



Spirit of Service

Med+Peds Newsletter

July 2020

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Dear residents,

The *Spirit of Service* is the Combined Internal Medicine and Pediatrics newsletter. In this edition, you will find program updates, a brief message from our chief, staff spotlights, resident writing and photography, and new members of our family.



LAC+USC Medical Center



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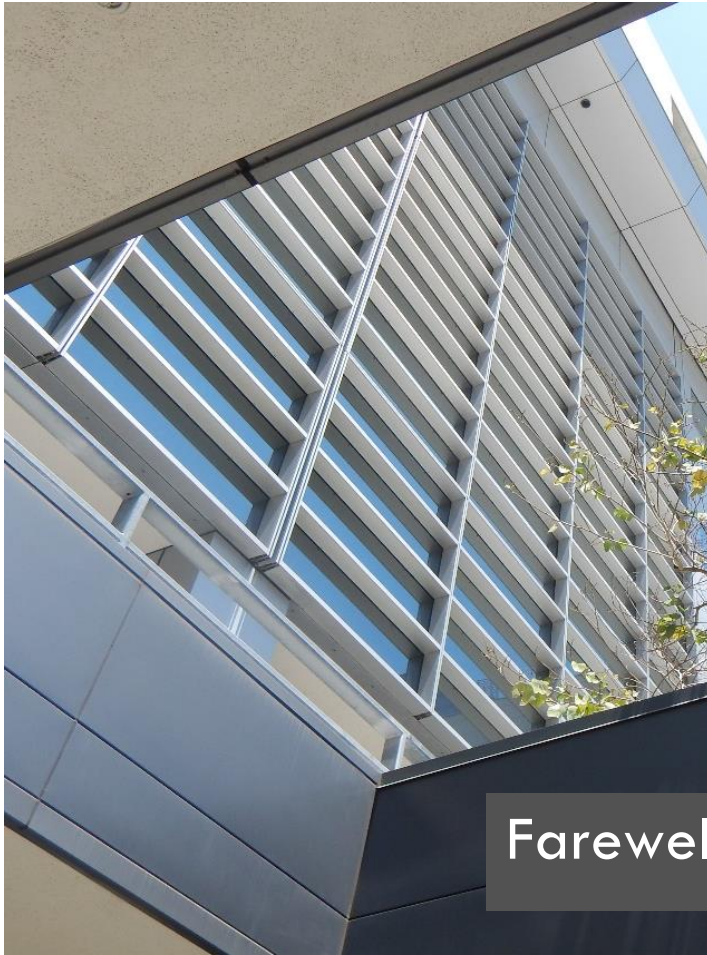


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Program Updates



This spring, Neha Mahajan (class of 2016, Med+Peds Clinic Co-Director) started a new position as a primary care attending in Edward Roybal Comprehensive Health Center. Kevin Chen (class of 2017) is our new interim clinic medical director.

Congratulations to our graduating residents and chiefs: Spencer Liebman and John Nixon (MP Chiefs 2019-2020), Jaclyn Vargas and Pruthul Patel (Peds Chiefs 2019-2020)

Class of 2020: Fern Delgado Young (UCSF Allergy and Immunology), Bekah Harding (MP Chief Resident 2020-2021), Jena Sussex Pizula (LAC+USC Cardiology), Sara Ptasnik (urgent care in Pasadena), Mino Sarkarati and Alexis Gordon (Quality Improvement Fellows)

Farewell to some of the family

David Chung (class of 2019, Quality Improvement Fellow) and John Nixon (Chief Resident 2019-2020) helped to successfully secure California Department of Public Health (CDPH) approval for LAC+USC Mobile Clinic, which will launch at Wilson High School in El Sereno. The clinic will provide ambulatory care to high school students. PGY-2s Eric Zúñiga and Sarah Soliman were awarded the National Med-Peds Resident Association (NMPRA) Advocacy and Community Service grant to help with the project.



LAC+USC Mobile Clinic

Med+Peds Chief: Rebekah Harding



Hello, I'm Bekah Harding and I'll be your Med+Peds chief resident for the 2020-2021 academic year. I'm very excited to take on this role from Dr. Nixon and Dr. Liebman who were exceptional chiefs and big inspirations to me! I hope to be a useful resource to all the residents and help to create a caring community of learning within our residency program and Med+Peds clinic.

I'm originally from Anchorage, Alaska (Why yes, I have been on a dog sled. No, I never lived in an igloo) and later on went to medical school at the University of Illinois at Chicago. My favorite hobbies are reading young adult fiction, listening to musicals, drinking coffee, and spending time with my husband Patrick. I recently became a mom! My daughter Posey Gwen is 5 months, full of joy and just about as fun as can be!

I am a National Health Service Corps Scholar and after chief residency I hope to work in underserved primary care through NHSC.

My professional interests include primary prevention for adverse childhood experiences, advocacy for underserved populations, and general Med+Peds primary care.

I feel very fortunate to have trained at LAC+USC in our Med+Peds program. Please count me in to advocate for you as residents and let me know ways I can help you take great care of our wonderful patients!

Staff Spotlight



Erica Patel (class of 2021) and Christina Lopez
(Med+Peds Clinic RN-II)

Q&A with Christina Lopez, Med+Peds Clinic RN II

What do you want the LAC+USC Med+Peds community to know about you?

I'm very dedicated. When I come to work, I give it my all. I'm a hard worker and loyal. I come early and leave late. I love what I do.

Where did you grow up?

I was born and raised in Pasadena and still live there. I had a good childhood. My mom was a single parent and raised my sister and me. My dad was gone after I turned 13. I liked that it was just us 3 girls. I saw how my mom was always a hard worker; she worked a lot of hours to support us. I wanted to be a hard worker like her and take care of people, so I ended up going into the nursing field.

Where did you go for school?

I did my prerequisites at East Los Angeles College and transferred to Mt. St Mary's University in Los Angeles.

What do you like to do for fun?

I like to travel and to run. I try to run every day after work. I live by the Rose Bowl, which is a 3-mile loop. Being able to run makes me feel some type of way. In 2019, we traveled every 3 months. My favorite place was Japan.

What is your favorite movie?

My husband works in the film industry, so we watch a lot of movies. I'm a hopeless romantic. I like *Only You* with Marisa Tomei and Robert Downey Jr. and *The Notebook*.

If you could choose, what vegetable would you be?

I love tomatoes. I eat cherry tomatoes with everything – not the big ones that you have to cut. Cherry tomatoes are just the right size.

If you were a new addition to the crayon box, what color would you be?

I would be yellow. At one point in high school, it was my favorite color. It's bright, colorful, and I think that represents me. Though you sometimes see me stressed out here, I am friendly and outgoing outside of work.

Do you have any favorite memories or experiences from working here?

I love the staff. We joke around and laugh every single day. They are the best. I can't even explain it. I love coming to work. Even though we sometimes get on each other's nerves, we get each other and help each other out. They make the day go by fast. We're like family.

What problems did you encounter?

Because I'm the RN, I have a lot of responsibilities. Sometimes, it gets frustrating for me because it's a lot of work. I have to take care of the flow, the mommy call [line]. I have to do walk-ins, give medicines and vaccines. There's only one of me. I think we should have two RN-Is to run the clinic.

How do you want to be remembered?

That I ran the clinic well. I want to be remembered as funny and cool, and that you all wanted to hang out with me.



Black Lives Matter

Med+Peds and Peds residents as protest participants and medics throughout Los Angeles in spring 2020



Dark History: A Short Story

Sarah Soliman

High school. On the kitchen TV, I watched as Barack Obama held a microphone and turned to an audience. His gaze was calm; his voice was matter of fact. A few feet away, my father sat at a table with a bag of chicharrón in one hand, a shot glass in the other. He picked up the remote and turned to Fox News, where pundits were analyzing the candidates' performances at the town hall. Discussion turned to Obama's birth certificate.

"We can't let someone like this become our president," I heard him say. "Dad, he was born in Hawaii, not Kenya." "It's not just that. You can't trust someone like that." "Someone like what?" "He grew up with a single mom. They say he falsified his work at Occidental to get into Columbia."

College. Several biology and anthropology classes later, my shelf at home now had *Through a Window* by Jane Goodall and a collection of essays by evolutionary biologists. My parents grew up in the Philippines and were raised Catholic. I broached the topic of evolution and race as a social construct with my father.

"You can't trust certain groups of people." "We have family who are African American, and we trust them." "No, we don't. Most blacks are criminals. We can't trust them." "That's impossible."

I walked out and came back with a pen and paper. "If you're saying that most African Americans are criminals, then let's call that at least half of the population. That's 25 million people. There's only about 2 million people in the U.S. who are incarcerated." "No, you're twisting the numbers. Not all of them get arrested." "Well, if you look at the number of crimes committed in 2008, that's about 8,000,000 total charges for violent and property crimes. That's still way less than 25 million people, and only 25% of those crimes are committed by African Americans. We're not even accounting for repeat offenders." "No, you're still twisting the numbers to make them say what you want to say. You're taking proportions out of the population. It doesn't explain away the fact that most blacks are criminals."

Tears started to well up in my eyes out of frustration. I picked up my pen and paper and left the room.

Intern year. Years before, I'd read about Tuskegee and Henrietta Lacks. Now I was on the phone with the parent of a 2-year-old with a pattern of anemia that didn't quite fit iron deficiency. We needed a hemoglobin electrophoresis test. I explained this to the parent. "We can look at the proteins in his red blood cells and check for problems."

On the other side, hesitation. "We're not going to do that." "May I ask if you have a concern about the test?" "There's a dark history of experimentation on our people, of taking our blood without consent. I'm in touch with people from the CDC, and I know you all are looking for antibodies against the coronavirus. I don't want anyone to be drawing my child's blood. He's eating organic food that we grow in our garden. He's happy and healthy and growing well. I can bring him in for a visit, but we're not doing blood draws."

End of intern year. I moved with a crowd of people towards the Twin Towers jail, a cardboard sign reading Defund the Police in my hands. Khaki uniforms and batons lined the street. There were as many of them as there were of us. Next to me, a child a little over one year old stood and looked up at her parent. A woman with hurt in her eyes got up on a platform and spoke about her son, beaten to within inches of death by police in the jail.

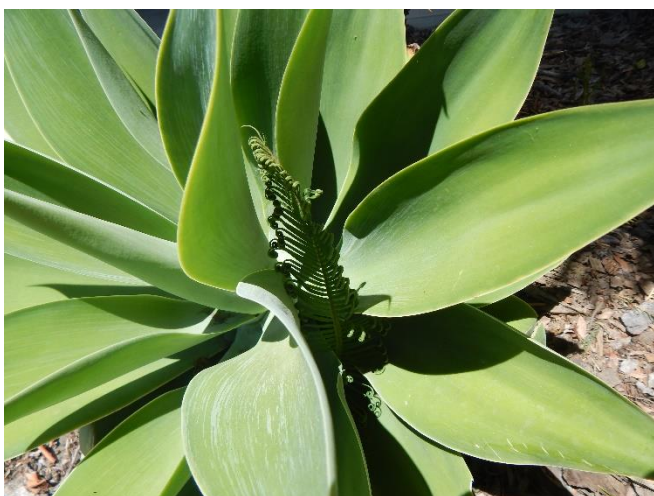
We marched towards the Metro Detention Center. The building rose up before us, a gray fortress without windows. Near the entrance, a family beat on drums. We chanted, "No justice; no peace! No racist police!"

A chorus of tap-tap-tap sounds rained down on us. People inside the detention center, knocking on the walls of the building, on the not-quite-windows. We couldn't see them, but perhaps they saw us. We lifted up our signs. The tap-tap-tap sounds grew louder.

Someone turned to me. "I think I'll always be haunted by that sound."

Life grows on

Photos taken outside the medical center
by Sarah Soliman



A wave of people flows west into downtown Los Angeles. Their momentum pulls you like gravity, but Old County, ahead, draws you forward.

The afternoon hospital is quiet. Pass no one on your way in. Some hours later, the sun sets outside your notice. Your eyes are filled with numbers limned in blue light. Your fingers tap, tap.

Somewhere outside the hospital, people are screaming to be seen and heard, but you hear only the clipped voices of television anchors focusing on damaged property. A reporter compares human beings to cockroaches. Turn off the stream.

Walk past the rooms of patients unable to breathe on their own - these human beings known to you only by their ventilator settings, the drips flowing into their arms, necks, groins, the milliliters of fluid positive or negative over the past twenty-four hours. Peer into negative pressure rooms to collect and copy the readings on their monitors. Glance at their ruined bodies. The roar of air filtration systems fills your ears.

This is the quietest it has been all week, but there is no tranquility tonight. A ringtone summons you upstairs to where your list has overflowed. Your patient is DNR/DNI. Relief, when you do not have to do violence tonight. You are handed death papers for the first time.

In the morning, drive past your apartment through the streets downtown in this city to witness. Shivers, because every other vehicle is painted black and white. This is not safety. Turn a corner. Anger, at the presence of camouflage and rifles defacing these streets of Los Angeles, your home for the past twelve months and the next three years.

Next week. Finally have time to medically understand your patients. Guilt, at being inside when so many are outside. Find small solace in speaking with the family members of those who cannot speak for themselves.

Leave the hospital. Eat. Sleep. Wake. To the hospital and back. Once per day between the hours of eight and eleven PM, use your voice to support people dying to be seen and heard. Life goes on as usual.

Faculty Spotlight



Med+Peds faculty, left to right: Neha Mahajan, Vidhi Doshi (class of 2017), Breck Nichols (PD), Kevin Chen (Med+Peds Clinic Director), Tracey Samko (APD), Mohamad Raad (class of 2014)

Q&A with Neha Mahajan, class of 2016 and Med+Peds Clinic Co-Director 2016-2020

What would you like the LAC+USC Med+Peds community to know about you?

My whole training has been here, from med school to residency and I'm still here years later. People think I'm a stickler for rules. We always have to keep in mind that patients come first. To achieve that, we have to create systems that make that possible.

What was your childhood like?

I was born in Bombay, India where my mom's family is from, but I don't remember much of it. My mom grew up in a major city and things were good there. When she moved to Agra, the smaller town where my dad was, she realized that my sister and I would have fewer opportunities there as females. We moved here when I was five. We came straight to California. I grew up in a suburb of LA called Cerritos. My parents were pretty conservative. We weren't even allowed to go to sleepovers or watch Friends. I went to Irvine for my undergrad and majored in Criminology and Genetics. I thought I would go into Psychiatry because of my interest in criminology.

I took a year off after college. I went to India for a summer or two to volunteer at a psychiatric hospital.

What did you do during your gap year?

I took a year off thinking I would travel. I discovered that I liked travel in college. I worked a bit at Quest Diagnostic labs. Near the end, I did 2-3 months of travel. I spent one month in south India. It's a very different culture; their language and food are different. Before that, I only went to India with my parents. This time, I traveled all the way to the north to the Himalayas. After that, I traveled through Europe. I have family in London, and then went to Portugal and Spain.

