

NEWSLETTER

April 2015 Edition



Where Our Residents Have Been!

Pediatric Clinic

Dr. Sumulong, M.D
PGY3 Resident Physician

While preparing for my board exams, I had the pleasure of working with Dr. Pahl, Dr. Jones and Dr. Johnson as I continue to hone my pediatric skills. As I reach the end of my residency, I realize how truly blessed I am to be learning alongside our pediatricians. Thanks again! - Cid

HMS SMASH Clinic

Dr. Cluff, M.D
PGY3 Resident Physician

I had a good month visiting the different HMS clinics and working with the different providers. It was nice to see how the small communities have grown to appreciate the efforts of HMS in reaching out to the rural areas. I am grateful to the preceptors who spent their time with me during this month.
-Ben

Dermatology

Dr. Schumacher,
PGY2 Resident Physician

During my Block #10 rotation, I had the excellent fortune to work with Dr. Arizaga at Sierra Dermatology here in Silver City. He volunteers his time to teach the art and science of dermatology to residents of the HMS Family Medicine Residency Program. More than that however, he teaches how to properly interact with, and care for, the total wellbeing of patients. Dr. Arizaga should be designated as a historic landmark here in Silver City. He stands for all that is good and comfortable here, and he represents the reason we all love to be part of this community. He knows his patients, their children, their parents, and their grandparents. As the saying goes: he has forgotten more about the subtleties of rashes, lesions, freckles, moles, skin tags, acne, and skin cancer than I will ever know. He patiently and systematically guides his residents through the algorithms and thought processes necessary for proper diagnosis and resolution of the patients concerns. He teaches procedural techniques and minor surgeries for both diagnosis and pathology resolution. With the sheer quantity of skin cancers he has removed, he has saved MANY lives in this community. As a result of his teaching, we are now more capable to diagnose and properly treat a wide variety of dermatologic illnesses in our family medicine clinic. - Alan

Behavioral Health

Dr. Seltzer, M.D.
PGY2 Resident Physician

I spent the past month with the behaviorists here at HMS. I am so grateful for the work they do, and for taking the time they did to teach me all they could, in between seeing patients. We are lucky to have such a knowledgeable,

Resident Roster Class of 2015



Algele "CID" Sumulong, MD
Benjamin J. Cluff, MD

Class of 2016



Alan Schumacher, MD
Rachel Seltzer, MD

Class of 2017



Magda Ramirez, MD
In Training at UNM

*Thank you to our
community of providers
for your continued
support!*

effective, fun, committed, and solid group of behaviorists upstairs (and downstairs!). I learned more last month than in my over 7 1/2 years of medical training thus far regarding how to maximize my effectiveness with patients, while holding the patient-provider space in that exam room to be sacred and respectful, and to truly be patient-centered. Along with this, comes less frustration and more clarity regarding my role in someone else's ownership of their own health. In this way, I retain increased satisfaction from my patient encounters, as long as I remember to focus on *my* role. I would encourage anyone to chat with our behavioral health folks about *how* they do what they do. A big thanks for such a high-value month. Again, we are lucky to have them. - Rachel

Obstetrics

Dr. Ramirez, M.D

PGY 1 Resident Physician, In Training at UNM

Block #10 was so exciting for many reasons. I returned to obstetrics at the OB triage and labor and delivery. I had the opportunity to work with an awesome team and a great attending. Every day that we chose a random topic for discussion, we ended up seeing actual cases in the OB triage related to the topic we picked during the morning rounds. I remember a topic we discussed that involved appendicitis in pregnant women, and sure enough, a few hours later we had two patients with right lower quadrant pain! Dr. Phelan is an amazing teacher and an incredible human. She broke down the pathology in a meaningful way. I was happy to learn from her. On a personal note, I had vacation this month and had the opportunity to explore more regions of New Mexico. We spent time exploring the underground caves of Carlsbad National Park. I was truly channeled in dark tight places deep inside the earth and felt like a baby coming out of her mother's womb to a brighter world. – Magda



Resident Article

The Value of Improvement in Resident Education

By Rachel Seltzer, MD, MPH – PGY2 and Alan Schumacher, MD- PGY2

"Improvement," which has evolved from "total quality management," "continuous quality improvement," and "quality improvement," is a prescriptive and systematic bottom-up method for quickly implementing change utilizing Plan-Do-Study-Act rapid cycles. It can be used for personal, group, and even organizational improvement, from calling your mother regularly to optimizing transparency between hierarchical organizational sectors. It is the scientific method applied to qualitative, subjective, and/or intangibles.

As we know, a major requisite for change is "stakeholder buy-in." Typically the expectation is to either change people's minds to accept something new, or dictate to those lower on the totem pole what is being implemented. Flexibility around the aims or plan, and re-framing them as "shared goals," or "shared priorities," allows us to first engage the appropriate stakeholders, discover what we agree on, devise a plan together, then work together to optimize implementation, fostering collaboration, more successful initiative implementation, and better career satisfaction.

It is difficult to institute change in the primary care setting without both administrative and clinical champions. Therefore it is important integrate improvement work into clinician training curricula. By learning improvement methods and reinforcing a value of moving upstream from direct patient care, we can utilize simple tools to make significant impacts on our healthcare delivery system. We learn early on how to work toward a Quadruple Aim (built from the Institute for Healthcare Improvement's (IHI's) "Triple Aim") of higher quality care, for improved outcomes, at acceptable cost, with a satisfactory patient experience,¹ and a satisfactory and sustainable provider and staff experience.

1. The IHI Triple Aim. (n.d.). Retrieved April 10, 2015, from <http://www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx>