VA system and life balance, deep wisdom and historical perspective on both institutions

I READ IT SOMEWHERE....NEW PUBLICATIONS

Dr. Stephen Bent of GIM [Bent S](#), Lawton B, Warren T, Widjaja F, Dang K, Fahey JW, Cornblatt B, Kinchen JS, Delucchi K, Henren RL. **Identification of urinary metabolites that correlate with clinical improvements in children with autism treated with sulforaphane from broccoli.** *Molecular Autism*. 2018 (in press)

Dr. Calvin Chou, of GIM Co-Editor: **Communication Rx: Transforming Healthcare Through Relationship-Centered Communication (McGraw Hill)**. **Dr. Denise Davis** wrote a chapter on culture and diversity in that book.

Dr. Ken Covinsky of Geriatrics was interviewed for a [New York Times](#) New Old Age column entitled: **"The Clinical Trial Is Open. The Elderly Need Not Apply"**. The article talks about the exclusion of older persons from clinical research.

Dr. Shalini Patel of GIM [Raffel KE](#), Beach LY, Lin J, Berchuck JE, Abram S, Markle E, [Patel S](#) **Naloxone Distribution and Training for Patients with High-Risk Opioid Use in a Veterans Affairs Community-Based Primary Care Clinic.** *Perm J*. 2018 Mar 30;22 The Downtown clinic with support of EdPACT describes a successful QI project about distributing naloxone kits in a community clinic setting; a project involving CBOC staff, medicine residents and a psychology fellow

Dr. Phyllis Tien of ID [Reid M](#), Ma Y, Scherzer R, Price JC, French AL, Huhn GD, Plankey MW, Peters M, Grunfeld C, [Tien PC](#). **Contribution of Liver Fibrosis and Microbial Translocation to Immune Activation in Persons Infected With HIV and/or Hepatitis C Virus.** *J Infect Dis*. 2018 Mar 28;217(8):1289-1297.

Dr. Denise Davis of GIM had her view on the importance of communication & diversity training for medical students published as a [New York Times letter](#) (see far right)

Drs. Julie Ishida & Kirsten Johansen of Nephrology

1) [Julie H. Ishida](#), Charles E. McCulloch, Michael A. Steinman, Barbara A. Grimes, [Kirsten L. Johansen](#). **Opioid Analgesics and Adverse Outcomes among Hemodialysis Patients.** *Clinical Journal of the American Society of Nephrology*. 2018 May 7;13(5):746-753. This paper was published with a "Patient Voice" editorial in which a patient provided his perspective on the usage of opioids among hemodialysis patients.

2) [Julie H. Ishida](#), Charles E. McCulloch, Michael A. Steinman, Barbara A. Grimes, [Kirsten L. Johansen](#). **Gabapentin and Pregabalin Use and Association with Adverse Outcomes among Hemodialysis Patients.** *Journal of the American Society Nephrology*. In press.

Dr. James Brown of Pulmonary / Critical Care [Brown J](#). **Lung cancer screening in the VA: opportunities for research.** *Am Thoracic Research Soc News Quarterly*, June, 2018 (in press).

Dr. Mehrdad Arjomandi of Pulmonary /Critical Care (select publications)

1) [Arjomandi M](#), Zeng S, Blanc PD, Gold WM. **Increasing the Resolution of Chronic Obstructive Pulmonary Disease Definition: Lessons from a Cohort with Remote but Extensive Exposure to Secondhand Tobacco Smoke.** *Ann Am Thorac Soc*. 2018 Apr;15(Supp_2):S122-S123.

