

# Sub-slime to Boo-diculous

Fall/ October 2019  
Volume 2, Issue 4  
Inner Kid Edition



SFVAHCS



Department of Medicine

## I Need Space

It's a phrase taught to preschool children for times when they'll otherwise explode in frustration if someone approaches. Only, it's not always a calm, controlled 'I need space' warning. At times, it is a top-of-the-lungs from the bowels-of-the-earth primal scream 'IIIII NEEEEED SPAAAAACE!!!!!!'



At SFVAHCS, there are few more terrifying topics than space—and the above visceral sentiment certainly rings true. We, of course, have joked about space, featuring solutions from using abandoned bunkers & cardboard boxes to mobile meeting rooms on circling shuttles, & custom *LEGO*-furnishings to maximize occupancy.

But nonsense aside, there are now plans afoot both within the Medical Service and across the SFVA Medical Center to optimize space utilization throughout all service lines—and in doing so, provide those most feeling the squeeze with much needed means of decompression. Tea-Leaf-Reader McQuaid already began work to position the Medical Service well ahead of the pack in modeling good space stewardship by assembling an internal space committee this past summer.

In August, the committee began developing principles & best-practices for space utilization as it will apply to offices, shared areas, vacancies, and clinical/research needs. (see table) A space audit of all Med Service areas in the coming months will aim to identify opportunities for consolidation and assess individual section needs—to inform any space reallocation in an equitable and consistent manner.

Meanwhile, the recently-formed *Medical Center Strategic Space Committee* has already committed to adopting similar principals of efficient & fair space use—and plans to ensure this is happening throughout all services. Our early work in this regard will serve as a critical guide in formulating Medical Center space policies.

By highlighting examples of efficient space use within our Service, we hope to demonstrate plausibility and standardize such approaches across sections—to create room for new faculty & important endeavors in all mission areas.

This is bound to be an unsettling time as we work to even the playing field. But when the Medical Center comes knocking to see what we have done to make the most of our situation—we'll be more than ready.

By Heather Nye

Medical Center funds will likely be available for internal remodels (ie: *constructing a wall to split a large room*), interior design, and new furniture to help reconfigure and optimize space use.

So, put your thinking caps on and let us know your ideas on how to use that space wisely!



### Haunted Tour of SF

"Anything I've ever done that ultimately was worthwhile... initially scared me to death."

BETTY BENDER, AUTHOR

### Med Center Guiding Space Principles

- ◇ All space is under oversight of SFVAHCS Strategic Space Committee
- ◇ Services may and should reassign space internally, especially offices, to maximize efficiency
- ◇ Vacant space should be made available for temporary assignments
- ◇ Most VA-paid physicians should have assigned office space; if minimal VA assignments this will be shared desk space

### Med Service Private Offices

- ◇ Service Chiefs and Section chiefs
- ◇ Supervisors, need for confidential discussions (*in no particular order, adjudicated by Service Chief*)
  1. Clinic/clinical program directors
  2. Educational program directors (clerkship, residency..etc)
  3. Administrative leadership (Business Mgr, AO)
- ◇ Full time, but at least VA 5/8 FTE (*consider seniority*)
- ◇ Researchers with grants (*eg: RO1 or RII*) mostly working in office, located in non-clinical space
- ◇ Offices should be 'right sized'

### Med Service Shared Offices

- ◇ Consider schedules, preferences; e.g., shared office for PT faculty who work different days or FT faculty with clinical responsibilities on different days
- ◇ VA interior design can provide desks/tables designed to maximize space utilization, comfort and privacy

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## MORALE COMPASS

### Good Reads



### BOOK

***The Unspeakable Mind*** 2019  
by Shaili Jain, MD

Palo Alto VA psychiatrist Dr. Shaili Jain eloquently describes commonalities among different types of trauma, and paints a vivid picture of PTSD experiences through sharing personal stories of veterans, abuse victims, and survivors of other trauma. She artfully recounts the evolution of our understanding of PTSD throughout the decades, and describes research that has informed more recent practices and revealed some of the biological underpinnings contributing to trauma adaptation. Additionally, SFVA researchers Dr. Beth Cohen & Dr. Karen Seal of GIM have recent work cited in this well written account on the 'frontlines of PTSD science.'

### Why I love the VA...

Denise Davis, MD GIM

*"Because my mission is improving communication for quality, patient satisfaction and equity, I love working with other dedicated educators in training the next generation of health care professionals to provide radically respectful and high quality care. I am moved by the VA faculty and staff who work at 150% of capacity that is fueled by their idealism."*

James Frank, MD Pulm/ Critical Care

*"Two big reasons I love working at the VA: First, service to the special patient population - having grown up in a family with many veterans, I understand the sacrifice and challenges veterans and their families experience, and I'm proud to serve this population. Second, I love my colleagues at the SFVA. The continuous support and encouragement I receive from the amazing clinicians, educators and researchers here helps me to remain engaged in my work and continue to grow."*

Anne Schafer, MD Endocrinology

*"I love the San Francisco VA simultaneous commitments to rigorous research, enthusiastic teaching, and service to Veterans. The fact that it does all three, and in the setting of a close-knit community, makes it an unbeatable place to work. And the view isn't bad."*

## MAKING THE VA PROUD

- ◆ **Dr. Megha Garg** and **Dr. Geoffrey Stetson** of Hospital Medicine were inducted into the Academy of Medical Educators at a September 2019 celebration of new members.
- ◆ **Dr. Carl Grunfeld** of Endocrinology received a "Certificate of Appreciation for Distinguished Service, Dept of Veterans Affairs" from VACO for his work on improving Research IT
- ◆ **Dr. Mike Steinman** of Geriatrics just finished interviewing for the first class of scholars under the new UCSF National Clinician Scholars Program, in which VA will play an important role. He serves as the Associate Program Director.



