



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

CULTIVATING HUMILITY AND LEADERSHIP

ZSFG is one of the premier public hospitals in the country. It serves some of the community's most vulnerable patients, and has developed innovative approaches to care which have become national and international models. This issue features two stellar educational programs led by faculty and/or based, in the ZSFG Department of Medicine. Both help trainees become innovative leaders as they care for underserved patients and work to transform health care systems.

Model SFGH: Empowering Medical Students to Address Social Determinants

“At San Francisco General, we care for an incredibly vulnerable and marginalized population,” said Alexander Logan, MD, Assistant Professor in the ZSFG Division of Hospital Medicine and Co-Director of Model SFGH, a program which allows third-year medical students



Katie Brooks, MD

to concentrate six months of their clinical training at ZSFG. “What’s special about the General is that we have access to a lot of innovative programs and services to try to meet the needs of our patients,” said Dr. Logan. “There’s a lot of history at this institution, from the way we addressed the AIDS crisis, to the work we are doing today to address the opioid crisis, housing crisis, and other intersecting crises.”

Model SFGH was founded in 2005 by Margaret



Marlene Martin, MD, discusses opioid use disorder with Model SFGH students while Alex Logan, MD, right, looks on.

Wheeler, MD, Professor of Medicine in the ZSFG Division of General Internal Medicine, and Margo Vener, MD, MPH, Professor of Family and Community Medicine. There are now about 400 Model SFGH alumni who have gone on to complete residencies in many different disciplines and practice in a wide range of settings.

This past year the founders passed the baton first to Dr. Logan and Katie Brooks, MD, Assistant Professor in the ZSFG Division of Hospital Medicine and Co-Director of Model SFGH with Dr. Logan joining her shortly thereafter. “We stand on the shoulders of giants,” said Dr. Logan. “Margot and Margaret trained generations of clinicians, many of whom are still here on faculty at UCSF and the General.”

“Working in a setting like San Francisco General comes with a lot of unique challenges and many

opportunities for burnout,” said Dr. Brooks. “Model SFGH naturally selects for students who want to work in safety net environments, and our goal is to bring in experts to teach them skills to help them succeed and feel empowered so they will be more likely to choose careers focused on addressing inequities.”

Each year, about 20 medical students elect to spend January through June at ZSFG, completing their inpatient clerkships in medicine plus others in areas such as pediatrics, psychiatry, OB/GYN, surgery or neurology. They also complete a longitudinal, six-month outpatient clerkship in family and community medicine at one of ZSFG’s outpatient clinics. In the coming years, the program hopes to expand to include opportunities for students to shadow providers in the methadone, addiction care, and TB clinics, as well as Ward 86, which provides outpatient HIV care. Many



FOLLOW US ON:
@Neil_R_Powe
[http://tiny.ucsf.edu/
ZSFGDOMnewsletter](http://tiny.ucsf.edu/ZSFGDOMnewsletter)

UCSF Department of Medicine



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

educational innovations that were eventually adopted for all UCSF medical students started as Model SFGH programs, such as the longitudinal outpatient clerkship.

In addition to providing students an immersion in safety net care, Model SFGH offers a weekly curriculum to help them be most effective. Dr. Brooks and Dr. Logan curate a series of talks, inviting experts to discuss topics such as addiction medicine, palliative care, ethics, health inequities, trauma-informed



Alexander Logan, MD

care, alternatives to law enforcement for maintaining safety in the clinic and hospital, and the roles of other team members, such as nurses, social workers, and interpreters. They also lead reflection sessions to support community-building, professional identity formation, and developing an antiracist, anti-oppressive framework for practicing medicine.

“We really want students to get a deeper understanding of how social determinants and structural barriers influence health access and outcomes,” said Dr. Brooks. “That includes learning core skills that are important in working in these settings, such as de-escalation, working with interpreters, and having some understanding of insurance structures.”

For example, Marlene Martin, MD, Associate Professor of Medicine in the ZSFG Division of Hospital Medicine and Founding Director of the Addiction Care Team (ACT), recently gave an overview of inpatient addiction medicine. She described some of the underlying contributors to substance use, including racism, trauma, and chronic pain, as well as giving a more nuts-and-bolts overview about treating withdrawal symptoms in hospitalized patients.

As Associate Director of the ACT, Dr. Logan facilitated a session about motivational interviewing, an evidence-based communication toolkit which helps patients explore and move towards their

goals around behavior change, including substance use. “One of our students had been struggling to figure out how to talk with a patient who had heart disease as a result of stimulant use, and she left that session to go back to talk with that patient,” he said. “It was really gratifying to say, ‘Here are some ideas and tools,’ and have someone go use them right away.”