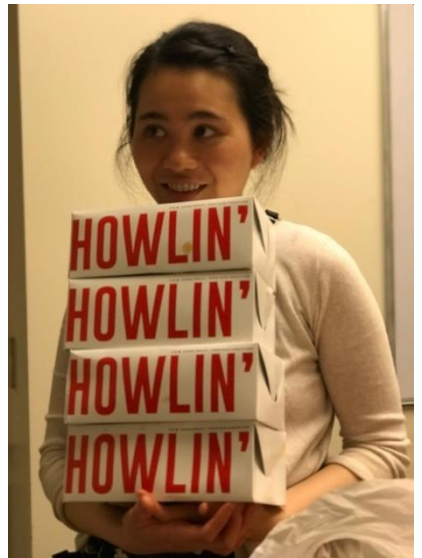
How did you decide to stay here for Med+Peds?

Dr. Zia introduced me to Med+Peds. I loved this hospital and these patients. After my first year at Keck, I went to Peru for a month for Spanish language immersion. I like working with our population because you feel like you're helping people who otherwise wouldn't get that help and they are grateful for it. I don't see how you could get any better than that. That's why I wanted to stay here, knowing this program and the people here. I wasn't ready to go straight into fellowship, so when Dr. Nichols brought this up, I decided to try it out for a year, which turned into three. I've sort-of just followed my interests.

What do you like to do for fun?

My big thing is traveling. You think that you don't have time during residency, but you do – you have these blocks of time set aside. I traveled more during residency than I ever had before, and now I try to travel twice a year if I can, especially international trips. Traveling forces you to disconnect for a bit, which you can't do if you stay local – it forces you to see other parts of the world and the way other people live. Recently I also got into yoga, now that I'm in Highland Park with all of the hipsters, so I'm trying to do that. I'm trying to read more for pleasure, which I think is something that you give up during training. The moment I finished, I started picking up serious books again.

Blooper Reel



On Interpreting My Maladies

Erica Patel

As doctors we all have the one disease that touches a nerve. The disease that has defined our lives somehow, personally or by proxy, and reminds us of our loss and mortality. Some of us seek it out and try to confront it head-on to stifle the helplessness. *I couldn't save my relative from x disease but I can try to help similar people.* Others actively try to avoid it, recoiling when getting a new patient with the illness, offering to care for the curmudgeonly homeless man with scabies instead. For much of my intern year, I was in the latter group.

My adversary was cancer. I wouldn't touch it with a 10-foot chemotherapy laden pole, but unfortunately [or fortunately because it was like immersion therapy] for me, the internal medicine side is ripe with malignancy. Brain, breast, biliary, bladder, we have it all. Rarely is it limited to one organ; seldom have the surgeons resected it and the person has gone home effectively cured to live out his or her life. Because of factors that delay their introduction to the healthcare system, patients at our county hospital often have metastatic disease when they present. The hospitalized ones that we mostly take care of have even poorer prognoses.

As an intern on medicine wards, malignancy so pervaded my months on medicine that my senior resident joked that we were running a primary oncology service. This would become the running theme of all of my subsequent months on this rotation. As an intern, I considered myself to be a glorified secretary, devoid of medical knowledge, which was made even harder by the constant reminder of a disease that I was desperately trying to avoid. During the first block I was on, I left the hospital feeling broken and helpless nearly every day. I grew fatigued of telling people that they had cancer, that it had spread everywhere, and no, it was not going to be cured but they could try some poisons that would make them feel sick to buy them some more time.

I didn't know enough medicine at that point to feel useful, so I felt like I was delivering bad news without playing a role in the solution. I kept reminding myself that as bad as I felt, they felt a million times worse, but by the twentieth case it was hard not to get cracks in my doctor exterior and start to break down. Bearing witness to a vulnerable moment in someone's life is heartbreaking; being the bearer of bad news and watching your words directly crush someone's soul is agonizing.