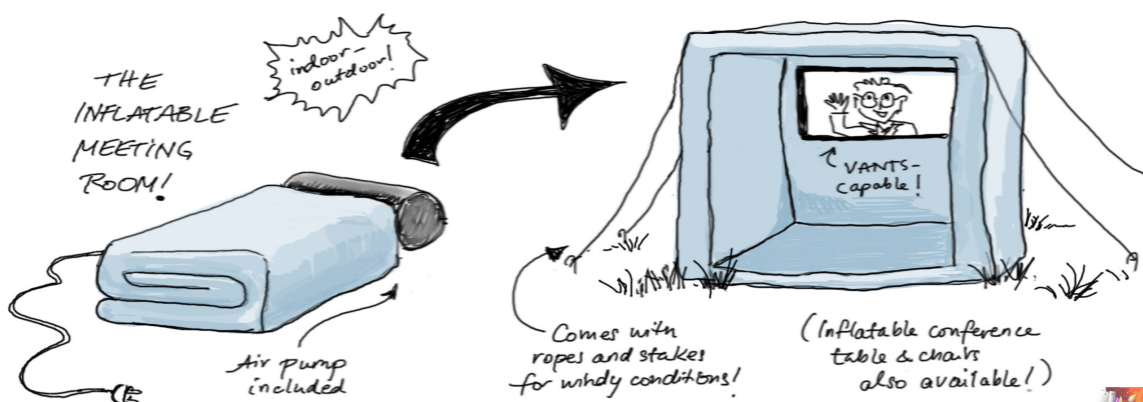
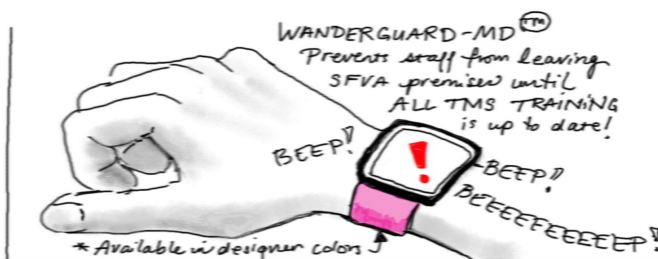
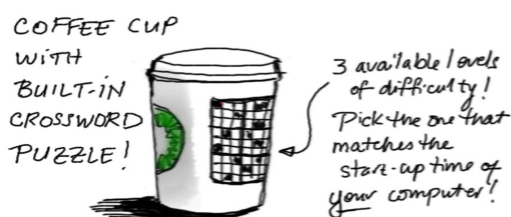
2) [Arjomandi M](#), Zeng S, Geerts J; Stiner R, Bos B, van Koeven I, Keene J, Elicker B, Blanc PD, Gold WM. **Lung Volumes Identify an At-risk Group in Persons with Prolonged Secondhand Tobacco Smoke Exposure but without Overt Airflow Obstruction.** *BMJ Open Respir Res*. 2018 May 5;5

3) Blagev DP, Collingridge DS, Rea S, Press VG, Churpek MM, Carey K, Mularski RA, Zeng S, [Arjomandi M](#). **Stability of Frequency of Severe Chronic Obstructive Pulmonary Disease Exacerbations and Healthcare Utilization in Clinical Populations.** *Chronic Obstr Pulm Dis*. 2018 (In Press).

Portraits of physicians and residents lacking empathy and effective communication skills with black mothers remind me of the importance of changing medical education from Day 1. Students in our institution spend two full days in their first week of medical school learning and practicing relationship-centered communication, designed specifically to convey respect and compassion across racial and ethnic differences. It's that important. Communication can be lifesaving. *Denise L. Davis, M.D., clinical professor of medicine, University of California, San Francisco*

S.F.V.A. LESSER-KNOWN INNOVATIONS

Art by **Dr. Erika Price**





And now for a journalistic voyage back in time...

We present a newsletter from our history. Dr. Ben Davoren recently unearthed archives from the *Medical Resident Progress Note (MRPN)* penned some two and a half decades ago.

This medicine residency newsletter covered hot topics from raising small children to Harry Hollander's thoughts on wine, and LT's music reviews. There are photos of almost-familiar faculty and uncanny similarities of issues that continue to be relevant today. Please enjoy this new *Lands End Before Time* regular feature.

Rules To Abode By

by J. Ben Davoren

Having just completed the coveted "UC fourth year" as an Attending in the E&A, I am here to report that I have returned to indentured servitude (as a new Fellow in Oncology). However, I did do all the things that one is supposed to do during that year after residency: sleep, see one's family (including in-laws, even), and buy a house.

Buying a house is something that you cannot be prepared for. But I'm going to help change all that, by guiding each of you through the exhilarating process in this step-by-step column, subtitled "you think you did scout on the LTU...wait 'til you see what the banks make you do."

Step 1: Realizing that you can never make the down payment. The first in a series of anxiety-provoking experiences, this begins the process. When you realize that 10 or 20% (*sure*) of the median-priced home is more than you made all of last year (for R2's, more than you made in all of the last 5 years *combined*), your heart sinks, your mouth is dry, and you calculate 30 different budgets for the next 12 months.../ *et 's see, if I eat only at conferences, ride my bike every day, work at Kaiser every other weekend, and do all my laundry in the callroom sink, I'll save \$4000, except I have to pay off those pesky student loans. I guess that won't work either...* This leads you to:



Step 2: Somebody else will have to make the down payment. Now you're cookin'. You whip out your address book and look through the names.

Since you're a resident, it doesn't take long. There are two names: Mom and Dad. Your spouse says "we could ask my parents, you know." You reach simultaneously for the Mylanta and the phone. You find it interesting that you "just want to get lucky." Boy, how the meaning of *that phrase* has changed, you think. Everyone I know has managed to have their parents help, at least a little, and I encourage you to try. You'll probably have to pay them back, of course, which adds to your debt, but who cares. You're anticipating reaching the Great American Dream: having enough deductions to itemize on your tax return.

Step 3: You still can't afford to live in the neighborhood you like. Get used to it.

Like Bill Clinton, you will find compromise is the only way out. Actually, there are a lot of nice places to live in the Bay Area. You just don't know where they all are yet. Drive around on Saturday nights (remember, you're a resident, you *actually have* nothing better to do) and see where it's quiet and where it's wild.

Step 4: It's open. It's a house. Must be an Open House. You used to be timid snooping around other people's bedrooms, and now you're looking behind the toilet and under the sinks to see if there are any leaks. You're driving around looking at five places a day, trying to remember what you saw last week. The biggest issue: how should you dress? Look like you make more than you do and you'll be less able to bid low. Look like you make less (*than a resident?*) and no one will take you seriously.

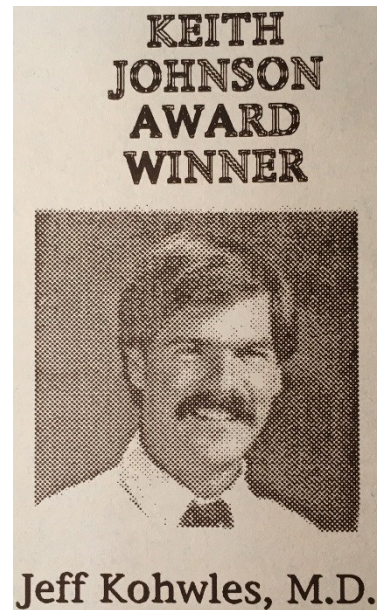


Step 5: You're going to have to use a real estate agent. You, as an over-educated physician, know you are better at everything than anybody else. You've read "How to Buy a House in California," and feel confident that you could do a title search on your own more quickly than the professionals. After the first meeting at an open house, you'll know that, much as you hate it, you'll have to have an agent on your side doing battle with the agent on the other side. Take some Compazine. You'll feel better.

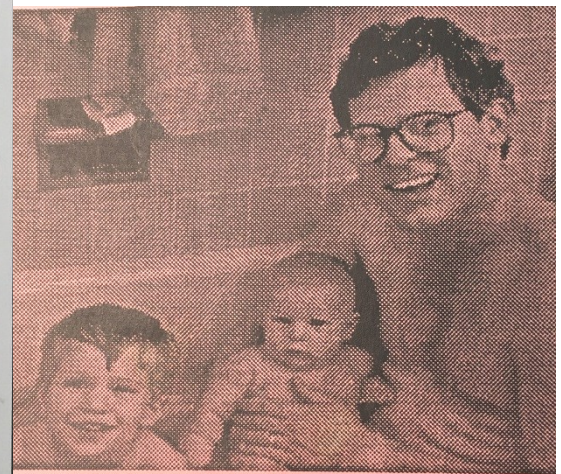
Step 6: Finding out that banks rule the world. This is the biggest bubble-burster of all. You fill out forms more intricate (and personal) than any residency application, and provide more things in triplicate than a hospice doctor, to a group of people in a loan office whose boss you could swear was one of the offensive tackles of your high school football team. You know, the guy whose dream it was to take over his uncle's used-car lot. If you feel you're being abused on nightfloat, bub, just wait until you provide the fourth copy of a document you gave them the first day, but which they deny they ever previously even asked for. But which they now need *yesterday at 2 p.m.*

Step 7: What the hell is escrow? I just want to buy the house. Once you're lucky enough to have passed bank scrutiny (the only place I've found where being a physician actually helps in this process) and made an offer on a house (you used a real estate agent, right?), you find that there are new places for your money to go before you even get to the down payment. For

Left: July/ August 1993



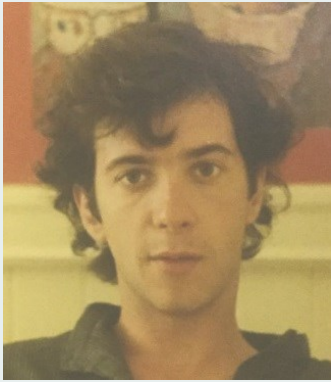
July/August 1992



Ben Davoren demonstrates a water-saving tip

KEN'S KORNER IN ALL SERIOUSNESS

June marks the passing of another academic year. Who among us doesn't fondly remember the restless excitement we felt as children while another school year drew to a close and our anticipation for the adventures of summer grew to a frenzy? No more teachers, no more books...roll out those hazy, crazy, lazy days of summer.