Dr. Geoff Stetson & Dr. Megha Garg

## SINGING OUR HEROES

While there has been no shortage of heroes in the Medical Service over the past few months, we'd like to bring your attention to the three 'HERO AWARD' winners for August, September and October. All were nominated via emails praising their respective superhero qualities—and we simply can't say it any better than they did.

### **AUGUST Hero** Dr. Rebecca Shunk, GIM

*I want to nominate Rebecca Shunk who is the most supportive, visionary, relationship centered faculty member I've ever had the pleasure of working with. Though she has many public accomplishments including grants, publications, presentations, it's her warmth and honesty behind the scenes that is exemplary and that motivate all the people with whom she works.* FACULTY MEMBER



### **SEPTEMBER Hero** Fallon Pulmano

*I'm not sure if there is a place to formally fill out a comment/compliment card, but I just wanted to let you know that both Ramon Datar and Fallon Pulmano from HR were extremely helpful yesterday. I got to clinic and noticed my computer access was deactivated (I think my cancellation from the Houston VA officially went through), and both of them were very proactive and available and helped resolve the situation very quickly. Rarely have I encountered such conscientious and capable support, so I wanted to pass along the positive feedback.*

NEW ENDOCRINOLOGY FELLOW

### **OCTOBER Hero** Dr. Judy Wisneski, Cardiology

*For leading the charge and coordinating set-up and administration of specialty care clinics in Santa Rosa for cardiology. You've faced even the most tedious of tasks with a can-do attitude and brought a wealth of prior experiences to the table to guide us in the process. Though certainly not on the list of 'most popular' expansion endeavors, you've handled it with grace and as a consummate team-player. THANK YOU JUDY!* HEATHER & KEN

**KEEP THE NOMINATIONS COMING!** *Seen a hero lately? You'll know it when you do. Monthly Award, handsome pen. Email Heather Nye or Ken McQuaid*



## SHOW ME THE MONEY

- ◆ **Dr. Wenhan Chang** of Endocrinology received an RO1 by the NIDDK for his project “Regulation of Parathyroid Functions by G-Protein Coupled Receptors” and also was awarded the VA Research Career Scientist (RCS) award which will provide salary support for five years.
- ◆ **Dr. Mike Steinman** of Geriatrics was awarded a large R24 award from NIA to establish a national research network on deprescribing for older adults – the US Deprescribing Research Network.
- ◆ **Dr. Mehrdad Arjomandi** of Pulm/Critical Care and Occupational Health received a DOD Discovery Award with funding through 2025 for his project “Lung Macrophage Populations and Functions in COPD-Susceptible Smokers”



## ALL I REALLY NEED TO KNOW....

*I LEARNED IN KINDERGARTEN.*



Miraloma Elementary Morning Circle September 23, 2019

There's probably a reason that at least 4 blockbuster superhero movies come out in theaters each year—and millions of little ones (and adults in SF) dress up in Halloween costumes, pajamas, and other superhero gear on a regular basis. What's that all about?

I'd be lying if I didn't admit seeing the fog-shrouded principal address students at morning circle as Batman last month was pretty darn fun & definitely got my attention. It's nice to be addressed by a superhero now and then. It reminds us of certain tenets of childhood that we hope on some level might still be true today: good prevails over evil, there are forces out there greater than those on this earth, and anyone can be a superhero if they work hard and their heart is in the right place.

## FACULTY FEATURE

MEET DR. ARIANA HOSSEINI

*By Heather Nye*



Dr. Ariana Hosseini & Max

We were delighted to welcome Dr. Ariana Hosseini to the SFVA Section of Hospital Medicine back in July of 2019. A petite person from a place known for its BIG, Ariana was born in Plano, Texas. She moved to Northern California as a little girl and grew up in a more suitably-sized Morgan Hill, a small town near San Jose.

She went on to spend a considerable amount of time in the UC Davis system—during her years as an undergraduate, medical student and medicine resident. Consequently, Ariana became acutely aware of how important institutional changes can be when trying to successfully institute changes in patient care or encourage physician engagement. Since arriving at SFVA, she has made it her mission *“to really comprehend how things work here, why we do things the way we do, and what residents and faculty feel are our biggest areas to improve.”* Her passion for quality improvement, physician engagement and leadership drive Ariana's desire to develop a robust understanding of our system. That said, I have a feeling we are bound to gain something from her fresh eyes in return.