I was terrified when I saw my schedule for second year and learned that I would be starting on malignant hematology at Norris Cancer Hospital. Initially apprehensive, I learned to tango with this disease, seeing beyond the cancer and instead focusing on the people that were afflicted with it. Malignant hematology at Norris is mostly count recovery, so I had a lot of time to spend with my patients, many of whom were there for weeks as their marrow sputtered and tried to spit out enough neutrophils to make it safe enough for them to go home. I watched TV with them in the afternoon in between notes and chatted with them as they walked around the same small hallways for the thousandth time as their only form of exercise. On Friday afternoons a few of us would wait until their nurses were clustered at their station and away from sight and slip down to the courtyard so we could all enjoy forbidden fresh air outside. We'd feel the warm summer sun on our skin and a rush of excitement from sneaking past the nurses, who looking back on it definitely knew what we were doing but turned a blind eye anyway. This rotation was the highest of highs but also the lowest of lows in residency.

On my last day on service as I was on my way out towards freedom, I heard a loud wail coming from the corner room. It belonged to a middle-aged woman with multiple myeloma who had spent all week with panic attacks requiring escalating doses of Ativan. She was curled up on the bed and when I sat down next to her she hooked her arms around me and sobbed uncontrollably, her tears drenching my white coat. In between gasps she repeated *I don't want to die, I'm scared, don't let me die.* I tried my hardest to remain steady and to provide comfort to her while swallowing my own emotions.

I'd made it through the month without breaking down and even came to enjoy the medicine behind blood malignancies. Minutes before walking past her room I had been reflecting on how proud I was of confronting cancer head-on that month and surviving. But as the minutes ticked by, my arms around this weeping mother of three, it all came rushing back. The reason why I had been avoiding cancer all this time started bubbling to the surface. As she continued to wail and talk about her fears of death, I felt a hot lump rise in my throat and my body shiver. And then the floodgates broke and for the first time as a doctor I cried in front of a patient.

Eventually I managed to compose myself, told her she would feel better soon, and signaled to the nurse to give her evening dose of Ativan. As I walked out of Norris for the last time, she was chemically lulled to sleep. It was a long walk to the parking garage, and I stifled the tears as I passed stone-faced colleagues, nodding to them and sharing quick pleasantries. Once I got to my car, I tore off my white coat and slipped into the driver seat, finally feeling safe to be a person instead of a doctor. I let out a loud wail of frustration, startling the guy in the parked car next to me, and pulled out of the parking lot and drove home, tears clouding my vision the entire way. I thought about the fear that my aunt must have felt with her cancer and how many nights she lay awake thinking about how much she didn't want to die. I felt ashamed that I couldn't be there for her in that vulnerable way she needed like I had tried to be for the patients at Norris. Memories I tried to push down came rushing back.

When I was 17 years old and decided to pursue medicine, I naively thought I would come out the other side a physician armed with the tools to cure people. I had recently learned how big of a role health played in people's lives and I wanted to find a way to intervene. My aunt, the woman that I think of as my second mother, had recently passed away from metastatic breast cancer. It was dormant for nearly 8 years after her first bout of cancer went into remission but came back with a vengeance, seeding into her bones and ravaging her organs.



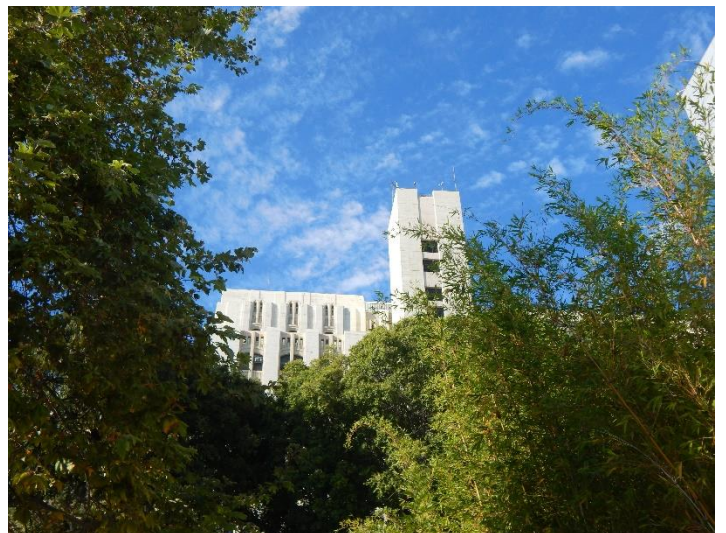
PGY-3s, left to right: Hannah Obasi, Ammar Dahodwala, Margaret Nkansah, Alda Huang

