Welcome from the Director

by Dr. Lindia Willies-Jacobo

It is hard to believe that we are entering our 6th year of PRIME-HEq! I would like to extend a warm welcome to our incoming first year students, and to our new PRIME-HEq coordinator. It has been a distinct privilege and pleasure to direct such a passionate and talented group of students!

We have had an exciting year, with lots of activities and ongoing development of community partnerships. Our first PRIME-HEq cohort graduated on June 3rd, with 73% pursuing residency training in primary care, and 73% training in California. I have no doubt that they are well equipped with the tools required to care for and advocate on behalf of our underserved communities. We look forward to hearing about their successes!

Our MS-4 students have recently returned from completion of their Master’s degree, and will be busily reintegrating into medical school life as “upper classmen”. They are up for the challenge! Our MS-3 students have embarked on their Master’s degree journey, and we wish them all the best.

We look forward to another thrilling year, with engagement in activities that are all centered on our four PRIME-HEq pillars of diversity, personal and professional development, advocacy, and research.

All the best,

Lindia

Lindia Willies-Jacobo, MD
Director, PRIME-HEq
Medical Evangelism and Teaching Strategies (METS) Conference and Whole Person Care Preceptorship: A summer that lasts a lifetime!

by Dami Soyode

Statistics show that 60–70% of patients would like their healthcare provider to discuss their spiritual beliefs with them. The Medical Strategic Network (MSN) was created to equip health professionals to address both the physical and spiritual needs of patients. In order to achieve this goal, MSN hosts a series of national and international conferences (METS) throughout the year as well as a Whole Person Care Preceptorship (which begins with a METS conference) each summer in Redlands, CA.

I spent 4.5 weeks this summer in Redlands, CA on the preceptorship and I can honestly say that my life will never be the same. Each day experienced Christian physicians and nurses trained us in conducting whole person care in an ethical, non-coercive, compassionate and sensitive manner. Each afternoon, we had an opportunity to either apply these lessons on the wards at Loma Linda Medical Center, shadow physicians in the community or spend time with a mentor reflecting on the experience so far. The preceptorship did not only work on our professional growth but also our personal. We had bible study groups, small group sessions where we could share and be encouraged as well as mentoring opportunities. There were also numerous social events/gatherings and trips. Participants came from all over the US, Jordan, Singapore, Canada and Honduras. This summer I not only gained unique insight into what I want my professional practice to look like but also a multinational family that is irreplaceable.

FOR MORE INFORMATION

MSN and future METS Conferences/preceptorships please do not hesitate to contact me, Dami Soyode (dsoyode@ucsd.edu) or go to www.gomets.org.

Welcome our new PRIME-HEq Coordinator!

Hello PRIMErs,

My name is Katherine Garcia and I am your new PRIME-HEq Coordinator. I am very excited to be joining the PRIME family and getting to know you all.

I was born in Lima, Peru and raised in Los Angeles, CA. I came to San Diego for my undergrad years at UCSD and remained here ever since then. I majored in Ethnic Studies and Psychology and received a Master’s in Education, with emphasis in multicultural studies from SDSU. I am very passionate about issues about social justice and access to higher education.

I have worked for over 5 years with TRiO programs (Upward Bound/Talent Search) which works with students that are first in their families to go to college and that come from low-income families. For the past three years, I have also worked with our high school students in Health Careers Opportunity Program (HCOP) which aims at creating a more diverse medical field.

I would love to chat and grab coffee or lunch with each one of you. I am here to support you through your years in medical school. Feel free to stop by the office anytime.

Katherine Garcia

Quick facts about Katherine Garcia

- Ran my first full marathon in 2011 San Diego Rock ‘n Roll Marathon
- Played the violin for 8 years
- Married in Nov 2011
- Animal lover, bulldog and three cats
- Loves dancing salsa!
Alumni Spotlight:

“PRIME”-ary Focus

By Dr. Amy Eppstein

Why does a person decide to become a doctor? The money? The prestige? Not for me. Personally, I wanted work with underserved populations in order to affect global health.

Nevertheless, it was easy to lose sight of that in medical school. With hours of lectures, reading, labs, and small groups, it was almost instinctive to ignore the forest and focus on the trees. In order to keep my priorities straight, I needed something else to reorient me. To that end, PRIME was helpful.

I loved being a part of a program that fostered relationships among a group of like-minded people. I appreciated being able to meet, brainstorm, and work with colleagues who were as idealistic as I was and encouraged me to implement ideas. One such program was Health Frontiers in Tijuana (HFiT).

This was actually the realization of a dream. I chose to go to UCSD due to its proximity to Mexico. In my first year of medical school, I went to Tijuana as a medical volunteer, and I returned to San Diego wanting to provide opportunities for other UCSD medical students to be exposed to global health locally. Consequently, I began working on the project that would become HFiT, a free clinic based upon a bi-national partnership among UCSD, Universidad Autonoma de Baja California (UABC) Medical School, an NGO in Tijuana, and licensed Mexican physicians.

Having opened in May 2011, HFiT now provides students at both schools opportunities to learn about cultural competency, international healthcare systems, and patient advocacy. It has been open almost every weekend, and hundreds of patients have been helped in areas such as public health, mental health, and nutrition.

So, fellow PRIMErs, I encourage you to take a break from the books, decide what you are passionate about, and take advantage of the resources and people around you to make it happen. It will be worth it.

San Diego/Tijuana Border

For more information about the HFIT:

MED 239- Health Frontiers in Tijuana Elective
Course Director: Jose Burgos
Date: Tuesdays, 1:00-3:00pm
Follow your instincts and passions. Have a social conscience. Defend the vulnerable. And most of all, sustain a sense of urgency with what you’re doing.

These were the words that Jaime Sepulveda, MD, MPH, DrSc, the executive director of UCSF’s Global Health Sciences department, left us with at our graduation ceremony two weeks ago. I’ve read and listened to a constant stream of globally-active scholars, professors, and international development doctors in the last 11 months, but no words had yet resonated as strongly with me as Dr. Sepulveda’s did that day. Though his message seemed simple, no other permutation of life-philosophies could have provided a more elegant send-off for our diverse group of 30 Master’s students. It was the perfect way to pull us away from the hundreds of articles, dozens of writing assignments/examinations/Powerpoint presentations, and forty-page theses/oral examinations we had all completed for the degree. On that day, the former executive chair of the Global Alliance for Vaccines and Immunization (GAVI) reminded us exactly why we had been taking all those baby steps this past year.

And what a year it was.

Follow your instincts and passions.

When I applied to the Master’s degree at UCSF Global Health Sciences in February of 2011, I was on the brink of abandoning the famed Medicine-Cardiology route for a career in the less popular General Surgery route. I knew I wanted to eventually become a go-to person in global health issues – prompting my application to UCSF – but how in the world (or globe) would all that fit with a career in General Surgery? I still didn’t know the answer six months later when school started and the faculty asked me to pick a Master’s project to latch onto for the year. Some eye-opening literature research and UCSF/UCSD faculty cold-calls later, I began to grasp the excitement of academic surgeons worldwide fighting to decrease our mountainous burden of surgical disease. It was (and still is) a relatively small community of researcher-surgeons, but both their numbers and impact are palpable and growing. This was it, I thought. These champions of increasing access to surgical procedures, training skilled operators, and strengthening surgical infrastructures in the developing world had admirable careers, and I wanted to contribute. I had found my calling.

Develop a social conscience.

In late March, after six months of a rigorous, broad-spectrum, multidisciplinary course load, I left for fieldwork in Maputo, Mozambique. I had sharpened my Master’s thesis to focus on designing and executing a population-based survey to accurately measure the burden of inguinal hernia in Chókwè, Mozambique. I was excited – jubilant, even - to execute my methods. I had even learned Portuguese to prepare for the eight-week trip to the Portuguese ex-colony.

I fulfilled probably one or two of the many goals I had established for myself.

