Welcome to our new PRIME-HEq cohort! We are very fortunate in that we have another amazing group!

Our students have already been very busy this year. Nicole Tantoco and Christian Lopez (MS-2 PRIME-HEq students) were the recipients of a 2014 Health Careers Training Program Mini-grant from the California Office of Statewide Health Planning and Development (OSHPD). This funding was used to develop a brand new afterschool mentorship program at Lincoln High School, appropriately named Lincoln High School-Health Equity (LHS-HEq). We held the kick-off event on October 16th, which was attended by 700 highly energetic high school students. Our partnership with the Lincoln Park community continues to flourish, and we look forward to another exciting year with them!

Nine PRIME-HEq students recently left for their Master’s degree training. Six are MPH candidates at the Harvard School of Public Health. The other three are MPH candidates at Columbia, SDSU, and Johns Hopkins. We continue to support them through this journey, as they develop expertise in the areas of policy, global health, and the social and behavioral sciences.

UC Irvine hosted our 6th Annual UC Statewide PRIME conference the weekend of October 25th and 26th. Seventeen of our PRIME-HEq students attended the conference, and it was especially nice catching up with alumni, as well as interacting and sharing best practices with our UC PRIME colleagues. Our students returned energized, with lots of great project ideas.

This past June, we graduated our 3rd PRIME-HEq cohort. Seventy-one percent of our graduates are training in primary care, and they are all pursuing residency training in California. While we will miss them, we wish our graduates the very best, and know that they will be outstanding physician leaders who will advocate on behalf of the underserved.

We wish you all a happy fall, and a wonderful holiday season!

All the best,
Lindia
Lindia Willies-Jacobo, MD
PRIME-HEq Director
By Diana Garcia, PRIME MSII

This past summer the National Medical Fellowship awarded (Note MS1’s: application opens in April) me the opportunity to design a community service learning project. With an all-star team of physicians, promotoras, college students and a group of forty older adults my project became a journey. At the 8th Annual Summer Institute on Migration and Global Health, I began to understand the phenomenon (not problem) of 47 thousand unaccompanied minors escaping poverty in Central America. There is a profoundly deep connection to those minors and all of us who seek a world free of structural violence. Dr. Paul Farmer inspired my pursuit of a medical degree and his work taught me about structural violence and community empowerment. Structural violence comes from exploitative economic relations that are commonplace and that injure bodies.

In the 2013 National Healthcare Quality Report: Latino health care disparities worsening in the area of asking about prescription and treatments from other doctors. The areas of improvement would make us all smile. However, I made it my duty to understand why Latinos and other minority groups are both unable and unwilling to speak/ask about their healthcare concerns which they freely express to those they trust. I interviewed 24 older adults between 54 and 82 years of age and even did a couple home visits. I helped collect data for the promotoras directing the primary care and behavioral health integrative program at Neighborhood Healthcare. Along with undergraduates, we created a curriculum for the senior peer program comprised of twelve mental health topics and twenty general health topics for their Friday health education talks. Our goal was to make every presentation age and culturally appropriate. Usually these presentations were given by the promotoras, but I was given the privilege to present the material. I listened in as they helped each other better understand some of the more difficult health issues they cope with.
They quoted news, articles, drew from their own personal experience to enlighten each other. They shared intimate details of their happiness, suffering, and health, teaching me more than I could ever repay. They freely asked the questions they are so often too uncomfortable to ask during their medical appointments. The bottom line is trust.

During my summer project, I acquired and shared a tool “10 questions to ask your doctor” with program participants. To achieve equity we must develop strong relationships with our patients and part of that must be to encourage our patients to ask more questions about their medications and/or before a procedure. We must encourage those questions that they might feel are disrespectful to ask an authority such as a doctor. Yes, we must draw them out and even role play. Furthermore, we have a responsibility to work with our colleagues trained in sociology, psychology, policy, and economics in addition to our physician mentors to help us unlock our subconscious bias and misunderstanding that debilitates excellent health care delivery.

The following excerpt from the article “Oaxacans Like to Work Bent Over: The Naturalization of Social Suffering among Berry Farm Workers” is an example of establishing trust.

“Thus, well-meaning clinicians often inadvertently add insult to injury. They often blame the suffering on the patient without appreciating the local hierarchies and international policies that place their patients in injurious working conditions in the first place – such as the diagnosis that assumed a knee injury resulted from an incorrect bend while picking. Yet, the reality of migrant health is even more complicated and dangerous. The gaze at work in the migrant clinic makes it extremely difficult for even the most idealistic of clinicians to heal effectively. Not only are these physicians unable to recommend appropriate interventions to the social determinants they cannot see, they often prescribe ineffective treatments with unintended harmful results.”

National Medical Fellowship:
California Community Service-Learning Program

National Medical Fellowships (NMF) is pleased to announce a new service-learning opportunity – the California Community Service-Learning Program (CCSLP) – designed to increase the number of qualified medical providers who have a commitment to improving access to quality healthcare in medically underserved communities in California. The program will provide an opportunity for Scholars to engage in community service, develop critical skills, and join an active collegial network, all while enriching their resumes with inimitable experiences. CCSLP provides $5,000 scholarship award to 14 qualified Californian medical students.

PROGRAM HIGHLIGHTS

- Opportunity to conduct a self-directed community health project of 200 hours at a community health site of choice under the guidance of a site mentor
- Participate in interactive networking sessions with a range of health professionals
- Invitation into the distinguished NMF Alumni network for mentoring and collegial relations
- Development of physician-leaders to better serve communities in need
- Explore health interests of choice in real-life setting
- Personally effect change in local community

For more information on the National Medical Fellowship:
http://www.nmfonline.org/ccslp
Application Deadline: Feb 27, 2015
My Experience Returning to Medicine

By Thomas K. Onyia MSIV, MPH, MBA Candidate

To help address global health disparities and access to healthcare, medical schools in California are offering incentives to motivate medical students to earn an additional degree (such and an MPH) prior to graduating from medical school. PRIME-HEq (Program In Medical Education - Health Equity) is an example of such a program. As a PRIME-HEq student, I elected to pursue a combined masters degree at Johns Hopkins University after completing my 3rd year medical clerkships.

At Johns Hopkins, I was exposed to different tools and skills required to be an effective public health practitioner. The more I dove into public health issues and challenges the more the field became fascinating. I began to understand the difference between population health and individual health. However, I was gradually forgetting some of the medical knowledge I had acquired in the first three years of medical school. So it seemed that along with the curiosity and excitement of public health came an apparent displacement of medical knowledge. Towards the end of my first year at Johns Hopkins, it was very clear to me that I was a prime (no pun intended) example of the “use it or lose it” rule. Because I had not seen a single patient for over a year, I had not been able to keep my clinical knowledge alive.

As I pondered the idea of going back to medicine at the end of my first year at Johns Hopkins, I could not help but think of how difficult returning would be. I recall my conversation with Dr. Juang, a physician and close mentor at UCSD. I told him how anxious I was about going back to medicine. He assured me that my clinical skills and knowledge would come back quickly once I returned to the medical environment. I was still anxious.

Nevertheless, at 7am on the 19th of May, I found myself in the computer lab at VA San Diego for my orientation. After the orientation, I was escorted to my team room where I met with the interns and the senior resident. Later that day, my senior resident assigned me to my first patient from the Emergency Department (ED). Shortly after interviewing the patient, I noticed I was struggling with proper medical terms. However, I was able to come up with five differential diagnoses.

When I returned to the team’s workroom, the attending physician and the senior resident were present. The senior resident said to the attending “we have a patient in the ED. Thomas since you just saw the patient, do you mind presenting the patient?” “Not at all,” I replied. At this point, my heart started beating faster than usual. I took a second glance at my scribbled notes and turned to the attending. I started my presentation. There was no doubt that I was struggling. Three minutes into the presentation, I could tell my attending physician had “checked out.” I could not blame her. I would have done the same if I was the attending and a fourth year medical student could not coherently present a patient. After the presentation, I felt frustrated. A year ago I could present a patient without any visual aids or notes.
But my rotation continued and after seeing patients for about 4 days, I had my first performance feedback. In summary, my attending thought I had great work ethic and showed professionalism, but also that I was struggling with patient presentations and the use of medical terms. My attending said, “you were rusty at the beginning of your rotation, I mean globally rusty, but you are turning the corner.” After leaving my attending’s office, I knew I had to study more and set some goals for myself.

One of my goals was to read and understand the rationale for treatments, tests and diagnostic studies done on every patient within our team. So after work, I would get home and go straight to studying. I had a notebook, in which I jotted different concepts that were being presented during rounds that I found interesting. And after 5 days of using this approach, I began to sense that my medical terminology and knowledge were becoming “sparkly shinny.” As I became confident about my clinical skills and patient presentations, rounds became an exciting challenge.

Another goal I set for myself was to carry as many patients as the interns on our team. After all, I was going to be an intern next year and with my academic schedule, I might not have another chance to do inpatient medicine rotations. I knew that this would take some work, but it seemed to be a realistic goal. By the end of week 2, and with the help from supportive senior residents, it became very easy for me to take on as many patients as the interns.