Coming to know the SFVA ins and outs will take some time... *“Since I just got here, I'm obviously still in the process of learning the culture and system, gaining institutional knowledge day by day and all your help is appreciated!”* Ariana is especially grateful to be able to care for veterans in her new position, but is also attracted to SFVA's commitment to patient safety initiatives and quality improvement projects. Her goal is to foster more resident involvement in all the innovative projects here at the VA—and notes that her *‘extremely fun, supportive and all-around awesome’* hospitalist colleagues were what made the SFVA an easy choice.

Spare time for new faculty? Preposterous!! However, Ariana does confess to be voracious reader – and will read just about anything. The last book she read was *‘Artemis’* by Martian-author Andy Weir and she says it most certainly lived up to his first book. Ariana is also a self-proclaimed *‘dessert junkie’* stating *“...Recently, I've been trying my hand at baking the desserts and goodies I love to eat. I just tried out a No Knead Bread recipe (because who doesn't love bread?) that was fantastic and am moving on this week to pumpkin pie!”*

And last but not least, she is *‘obsessed’* with her 12-year-old family dog – Max. Ariana lovingly describes him as super old and grumpy, but is hopelessly head over heels. *“If you're on nights with me I'll probably show you a billion pictures of him—sorry in advance.”* In addition to exploring all things VA, Ariana has taken time to discover fun and beautiful things in this very busy city of San Francisco—her new home. We are so happy you've joined us, Ariana!

## BLS EVERYWHERE

### ...FOR THE MODERN CLINICIAN

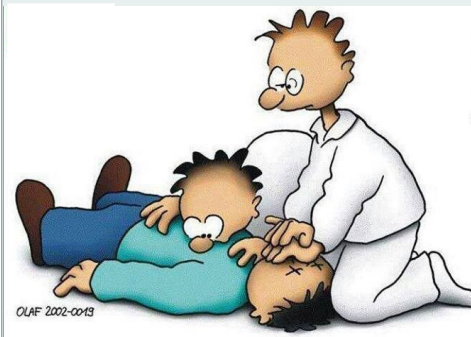
Feeling rusty on your 2-inch-deep chest compressions? Your internal 100 BPM metronome a bit off? Forgetting to not be distracted by pesky and marginally helpful rescue breaths? Neglecting to yell 'Are you okay?' before starting CPR?

Well, we have a solution for you that is sure to please. You are all multitaskers and we don't expect you to take time out of your busy schedules to attend yet another training session that will distract from patient care & productivity.

A new program '**BLS Everywhere**' has been created for your convenience to ensure you are always ready to respond in the event of a cardiopulmonary arrest.

The program was built to accommodate the flow of your day, and capitalize on empty minutes spent waiting for the elevator, using the bathroom, for your val-eted keys in the garage...and use an element of surprise to mimic real-live situations where codes can happen.

Pop-up CPR mannequins will be coming soon to shuttle buses, bathrooms, canteen & coffee cart lines, and in the parking garage for BLS practice. Just scan your badge, and get to work! Certified



100 bpm songs will play while you compress ('Rock Your Body' by Justin Timberlake, 'MMM-Bop' by Hanson) and electrodes will administer a shock to the provider when appropriate depth is not achieved on compressions. The entire 'refresher' should take less than 5 minutes.

The AHA has shown interest in the VA's innovative use of down time and could expand their current selection of approved BLS/ACLS options, pending results of a study looking at the balance of skill acquisition vs new anxiety disorders in providers—which has yet to receive IRB approval.

*EDITOR'S NOTE: A code is never funny, but the mechanisms of ensuring best BLS practices can be.*

## MULTIMODAL PAIN PACKS: **VPIC/VPAC**

To simplify discharge medications when leaving the hospital, the multimodal Veterans Perioperative Inpatient Pain Control (VPIC) regimen is being distributed in handy multidose containers at discharge. It is anticipated that the **VPAC**—not to be confused with VTACH or Z-PACK—will be a bold new step toward controlled chaos.

From NSAIDs to APAP to Gabapentin & Oxycodone—all in color coded tablets in one handy place.

While certainly convenient, fashionable, and in line with VA packaging reduction standards, some have challenged the wisdom of this practice. Prior to initiating the program, pharmacy will be inviting comments from the medical community.

Send any thoughts or concerns to [what.could.possibly.go.wrong?@va.gov](mailto:what.could.possibly.go.wrong?@va.gov)



## FACT OR FARCE? INFORMATION THAT MADE US GIGGLE (OR SIGH)

*Sometimes you just can't tell which announcements & news are for-real and which are a joke. We thought we'd let you decide on the below tidbits yourself. Enjoy! We'll never tell.*

- Today's Taco Tuesday has been canceled. We apologize for any inconvenience.
- Refrigerator blindness: selective loss of visual acuity in association with a common foraging behaviour CMAJ. 2005 Dec 6; 173(12): 1494-1495.
- SFVA Campus Goes Smoke Free October 1st: This Time We Really Mean It
- VA Medical Service is prohibited from using the high-end video-conferencing equipment purchased for VA by UCSF unless it is owned by the VA. UCSF is prohibited from donating it to the VA because it is a depreciable asset. VA is prohibited from buying it because...*can't even finish this*
- McQuaid champions the idea of 'herd immunity' for BLS/ACLS training
- LeBron James denied in his quest to trademark 'Taco Tuesday'
- Message on invite ~36h prior to event: *Your presence is strongly required*
- THERE ARE Gender Differences in Temperature & Performance (*see next page*)

*"Certified 100 BPM songs will play while you compress ..."*

BLS EVERYWHERE TRAINING MATERIALS

## WEEKLY REPORT SPOOKTACULAR

If it's been said once, it's been said a 1000 times. The more we measure, the more we measure! Now stop questioning, and get busy.

It's just not fair to let Ken enjoy the experience alone, so we're going to spread some of the report love. Let's get started...don't just do something, SIT THERE!

Take your pick from weekly, monthly, quarterly, or (gulp) daily reports to 'address,' 'fix' or simply stare at in confusion until you've spent an hour reviewing CPRS to understand what the metric is *supposed* to represent (*but inevitably does not*)

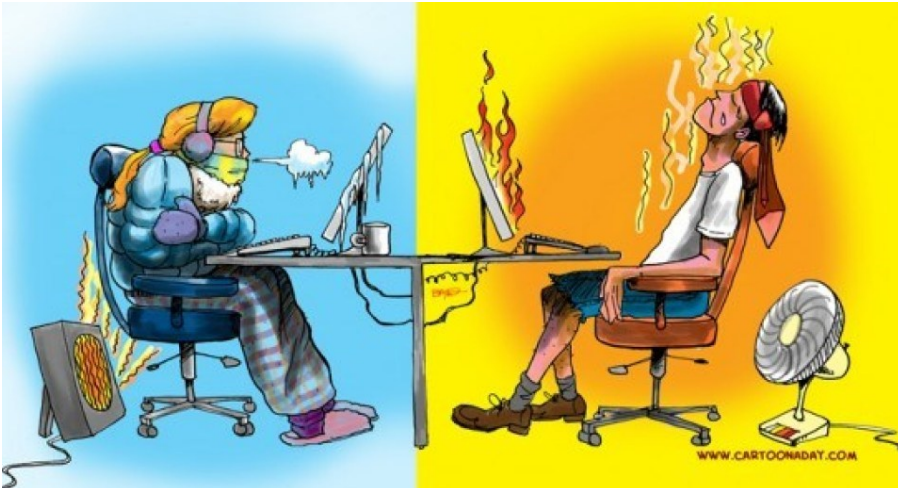
And to make it REALLLY FUN, we'll be removing any potential trace of relevance to clinical care, any order of priority in which reports should be addressed, or any consequences of not addressing. What's more—we won't even tell you WHAT to do with the reports. This is where self-starters and big

dreamers can really shine & get those creative juices flowing. Examples of reports below:

- ◆ Unsigned notes
- ◆ EARR >7 days
- ◆ Consults open > 28 days
- ◆ Resident only Encounters > 7 days
- ◆ Times password forgotten < 28d
- ◆ Consult 'touches' by 3 days
- ◆ Time to next 3rd available something
- ◆ Time to completing 3rd report of the week
- ◆ % patients discharged by 11am
- ◆ % patients readmitted by noon
- ◆ % compliance with least helpful TMS modules

### *Tips from the experts*

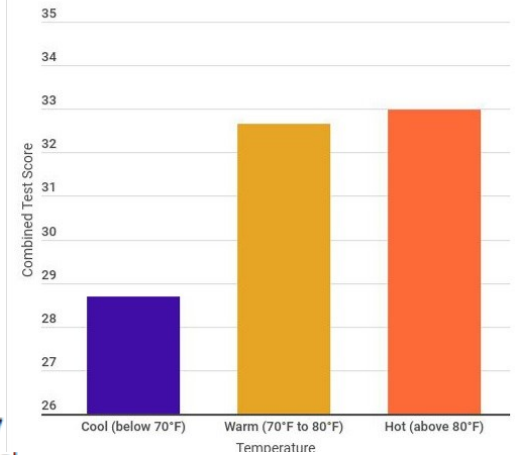
- 1 One unsigned note is too many
- 2 99.6% could always be 99.9%
- 3 When in doubt, assume 'mandatory'
- 4 If 'due date' not indicated, assume 'last week'



## Office temperatures impact men, women differently

USC scientists report a new study that proves men perform better in a cool work space while women like it warmer. Test scores in math and verbal skills improve for women as offices warm, while the inverse is true for men. In the "battle for the thermostat," the Goldilocks temperature appears to be in the mid-70's.

### Women



## Battle for the thermostat: Gender and the effect of temperature on cognitive performance

Tom Y. Chang<sup>1\*</sup>, Agne Kajackaite<sup>2\*\*</sup>

This paper studies differences in the effect of temperature on cognitive performance by gender in a large controlled lab experiment (N = 543). We study performance in math, verbal and cognitive reflection tasks and find that the effects of temperature vary significantly across men and women. At higher temperatures, women perform better on a math and verbal task while the reverse effect is observed for men. The increase in female performance in response to higher temperature is significantly larger and more precisely estimated than the corresponding decrease in male performance. In contrast to math and verbal tasks, temperature has no impact on a measure of cognitive reflection for either gender. Our findings suggest that gender mixed workplaces may be able to increase productivity by setting the thermostat higher than current standards.

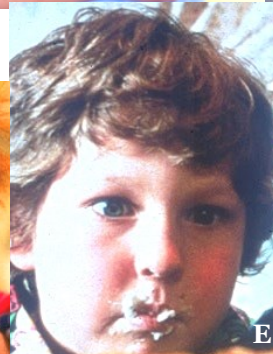
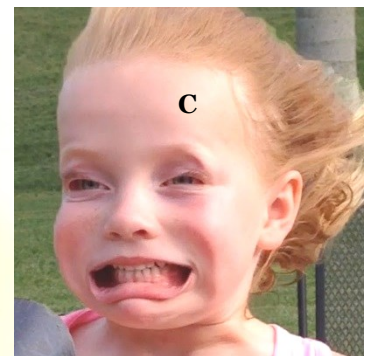
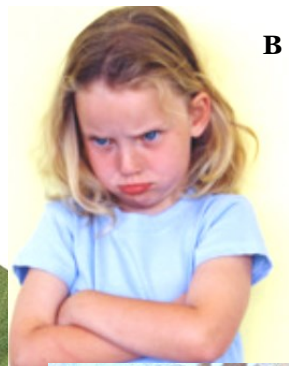
PLOS ONE | <https://doi.org/10.1371/journal.pone.0216362> May 22, 2019

## NON-VERBAL COMMUNICATION

By Heather Nye

Sometimes language is simply insufficient. We live in a 'how does that make you feel?' culture and we should encourage more non-verbal expression. We challenge you and your collective EQ to identify the current state of mind in each of the adjacent photos. You know that you've felt like one or all of these before. And while you're at it, guess the movie...

- Starting as a new Section Chief
- After hearing the process for obtaining a standard issue chair at the VA
- Learned you're sharing your office from now on
- 3rd rejection of paper
- Just told about a new Disruptive Behavior Management module
- Just received first RO1



ANSWERS: 1. C none 2. E Goonies/Chunk 3. B none 4. D Chucky 5. F The Sandlot 6. A Elf

# THE METRICS ARE IN...SFVA/UCSF WEBSITE *A CLICK WORTH A THOUSAND WORDS?*

By Heather Nye

It's been just over a year since the UCSF/SFVA DOM website was launched and the world finally had an open window to explore SFVA divisions, their amazing faculty, accomplishments, innovative programs, cutting edge research, scheduled grand rounds, and unique culture.

Website metrics provided by UCSF Dept of Medicine site orchestrator & expert Lisa Tran show that PEOPLE ARE CLICKING. This means potential residents, fellows, and faculty—as well as patients and families are looking to know more about us. It underscores the importance of broadly advertising web addresses and keeping pages up to date.

Time period: 9/20/18- 9/26/2019

DIVISION Webpages	PAGE VIEWS	VISITS
<a href="#">VA Medicine home</a>	16,263	5,905
<a href="#">Emergency Services</a>	654	418
<a href="#">Endocrinology</a>	577	351
<a href="#">GI</a>	755	479
<a href="#">ID</a>	753	534
<a href="#">Nephrology</a>	624	528
<a href="#">Pulmonary</a>	772	633
<a href="#">Rheum</a>	576	458

DIVISION Websites	PAGE VIEWS	VISITS
<a href="#">Cardiology</a>	7,202	2,521
<a href="#">GIM</a>	6,192	2,157
<a href="#">HemOnc</a>	4,263	1,184
<a href="#">Hospital Medicine</a>	4,862	1,195
<a href="#">OEM</a>	39,079	15,526

### Here are some tips to make the most of our website.

- 1) Let your section chief know a) any accomplishments/awards b) any information that needs updating on the website c) if you have PHOTOS to post (be sure to include VA-specific permissions ) and d) if you'd like to create a separate page for your research or educational program within the website.
- 2) Advertise our site by placing the website URL into your email signature line (see example below), on business cards, and in divisional printed materials.
- 3) Review your UCSF Profiles page—and keep it updated by logging in with your My Access account.

Once again a heartfelt thank you to UCSF DOM for making this happen for us. Let's make the most of it!