Model SFGH also helps medical students navigate the sometimes distressing gap between what they hope to accomplish as physicians, and what they may observe during their training. For example, patients with limited English proficiency often do not receive appropriate medical interpretation services. “As a student, it’s easy to watch that and think, ‘That’s too bad, but that’s medicine – we don’t have the resources to always have a professional interpreter,’” said Dr. Brooks. “We provide a space for a student to say, ‘I saw this happen today and it made me uncomfortable.’ Other students might describe how they saw their attending or resident get a phone interpreter or schedule an in-person interpreter during rounds. Together we can reflect on other ways to handle the situation.”

The co-directors also share strategies for intervening when they witness bias in the clinical setting. “We encourage students to be curious on rounds,” said Dr. Brooks. “Students can try to shift the narrative of what’s going on by asking questions, and to do that in gentle, respectful ways that allow their team members to change their behavior and bring forward another model for when they provide care themselves.... Students also have more time to navigate systems and spend time with patients, so it’s a great opportunity to learn patient advocacy skills. I hope having these components in their early clerkship helps students ask different questions as they start to think about future career decisions.”

“Each of us tries to maintain a balance between being optimistic and hopeful about collectively changing the structural forces that impact our patients’ lives, while also having deep humility about what it is that we can actually change,” said Dr. Logan. “There is a process of professional identity formation as each student figures out how to be a healer with limited tools. It’s a very profound, deep journey that we all have to walk. For me, medical school was where I set my direction, my North

Star. It’s a rich time to define what one’s values are, how they might be expressed professionally, and connecting with role models with similar values. Model SFGH helps give them access to a lot of creative, innovative, inspiring people at the General who are doing great work and building systems that help meet our patients’ needs.”

One of the biggest challenges is striking a balance between developing clinical skills and engaging students in big picture learning. “The core of all learning happens between students and their patients, as well as with their residents, attendings, and the rest of the team,” said Dr. Brooks. “There is only so much that didactics and seminars can add to this. We want to provide a structured curriculum, but don’t want to pull them away too much from the bedside.”

“What Katie and I do in structuring the curriculum is the minority of the experiential benefit students get from Model SFGH,” agreed Dr. Logan. “It’s mostly about being here at the General, going through the process of self-discovery in this environment, and helping to empower our students with the cognitive, emotional, and communication skills people need to do this work. If there’s any magic to Model SFGH, part of it is recruiting really passionate, dynamic, thoughtful students. We have some incredible doctors in the pipeline, and the future of medicine is bright.”

San Francisco Primary Care General Internal Medicine (SFPC): ‘The Community is our Classroom’



Joan Addington-White, MD

ZSFG is also training future leaders through the ZSFG Primary Care Track of the UCSF Internal Medicine Residency Program (also known as SFPC). Established in 1982 by Rick Haber, MD, this year SFPC celebrates its 40th graduating class of residents. They join more than 200 other SFPC alumni who are at the forefront of improving care for the most marginalized patients.

ZSFG is also training future leaders through the ZSFG Primary Care Track of the UCSF Internal Medicine Residency Program (also known as SFPC). Established in 1982 by Rick Haber, MD, this

year SFPC celebrates its 40th graduating class of residents. They join more than 200 other SFPC alumni who are at the forefront of improving care for the most marginalized patients.





SFPC Post Graduate Year 1's on the Building 25 Rooftop: top row left to right: Paloma Orozco Scott, Alison Aronstam, Paul Yang, Joanna Krupp, John Messinger, Madeline Stewart, Hannah Begna, Lou Xie. Bottom Row: SFPC Program Director: Joanie Addington-White and Chief Resident: Brittany Abell



SFPC Post Graduate Year 2's on the Building 25 Rooftop: top row: Tamara Ortiz Sanchez, Kyle Hunter, Edgar Velasquez, Taylor Bozich, Olivia Harden. Bottom Row: Sarah Hsu, Marisol Solis, and Fiona Ng

“Our mission is to teach the practice of comprehensive high-quality medicine for the underserved and to cultivate the next generation of leaders in primary care, education, advocacy, and scholarship,” said Joanie Addington-White, MD, Professor of Medicine in the ZSFG Division of General Internal Medicine and Director of SFPC.

During intern year, SFPC residents rotate through all three hospital systems – ZSFG, UCSF Health, and the San Francisco Veterans Affairs Medical Center (SFVAMC) – but spend an extra month focused on outpatient primary care, based in the Richard Fine People’s Clinic (RFPC) at ZSFG. Throughout the three-year program, SFPC residents engage in a specialized curriculum which includes both didactics and experiential learning, and focuses on themes such as health equity, advocacy, mental health, and the care of different vulnerable groups, such as immigrants and unhoused patients.

“SFPC is one of the few programs in the country that really prioritizes social medicine, social justice, and providing historically marginalized people with the most cutting-edge care possible,” said Lisa Ochoa-Frongia, MD. A proud graduate of SFPC, she is now Associate Professor of Medicine in the ZSFG Division of General Internal

Medicine and recently became Associate Director of SFPC. “Not only do you need to be outstanding at diagnosis, communication, and building relationships with patients, but you also need to understand the history of oppression which the people we are caring for have faced,” she said. “In addition, it’s important to learn how to creatively access resources, work within systems, and push the envelope to improve the system.”