My final goal was to look for avenues to apply knowledge from my MPH and MBA degrees to medical practice. For example, I always thought of ways to deliver quality care to my patients. I made an effort to understand my patients’ illnesses and concerns by listening to them. I believed that by visiting with them after rounds I could develop trust with my patients. This made my work stand out not only to the patients but to my colleagues as well.

So in summary, pursuing a Master’s degree is worth the opportunity cost. You gain a different perspective on the practice of medicine and build lifelong friendships. Nevertheless, returning to clinical medicine from a Master’s program can be challenging. While it is okay to be anxious, it is important not to let your fear incapacitate your ability to perform. A game plan, goals and dedicated study habits will reduce your stress. These strategies will not only boost your confidence and make you an excellent sub-intern, but will help you transform from globally rusty to sparkly shinny!

Thomas Onyia is a current MSIV student and he is completing a joint MPH/MBA degree at John Hopkins Bloomberg School of Public Health & Carey Business School.
I love my job. I am fortunate that halfway through my residency, I can still truly say that I love my job, and I look forward to going to work every day. As a second year pediatric resident, I just spent a month in San Diego and Mexico for work. I am a part of the global health track at Cincinnati Children’s Hospital Pediatric Residency Program, and we get funding to do a global health rotation both second and third years. I chose to come back to San Diego and Tijuana.

The focus of my global health month involved Health Frontiers in Tijuana (HFIT) (http://meded.ucsd.edu/index.cfm/groups/hfit/). It is located in Tijuana, Mexico in the Zona Norte region, serving sex workers, IV drug users, deportees, and homeless who live in the nearby Tijuana canal sewers. I think one of the best parts of the clinic is the binational partnership between University of California, San Diego, Universidad Autonoma de Baja California School of Medicine, and a nonprofit Prevencasa. Medical students from both schools participate in a parallel preclinical curriculum and work together at the clinic on Saturdays. Now, an undergraduate internship program has developed as well.

When I started Health Frontiers in Tijuana (HFIT) in medical school, I wasn’t entirely sure what would happen when I went to Cincinnati for residency, and it was amazing to see how the clinic has grown since 2011. This month, I worked on several projects:
Pediatric clinic: I continued doing what I love and worked as a pediatrician in the clinic. Over the course of the month, I saw certain families several times and began to build relationships with them. While I saw many common ailments, it was frustrating working within the resource limited setting. Access to certain medications and treatments, even simple medications like oral steroids, could improve chronic disease. On the other hand, I used new clinic resources including mounted opthalmoscope/otoscopes, ultrasound machine, and supplies to do minor procedures.

Grant writing: As with any non-profit, funding is huge. I looked for sources of funding and worked with Mexican physicians to write a proposal for an international community grant given by the American Academy of Pediatrics, focusing on the obesity pandemic in Tijuana. Our project partners with a local elementary school, and provides a safe place to exercise, perform health screenings, and nutrition education.

Research proposals: I worked on an IRB proposal, because to get more funding, it is important to measure outcomes. One project I worked on in medical school was implementing an electronic medical record, and hopefully once our IRB proposal goes through, we can query the record to track outcomes.

Medical Education: One of the strengths of the clinic is the collaboration and different learning opportunities for students in all stages of training. I worked with Mexican physicians, UCSD medical students, UABC medical students, and undergraduates. I gave mini-lectures ranging from physical exams to the proper use of antibiotics for strep throat.

Contract negotiation: My goal was to negotiate a shuttle service for undergraduate interns, and I had no idea how to go about this. Fortunately, my husband pointed me in the right direction, I wrote a request for proposals (RFP) to have multiple companies bid on the contract, and we found a good vendor at a great price.

Future directions: I met with a resident and program director from Rady Children’s Hospital. The pediatric resident program at UCSD will hopefully soon have a global health track, and it would be great if HFIT can be a site for that.

When I was in med school, I had the goal to start a clinic in Mexico, and I sent countless emails and recruited people into the project until HFIT was born. I wouldn’t have imagined it would turn into this, and it wouldn’t have been possible without collaboration. I feel privileged to have had this chance to go back and continue doing what I love, and I am excited to see what else is in store.
This year the incoming students participated in the annual PRIME-HEq Orientation. MSIIs organized activities aligned with the PRIME-HEq pillars. Highlights from this year includes two additional Community Tours of Lincoln Park and San Ysidro.

1) Personal & Professional Development
2) Diversity in Medicine
3) Community Outreach & Advocacy
4) Research
Cuauhtemoc, the last Mexica emperor, died in battle as the city of Tenochtitlan fell to the hands of the Spanish conquistadors in 1521 and, although the passing of half a millennia, its consequences are still reverberating today. As I continue my journey through the world of medicine, I came to the realization that medical school is not immune to the complexity of self-Identity or cultural mestizaje. LMSA, our only Latin@ student organization, continues to take all opportunities to host events in order to adequately and correctly represent our vast unique cultures to our fellow classmates and administrators. We strive to preserve our memories of times ago when our medical futures seemed distant and our cultural events were not seen as a form of diversity, but part of our daily familial customs.

On October 30 2014, LMSA de UCSD hosted El Dia de Los Muertos in order to honor our patients that passed away under our care at UCSD’s free clinic. Our altar was open to anyone who wanted to add an item that reflected the lives of those they cherished, and once completed, the altar demanded its existence in the center of our student lounge with a mosaic of beautifully colored items, delicious food, and numerous photographs. No single word can describe the emotions that flowed through the room. The raw emotions of love and bereavement consumed all. Air stopped. My words began to echo off the walls, and the silence was only interrupted by tears and tissue. I felt my heart race as I discussed the alternate views of death that were once held for thousands of years. “The life we live today is nothing more than a dream, and we do not truly awaken until death.”

The room was filled with conversations of loving memories and anecdotes. The speakers kept the festivities going with music by Trio Los Tres Calaveras, and the food was a delicious mole de pollo; a plate perfectly symbolizing the European and Indigenous ancestry that is at the root of Dia de Los Muertos. For an hour, UCSD-SOM celebrated life and death as a continuum of our human experience. We learned to journey with our patients as they experience the continuum of humanity and to truly be there for those moments of uncertainty. After all, death is a part of us and liberates us.

“Si en todas partes estás, en el agua y en la tierra, en el aire que me encierra y en el incendio voraz; y si a todas partes vas conmigo en el pensamiento, en el soplo de mi aliento y en mi sangre confundida, ¿no serás, Muerte, en mi vida, agua, fuego, polvo y viento?”

Xavier Villaurrutia
Welcome Back MS4s

Zana Ahmad MPH, San Diego State University
Vanessa Cobian, MPH, Harvard University
Paulette Gabbai-Saldate MPH, Harvard University
Ashlin Mountjoy MPH, Harvard University
Michelle Ramirez MPH, Harvard University
Lucas Shanholtzer MPH, San Diego State University
Viridiana Tapia, MPH John Hopkins University

MASTERS Year....Have a great year!

Vicki Chia—Harvard University—MPH candidate
Elizabeth Elman—Harvard University—MPH candidate
Ryan Huerto—Harvard University—MPH candidate
Richard Kow—Harvard University—MPH candidate
Alexis Lopez—Columbia University—MPH candidate
Dylan Mann—San Diego State University—MPH candidate
Damilola Soyode—Harvard University—MPH candidate
Tu-Phuong Tran—Harvard University—MPH candidate
Holly Vo—John Hopkins University—MPH candidate
Congratulations to the third PRIME-HEq Class of 2014

Sarah Rojas  
Family Medicine  
Family Health Centers of San Diego

Anne Zepeda  
Pediatrics  
University of Southern California

Sheila Dejbakhsh  
Obstetrics-Gynecology  
UC Los Angeles Medical Center

Jacob Bailey  
Medicine-Pediatrics  
University of Southern California

Nicholas Aldridge  
Emergency Medicine  
UC San Diego Medical Center

Juliet Okoroh  
General Surgery  
UC San Francisco Medical Center

Inga Wilder  
Family Medicine  
Ventura County Medical Center
Happy Birthday Wishes to our PRIMErs!

September
Carissa Santos 9/13
David Hubbard 9/19
Austin Parsh 9/19
Kelechi Anudokem 9/19
Laura Muehl 9/21
Vicki Chia 9/29

November
Francesca Salazar 11/6
Enrique Olivares 11/7
Holly Vo 11/17
Alexis Lopez 11/28

October
Dylann Mann 10/2
Sabrina Owens 10/7
Natalia Calderon 10/9
Vanessa Cobian 10/11
Lucas Shanholtzer 10/28

December
Sherise Epstein 12/11
Brittany Burton 12/16
Ashlin Mountjoy 12/18
Michelle Ramirez 12/22
Boya Abudu 12/30

Congratulations to the PRIME-HEq students that were inducted into the 2015 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.

Vicki Chia  
Dylann Mann  
Ryan Huerto  
Damilola Soyode  
Richard Kow  
Holly Vo  
Alexis Lopez

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