**Main VA DOM website:** <https://vamedicine.ucsf.edu>

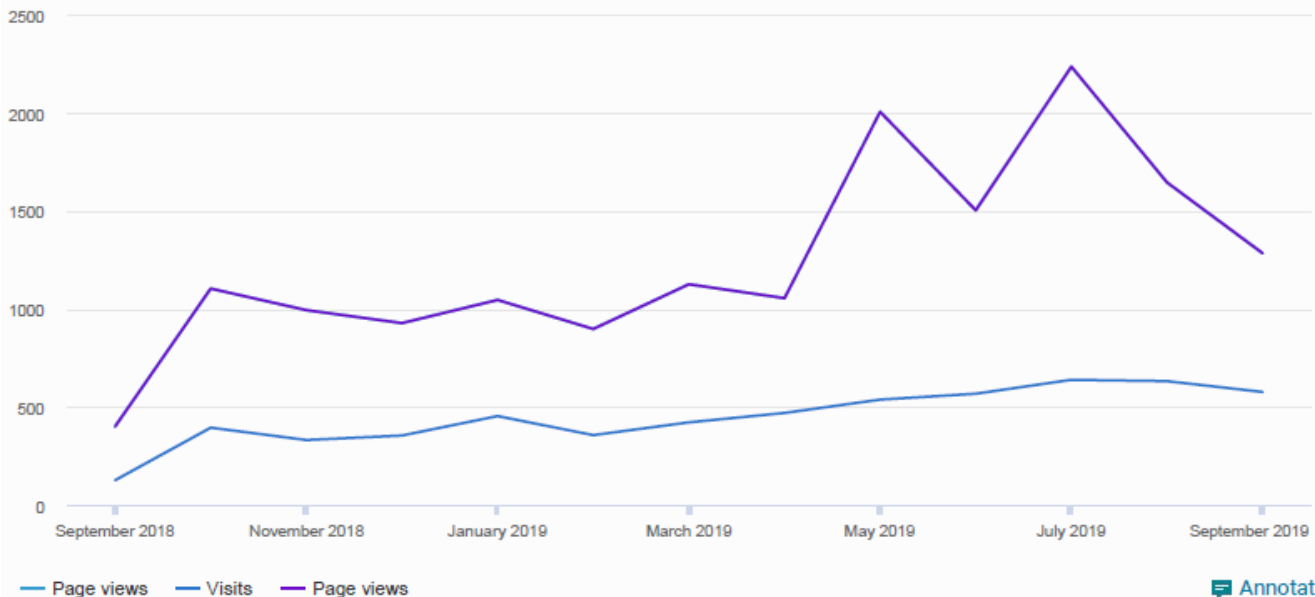
**VA on-site visits:** Lisa Tran, UCSF Digital Communications Specialist will be available for website assistance on the 3rd Monday of each month—also available for virtual meetings via Zoom at other times. *Contact: 415-514-9297, [lisa.tran@ucsf.edu](mailto:lisa.tran@ucsf.edu)*

### Overall comments

- Data is from over roughly a year time period
- Within VA home, top 20 pages include clicks to divisional subpages, administration team, Ken's chief message, and latest news
- End users are searching for VA content, so we are encouraging chiefs and faculty to continue to update their website presence
- Spike in activity noted in May and July of 2019

### Email Signature Example

**Awesome VA Faculty, MD PhD**  
 SFVAHCS / UCSF  
 4150 Clement Street, SF, CA, right sized office  
[awesome.doc@va.gov](mailto:awesome.doc@va.gov)  
  
<https://vamedicine.ucsf.edu/>  
<https://vahospitalmedicine.ucsf.edu/>



## USE IT OR LOSE IT

In case you hadn't noticed, all employee leave was converted from days to hours last month—including full time faculty, leaving some folks over the maximal allowable leave to carry over into 2020. Conversions were made by multiplying 8 hours times # of days according to standard tours.

Be sure to check your Leave and Earnings Statement (LES) to make sure the conversion makes sense—and note whether you are in the Use or Lose camp. If you're not sure where your LES can be found, or what your LES is—well, you probably have more important issues to worry about.

### Guidance from National VA

Supervisors and employees should remember to schedule use-or-lose annual leave in writing before the start of the third biweekly pay period and prior to the end of the leave year (Nov. 23, 2019) or risk forfeiting leave. Supervisors and employees are responsible for ensuring that use-or-lose annual leave is scheduled to prevent forfeiture of leave. With Nov. 23, 2019, quickly approaching, now is

the time to review annual leave balances and schedule use-or-lose annual leave. Annual leave in excess of a maximum annual leave balance will be forfeited by the employee if it is not used by the end of the year, which is Jan. 4, 2020. Max hours to carry over

Full Time Physicians	685 hours
Part Time Physicians	240 hours
Min leave charges	1 hour increments

### Donating Leave

It is also possible for an employee to donate annual leave to any other Federal employee participating in the Voluntary Leave Transfer Program who may have exhausted leave due to maternity leave, personal illness, or family illness. The minimum donation is 4 hours. Simply fill out VA Form OPM630a (from VA computer) and return completed form to the Human Resources desk or by emailing [V21SFCHRMSBenefits@va.gov](mailto:V21SFCHRMSBenefits@va.gov).

**Pay period ending**

TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	LEAVE USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE	9/14/19
ANNUAL	48.00	1.00	18.00		14.00		52.00		
SICK	68.00	1.00	9.00		1.00		76.00		

TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	LEAVE USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE	9/28/19
ANNUAL	384.00	8.00	152.00	0.00	112.00	0.00	424.00		
SICK	540.00	4.00	76.00	0.00	8.00	0.00	608.00		

## TRAINEE-TALES: WELLNESS CURRICULUM

By Heather Nye, Chris Sha & Joe Cook

It was a concept borne of simple observation. Healthcare providers face countless emotionally charged scenarios and are not specifically trained to understand their collective impact on everyday responses to work and life. As UCSF Medicine Residency VA Clinic Site Director Dr. Christopher Sha puts it, 'You go through a high-stakes, high-stress training program, eyes down, trying to get through the day... on autopilot...' not necessarily taking the time to reflect on how experiences can affect reactions and well-being.