I watched the woman that was the light of every room she walked into grow dimmer over the course of a year. Her bright smile and twinkling eyes faded more and more every time I saw her, until she was too weak to move and needed help with every basic task. The woman that I credit with teaching me how to laugh, to enjoy the simple pleasures of life, and to love those around me fully and without reservation peacefully passed away at home in my uncle's arms. Christmases would never be the same, Friday night hangs filled with dancing and laughter were a thing of the past, and cuddles on the couch while singing at the top of our lungs were gone forever.

It's been 11 years since she passed away and the pain has dulled, burrowed deep inside me and covered by scars that only happen with the passing of time. When I think about her I feel a wistful nostalgia, becoming enveloped in a feeling of intense warmth and some sorrow. Over the years I've found myself reflecting on her and what she meant to me, trying to grieve and celebrate the moments shared and lost. Each time has been through a distinct period of my life, and so that lens has shaped the interpretation.

Most recently, as I write this, for the first time I'm filled with a sense of peace about her journey and ultimate death. She spent the last few months of her life at home with her family surrounding her. Her bed was moved to the living room because she was too weak to go upstairs so we piled on it and shared whatever remaining time we had left with her. When she was too frail to give me hugs, she squeezed my hand to signal her love. I'd lie next to her and hold her hand and tell her about my life updates until the last few days of her life when she became too feeble to pay attention to even the simplest conversations. She got to live and die in her home, in her bed, filled with memories of better times and encircled by her loved ones that felt a sense of solace in a familiar environment. As painful as it was to go through, reflecting back on it now I am incredibly grateful that she passed in the comfort of her own house.

I've seen countless patients die in the hospital, hooked up to machines and on medications that prolong suffering. Their families are forced to grieve in sterile waiting rooms and loud, bustling wards as they process how to say goodbye and what to do next. I've actually come to embrace these difficult conversations, channeling my personal experiences, to help those going through the hardest moments of their lives. Rather than shy away from cancer, over the years I've learned to coexist with it and help patients in whatever ways that I can. Being confronted by illness and death daily has matured me more in the past three years than any other time in my twenties. It's taught me a lot about the complexities of the human experience and the fragility of life.



Welcome to our new residents!



Nate Dalrymple from University of Illinois at Chicago is joining us as a PGY-3! Originally from Phillipsburg, NJ, he attended Colgate University where he studied Molecular Biology and Native American Studies. After college, he served two years in the Peace Corps in Mozambique and then studied behavioral health in Columbia University research labs prior to attending Cooper Medical School of Rowan University. An avid Philadelphia sports fan and seasoned traveler, Nate joins our program with his wife Jackie and cat Tuna. His clinical interests include underserved medicine, Spanish-speaking populations, and global health.

Med+Peds Class of 2024



Left to right: Ahmed Daboul, Matt Schwartz, Yveline Van Anh, Sara Bonilla-Larsen (and dog Buddy), Conner Fox (and Peter Olson), and David Boothe

New members of the family



Joaquin Vargas

Born on February 22, 2020 to Jaclyn Vargas (class of 2019, Peds Chief) and Misha Vargas

Posey Gwen Harding

Born on January 21, 2020 to Bekah Harding (class of 2020, Med+Peds Chief) and Patrick Harding



Mackenzie Lauren Gordon

Born on February 1, 2020 to Alexis Gordon (class of 2020, Quality Improvement Fellow) and Hugh Gordon

Med+Peds Newsletter Staff

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