But as adults, these transitions are more bitter than sweet. Watching them through the eyes of our own children, grandchildren, nieces, and nephews draws our attention all too acutely to the rapid passage of time and the need to savor and cherish our loved ones before they leave the nest. Likewise, hugs and fond farewells with students, residents, fellows, and retiring faculty are shared with an admixture of gratitude, hope, and affection...and the awkward awareness that we've touched each other in ways we will never quite understand (much less be able to convey). This past year witnessed the retirements of some of the pillars of our VA Medical Service (*Diana Nicoll, Bill Seaman, Maxine Papadakis,*

George Caughey, Ken Feingold, Joel Karliner and Pat Cornett) and the death of our beloved "Chief", *Marvin H. Slesinger*. All contributed enormously to creating the vibrant VA community in which we share and enjoy, and we are forever indebted to them. Fare thee well, old friends.

Our melancholy soon will soon fade however as our conference rooms and hallways again are filled with the incoming tide of chief residents, first-year fellows, interns, and Bridges and VALOR students, all slightly disoriented, anxious, and eager to please. Check in with them! Welcome them with open arms and allow them to see why we are so passionate about our mission! As faculty, do not underestimate how much small acts of kindness and genuine interest means to these impressionable young people. Offer to meet with them. Take them to coffee...or lunch. You will never know how your spontaneous intercessions may alter their career trajectories. Moreover, it is mutually beneficial. For it is through their eyes and fresh impressions that we rekindle our own love for academic medicine, and we are rejuvenated.

Please especially congratulate and welcome our new division chiefs – *Sunny Wang* (Hematology/Oncology) and *Jorge Kizer* (Cardiology) and our new faculty – *Rabih Geha* (ED; past-Chief Res!), *Carling Ursem* (Heme Onc), *Sanket Dhruva* and *Joseph Yang* (Cardiology), *Emma Bainbridge, Molong Li, Lauren Lederle, and Marko Spasic* (Hospital Med). We're thrilled to have them join our ranks!

Finally, I wish all of you a wonderful summer with your family and friends. Whether you're camping, schlepping kids to camp, hiking in the headlands, or touring college campuses, enjoy the moment...but be safe. See you in September!

FUN FACTS / TRIVIA

We are amidst greatness.

Match the staff to the talent...more to come

- | | |
|----------------|----------------|
| 1. Paul Sullam | a. Boxing |
| 2. Kim Cantero | b. Photography |
| 3. Kip Mihara | c. Violin |
| 4. Sunny Wang | d. Guitar |



Name that tissue

SUGGESTIONS We want to hear from you!
Send us your news and ideas!!

The DOM Leadership Team *Heather.nye@va.gov*

LAST ISSUE'S TRIVIA

Daikh's favorite band "...the greatest rock 'n roll band is not the Stones, its the Who, but people should get partial credit for Little Feat, Los Lobos, REM, Tom Petty and the Dead...)"

Music/movie references Goodbye-Hello (Beatles), Show me the \$\$ (Jerry Maguire), Bust my Buttons (Wizard of Oz), No Capes! (The Incredibles), Radiograph (Iron Man)

McQuaid's LEAST favorite rodent: Gopher; he implores all of those considering to NOT plant pumpkins in your front yard

Chest Radiograph of Iron Man (Tony Stark)

IT'S A BIRD, IT'S A PLANE...IT'S *SUE BRINGEL*

Ken's 'PANIC' button & #1 VA speed-dial read "*Sue B.*" The go-to person for Human Resources issues big and small, comp panel questions, new hires, processing (or un-processing) of payroll changes, it's Sue, *always* Sue who comes to the rescue.

Meet Sue Bringel. She has worked in the SFVA HR department for nine years, and with the Medical Service over the past four. With grace and expedience, she addresses new hiccups on the business side of medicine on a regular basis—tirelessly and with sincere passion. Prior to coming to the SFVA, Sue worked in HR at the IRS for 15 years. Suffice it to say, she knows her stuff.

Sue's favorite thing about working here is "the great people in the services with whom [she] works"—manifested by her dedication to getting needs addressed & fostering optimal departmental function. You'd surely know this if you've ever tried to hire someone, get to the bottom of a payroll error, or asked for consideration for inclusion in the Employee Debt Reduction Program.

Rather than be lauded, however, Sue prefers to maintain a low profile and simply do what she does best: Help. We appreciate her more than she knows. And while it might seem there is little time for anything else, Sue enjoys doing stuff in her yard; planting flowers and tending to her little garden. She also loves spending time with her daughter, riding bikes, reading, and even playing a video game or two. That must be how she so artfully dodges barriers and perseveres until the finish. Thanks for everything, Sue!



IMPORTANT DATES

- ◆ Intern Last Day.....June 20
 - ◆ Employee Yoga.....Every Tuesday 4:30-5:30p
 - ◆ Vacation..... Whenever
- Details coming soon*
- ◆ Faculty Talent Show.....TBA
 - ◆ VA Faculty Headshots.....June, July W/Th