Mindfulness training places an important emphasis on previously overlooked influences on wellness, and teaches resilience and relational skills important to patient care. The Whole Clinician Meditation and Mindfulness Retreats were launched in 2018 as a means of offering UCSF/SFVA interprofessional trainees skills in this area so that self-care, well-being, and communication may be organically embedded in the process of becoming an aware and engaged clinician.

**THE CURRICULUM** was co-developed by **Joe Cook**, MA, CMT-P, UCLA-trained mindfulness facilitator and VA Advanced Fellow in Health Professions Education Evaluation and Research, **Eve Ekman**, PhD, Director of Training at the Greater Good Science Center and **Dr. Sha**. It is intended to engage learners in active reflection and meditation and consists of 3 three-hour retreats. Retreats are designed to teach basic skills in meditation, demonstrate what mindfulness practices look like, and to ask the question—'is it possible to care for yourself while caring for others?'. Sources of suffering are examined and practices to increase self-compassion explored. Each retreat builds on the next—but need not be taken in sequence to benefit.

**RESULTS TO DATE** Forty trainees have gone through the curriculum since last year—including medical interns & residents, nurse practitioner students and residents, psychology interns, and pharmacy residents.

Participants reported that the retreats contributed to less anxiety, more presence at work, greater empathy for patients, positive impacts on relationships, and a desire to further integrate practice at work. Examples of trainees' comments include:

- "[These retreats are] hugely important to my work and relevant to my current stressful challenges about how to relate to mistakes/bad outcomes and big transitions in my life."
- "I feel I came away from this with actual mindfulness tools. We did concrete exercises and discussed the rationale for practicing these techniques. I was able to visualize how these practices could change my day-to-day experiences. I feel like I have more purpose for continuing to practice these things."
- "I learned so much about emotional awareness and strategies to deal with emotions constructively. the workshop was incredibly valuable for me personally, but also had a good educational component that I feel I can share with patients"



**DEVELOPMENTS & FUTURE** This year the curriculum was expanded to include the Enhanced Stress Resilience Training program (ESRT), offering five one-hour mindfulness sessions during intern immersion. The Whole Clinician retreats then provide optional deep-dives for second and third-year trainees to explore how to be a relationally-skilled and self-aware clinician. All of this is predicated upon the simple idea that clinicians' ability to be aware of internal thoughts and emotions, their sensitivity to the emotions of others, and

their skill in communicating empathically and compassionately, are essential to building healthy relationships with patients and colleagues, advocating and enacting systems change, and leading and teaching other learners.

Mr. Cook, Dr. Sha, and Dr. Ekman are writing up the results of their program evaluation and plan to expand retreat offerings to more trainees and departments in the future. They are currently applying for an innovations grant through the UCSF Academy of Medical Educators to support the expansion and evaluation.

For more information, contact [Joe.Cook@ucsf.edu](mailto:Joe.Cook@ucsf.edu) or [Christopher.Sha@ucsf.edu](mailto:Christopher.Sha@ucsf.edu).

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**\*\*We regret any inadvertent omissions of your work. We have limited this list to first and last author publications. If publication listed in a prior issue, it was not reprinted here.  
Congratulations to everyone for tremendous efforts! \*\***



### **BOO to the FLU Public Service Announcement**

If you've ever had the experience of being grilled in the hallway by Paul Blanc about getting your annual TB test or flu shot, consider this reminder a favor to get you out of hot water!

Get your FREE FLU SHOTS at SFVA Occupational Health (Building 203, ground floor) every day this fall from 7-9:30a, 12:30-2p.

#### **FACT**

~36,000 people die of flu each year  
You will have to wear a mask if no shot  
Vaccine documentation needed by 11/30/19  
Paul is serious about his work

#### **MYTH**

Flu shot gives you the flu  
Egg allergies mean no flu shot  
They'll never catch you  
You won't get the flu



# KEN'S KRYPT

## Do You C What I C?

This month the Department of Medicine released results of the 2018 C-Change Survey, which assessed faculty perceptions about culture, leadership, and gender at UCSF, ZSFGH and SFVAHCS. The data were compared internally between sites and externally with more than 35 medical schools nationally. Institutional 'culture' is broken into 12 dimensions: vitality, self-efficacy in career, institutional support, relationships/inclusion/trust, values alignment, ethical/moral distress, respect, leadership aspirations, work-life integration, gender equity, UIM (underrepresented in medicine) equity, and institutional change efforts for diversity.

The survey was completed by 80% of UCSF faculty (765) and 65% of VA faculty (82 faculty; 42% women, 8% UIM, and 8% LGBTQ). VA divisional response rates varied from 40-88%. Compared with national medical schools, *SFVA faculty rated the culture significantly better in 5/12 domains*: institutional support, values alignment, ethical/moral distress, respect and institutional change efforts for diversity. Compared with both UCSF and ZSFGH, SFVA scores were *higher* in two domains (institutional change efforts for diversity and ethical/moral distress) but *lower* in leadership aspirations.

Taken in aggregate, these data suggest that SFVA is doing a favorable job of promoting a supportive culture. Concerning however, were striking differences noted in perception between women and men at SFVAHCS. These differences were most evident in domains of institutional change efforts for diversity, UIM equity, and gender equity.

Over three quarters of VA women surveyed (vs. 26% of men) agreed with the statement that is harder for women faculty to get ahead. Similarly, more women agreed that it was harder for UIM faculty to get ahead (62% vs. 35% of men). Women were less likely to agree with the statement that the institution treats women and men equitably with respect to promotion (26% women vs. 73% of men) or UIM and non-UIM faculty equitably with respect to promotion (36% vs. 68%).

In the months ahead we will be working to glean insight into these dramatic and disturbing differences in perception. It's clear that despite increasing numbers of women and UIM faculty and staff in important leadership roles within the VA and the Medical Service (eg: 6 of 12 section chiefs are women, 5 of 7 medical service physicians in COS Office are women), there is more work to do.

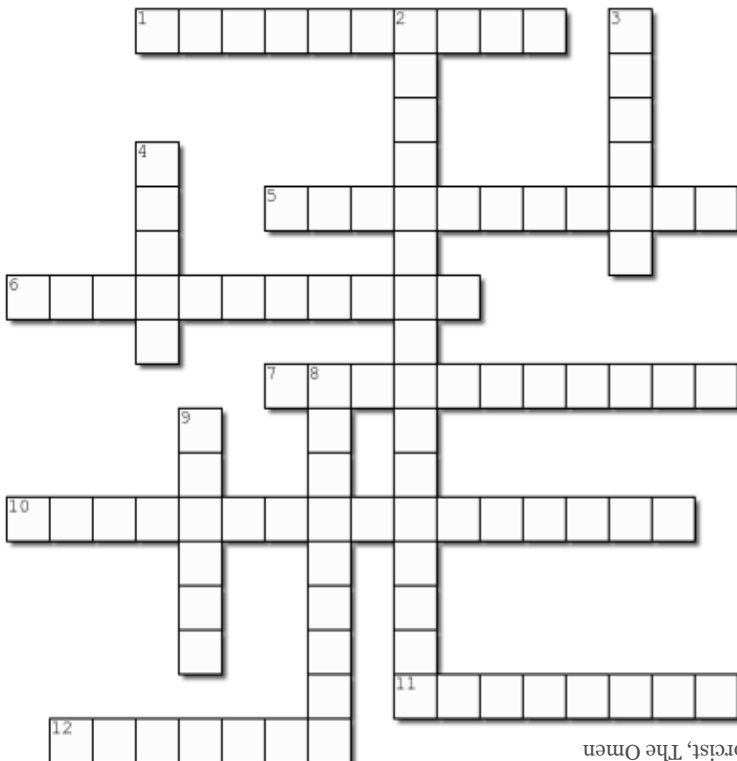
### *What actions within the medical service, hospital, or department control should be considered to promote further change?*

To better understand, we will be working with section chiefs and interested faculty to conduct VA-specific surveys and focus groups of women and UIM faculty in order to develop a list actionable proposals. I ask that those of you interested in participating in these assessments and work groups reach out to Heather Nye (heather.nye@va.gov).

In closing, the C-Change Survey suggests a classic "glass half-full" paradox. Both men and women believe that the SFVA is an institution that promotes a culture of trust, collegiality, respect for generalists, and mission-oriented values. But, women and men diverge on perceptions of gender and UIM equity and institutional commitment to promoting diversity. Do you C what I C? Let's work together to promote a shared vision for continued cultural change.

## SCARY MOVIES CROSSWORD

By Heather Nye



## SUBLIME TO RIDICULOUS NOTES

**Editor-in-Chief:** Heather Nye (*if no byline, I wrote it*)

Please send us your news, ideas, and trivia answers! And remember, we are only trying to make you chuckle a bit...

**DOM Leadership Team** [Heather.nye@va.gov](mailto:Heather.nye@va.gov)

**LAST ISSUE'S TRIVIA** **Where was Leslie Zimmerman's vacation photo?** Grimsmes og Grafningshreppur, Iceland. Hiking on west side of island

### IMPORTANT DATES

- Warriors Season Opener .....Thurs Oct 24
- Halloween.....Thurs Oct 31
- Veteran's Day.....Mon Nov 11
- Thanksgiving Day.....Thurs Nov 28
- SFVA Med Holiday Party.....Sun Dec 8
- UCSF Medicine Holiday Party.....Sun Dec 15

### Across:

1. "Heeere's Johnny"
2. "They're Heeere"
3. Not holy, not alive
4. "I'm not Regan..."
5. House with shining eyes
6. Feather film in Marin
7. A really, really bad sign

### Down

1. Striped sweater & fedora for Fred
2. Buckets of blood at prom
3. Sigourney encounters slime
4. Hanging with Hockey Mask
5. Eeek eeek eeek eeek

Answers: Nightmare on Elm Street, Carrie, Halloween, Psycho, The Birds, The Shining, Amityville Horror, The Evil Dead, Alien, Poltergeist, The Exorcist, The Omen