Retrospectively, the naïveté I brought along with me when I landed in Maputo International was pretty laughable. Don’t get me wrong, I’ve worked in a fair variety of underdeveloped settings before. But I had never worked in Mozambique. The average pace of international development work can be described in two words: *their pace.* Things get done at the pace of the country you’re in, and this was no exception. We barely started the population survey by the time I left. I completely changed my Master’s thesis. I didn’t have a place to live when I arrived in rural Chókwè, and was even nearly homeless for a few days.

But that wasn’t the point of the trip. Over eight weeks, my goals changed, my priorities changed. I realized more worthwhile reasons for my presence there, and “executing the methods of a thesis” was lower on that list. The unforgettable warmth with which they welcomed and befriended me, despite the daily backdrop of stark poverty, urged me to refocus the scope of my duties. “Your thesis will get done – we have plenty of other studies for you to do,” my supervisor told me. “Remember, you’re here, in Mozambique, right now. Help them in any way you can.” I knew our team’s research would eventually help domestic stakeholders and policymakers change the surgical landscape, but how could I make a difference more acutely?

Defend the vulnerable.

I operated. Three times a week at Chókwè Rural Hospital, I served as first assistant in both obstetric-gynecologic and general surgical procedures. The surrounding population’s recognition of surgical disease was vastly inadequate, and the access to surgery was even poorer. Human and technical resources were sparse. Post-operative care was as basic as it can get. Pain management existed, if you consider acetaminophen sufficient pain management. To top it all off, random blackouts left you wondering if it would ever happen again when you had your arm in a patient’s open abdomen.

If you came to the hospital in April – June 2012 seeking care from the surgical team, you would be operated on by the hospital’s
A general surgeon, an ob/gyn surgeon, or me. Elective herniorrhaphies, five-liter hydrocele drainages, fist-sized lipoma removals. Emergency cesarean sections, exploratory laparotomies for stab wounds, liver laceration repairs after MVA’s, snake bite fasciotomies, traumatic hemoperitoneums, and even a strangulated inguinoscrotal hernia with three feet of ileum incarcerated in the scrotum. All without pulse oximetry, heart monitoring machines, or sufficient anesthesia. With a TV in the operating room. And auto-transfusions using blood salvaged by suctioning the patient’s spilling hemoperitoneum. And occasional flies buzzing in the operating field. It was surgery in its most basic form. No frills, no gimmicks. Joseph Lister would have thrown his sterilized instruments in the air in glee.

When I wasn’t in the OR, I rounded on pre-op’s and post-op’s, surgical admissions, and helped with procedures in the ER. When I wasn’t doing all that, I would collect data from their surgery logbooks. Thanks to their fastidious record-keeping, I harvested everything from 2007 to the present.

Sustain a sense of urgency.
And that’s exactly what we have going on in Mozambique right now. The Medical Education Partnership Initiative (MEPI) between UCSD and Mozambique’s University of Eduardo Mondlane (UEM) aims to collaborate with Mozambican experts, doctors, and surgeons to assess the unmet need for surgical care, develop a sustainable way to change the surgical infrastructure, and implement the changes in an evidence-based manner. With UCSD Pediatric Surgery’s own Dr. Stephen Bickler leading the way, the project is a wave barely beginning to crest.

More than anything else, I want to see our findings transform Mozambican policies for surgical care. It’s been endlessly helpful for me to alternate between both a nearsighted and farsighted perspective of global health as a whole. While the baby steps in a project may demand our full attention and concentration, we must periodically zoom out to calibrate our actions with the grander scheme of our intentions. Of the utmost importance, then, is evidence-based and tailored implementation of new policies or the refinement of old ones. Without this, we see no effects at all, and all of the stepwise evidence we gather along the way will be for naught.

Onwards
I’m thankful and proud to be a part of UCSD PRIME-HEQ for placing me in this position in the first place. A year ago, I had no idea where I would go with the two entities of general surgery and global health. As I now prepare to apply to residency, I have a much better idea. In between I enjoyed a life in my hometown of San Francisco, shared a thriving learning environment with students from a dozen countries, worked in Mozambique, and became a part of a unique collaboration between two institutions. Moreover, the project will fund a one-month training period for Dr. Manuel Sipriano at UCSD’s facilities in November. I look forward to showing my friend and mentor the same hospitality he showed me in Chókwè. It’s the only appropriate thing to do to encourage a healthy, sustainable exchange of skills and information between us and Mozambique.

For more information:
The Global Health Sciences (GHS) MS degree, one – year program, please visit website:
http://globalhealthsciences.ucsf.edu/education-training/masters-program
Orientation 2012

This year the incoming students participated in a four day Orientation organized by students and staff. The four days were broken down by the 4 overarching pillars for PRIME-HEq:

1) Personal & Professional Development
2) Diversity in Medicine
3) Community Outreach & Advocacy
4) Research

Some of the highlights of the Orientation include URM physician panel, community site visits, team building, conflict resolution workshop, and UCSD Cross-Cultural Center workshop.

WELCOME TO OUR NEW COHORT 2012

Bryan Davis  Dartmouth College
Chris Evans  Point Loma Nazarene University
Diana Garcia  Wesleyan University
Rene Garcia  UC Berkeley
Laura Muehl  UC Berkeley
Sabrina Owens  UC San Diego
Kristin Parrinella  UC Davis
Nadine Patton  Boston University
TC Robbins  Stanford University
Daniel Woolridge  Brown University

MASTERS Year....off they go! Have a great year

Nick Aldridge, Harvard University-MPH
Jacob Bailey, UCLA, MA Education
Sheila Dejbakhsh, Columbia University-MPH
Juliet Okoroh, Harvard University-MPH
Sarah Rojas, UCSD-MAS
Anne Zepeda, UCSD-MAS
Congratulations to the first PRIME-HEq Class of 2012

Anshu Abhat - Internal Medicine, University of Washington Affiliated Hospitals – Seattle, WA
Isa Barth-Rogers - Family Medicine, UCLA Santa Monica, Santa Monica, CA
James Sargent - Obstetrics and Gynecology, UCSD Medical Center, San Diego, CA
Christopher Birch - Orthopaedic Surgery, University of Vermont/Fletcher Allen-Burlington, VT
Amy Eppstein - Pediatrics, Cincinnati Children’s Hospital- Cincinnati, OH

James Gordon - Emergency Medicine, UCLA Medical Center, Los Angeles, CA
Pauline Limchaiyawat - Internal Medicine, Harbor-UCLA Medical Center, Torrance, CA
Jaime Peterson - Pediatrics, Stanford University, Standford, CA
Nicole Rich – General Surgery, UCSF Medical Center, San Francisco, CA
Rosalidia Tamayo - Family Medicine, UC San Francisco Medical Center, San Francisco, CA
Cassidy Zanko - Psychiatry, UCSD Medical Center, San Diego, CA
Happy Birthday Wishes to our PRIMErs!

September
Arthi Balu 9/5
Zana Ahmad 9/9
Laura Muehl 9/21
Hubert Luu 9/26
Vicki Chia 9/29

October
Dylan Mann 10/2
Sabrina Owens 10/7
Vanessa Cobian 10/11
Nick Aldridge 10/23
Lucas Shanboltzer 10/28

November
Zaida Botello 11/1
Francesca Salazar 11/6
Holly Vo 11/17
Sarah Rojas and Alexis Lopez 11/28

December
Paulette Gabbai-Saldate 12/6
Ashlin Mountjoy 12/18
Michelle Ramirez 12/22

Upcoming events!

PRIME Quarterly Meeting – September 18, 2012
UC PRIME Statewide Conference at UC Davis School of Medicine – October 19-21, 2012
Doc 4 A Day – December 1, 2012

Congratulations to the PRIME-HEq students that were inducted into the Gold Humanism Honor Society. Members of the GHHS are chosen because they exemplify the humanistic approach to patient care and serve as role models for others.

Hershey Avula
Elizabeth Berryman
Sarah Rojas
Anne Zepeda
Jacob Bailey
Anne Chmilewski
Steven Rojas

For more information about UCSD PRIME-HEq:
https://meded.ucsd.edu/index.cfm/asa/dcp/primeheq