Lisa Ochoa-Frongia, MD

Outpatient and inpatient care are often intertwined, and SFPC teaches residents outstanding communication skills to connect with patients, including during hospitalization. “One of my patients during residency was hospitalized after a heart attack, and he had to be resuscitated several times after his heart stopped,” said Dr. Ochoa-Frongia. “He had never had a primary care physician, but wanted to prevent another heart attack. I learned more about his life and why he was afraid of engaging with the medical system. When he

showed up in my primary care clinic a few weeks later, carrying a briefcase with his medical papers, I was excited and overwhelmed. Our [clinic] team members cared for him for many years until he eventually passed away.”

Dr. Ochoa-Frongia and Addington-White work closely with community partners to develop rich learning experiences for SFPC residents, including many site visits. To learn about the care of currently or formerly incarcerated patients, the group visits San Quentin State Prison, and can choose to work in a clinic there or within the San Francisco County Jail. Many physicians who work in those health care systems are SFPC alums. To better understand how to care for unhoused patients, SFPC residents visit navigation centers, shelters, and medical respite centers, learning how to connect homeless, hospitalized patients with these resources prior to discharge.

“The amount of time people spend in a primary care clinic or hospital is such a tiny fraction of their lives, so to really unlock the keys to people’s health, we have to understand how they are living, what daily challenges they face, and what strengths, resilience, and resources they have,” said Dr. Ochoa-Frongia.



SFPC Post Graduate Year 3's at the Society of General Internal Medicine Meeting: left to right: Emma Aguilar-Posada, Isabel Ostrer, DGIM Professor of Medicine: Kate Lupton, Stephanie Clavijo, SFPC Program Director: Joanie Addington-White, Gabriella Herrera, Emily Muller, Mike Levy, Ellena Popova, and Ryan Pascua

“One of my goals has been to increase our understanding and involvement with community organizations,” said Dr. Addington-White. She has established partnerships with two nonprofit organizations in the Tenderloin: SFPC works with Glide on providing wound care services and safe injection sites, and collaborates with Faithful Fools to make visits to single-room occupancy (SRO) hotels where many low-income patients live. “We’ve learned a lot about listening to communities and their needs, and our residents have learned a lot from these relationships,” she said. “The community is our classroom, where we learn more than we could ever give.”

Dr. Ochoa-Frongia is currently expanding SFPC’s mental and behavioral health curriculum. “There is no health without mental health,” she said. She and her team recently received a grant from the Health Resources and Services Administration to enhance training for future primary care physicians. “Even before the pandemic, a huge proportion of our patients had symptoms of anxiety and depression and had experienced profound trauma,” she said. “With the pandemic, we saw an explosion of people with mental health symptoms. That had serious effects on patients’ health and their ability to interact with the health care system.”

To help address this crisis, Dr. Ochoa-Frongia and her team are conducting a needs assessment, surveying residents and alumni, and talking with mental and behavioral health experts at UCSF and other institutions. They are developing an en-



SFPC Post Graduate Year 3s at SPARK Social: left to right: Former Chief Resident Andreas Mitchell, SFPC Program Director: Joanie Addington-White, Stephanie Clavijo, Emma Aguilar-Posada, Emily Muller, Mike Levy, Ellena Popova, Ryan Pascua, Isabel Ostrer, Gabriella Herrera, and Chief of Medicine Dr. Neil Powe

hanced curriculum that includes didactic learning as well as opportunities to engage with mental health sites around San Francisco, gaining hands-

on skills in primary care psychiatry, mental health, and behavioral health.

“Many of our patients come in with symptoms of depression, anxiety, insomnia, or post-traumatic stress disorder,” said Dr. Ochoa-Frongia. “These symptoms can be challenging, since they can be vague, or masquerade as a physical condition. It can be hard for a primary care physician to detect symptoms, delve into them, then come up with a treatment plan, all within a 20-minute visit.” She and her colleagues are leveraging team-based systems, employing medical assistants, nurses, and others to help screen patients for signs of depression, anxiety, interpersonal violence, substance use disorders, and other components of mental and behavioral health. That can help primary care physicians focus their efforts during the visit.

SFPC has also developed an in-depth curriculum on gender-affirming care for people who were assigned a gender at birth they do not identify with, or who are gender nonbinary. “We educate residents about how to prescribe hormones, refer them for other treatment options if needed, and communicate in the right ways,” said Dr. Addington-White. “Just like we want our residents to practice at the top of their field in cardiology,

nephrology, and endocrinology, we want the same thing for gender-affirming care.”

UCSF-SFPC
Residency Program
40th Anniversary Celebration



In honor of the 40th Anniversary of SFPC,
the Graduates of the Class of 2023,
and the Incoming Class of 2026

Saturday, June 10, 2023
6:00 – 9:00 PM

Fisher Banquet Room
UCSF Mission Bay Conference Center at UCSF
1675 Owens Street
San Francisco, CA 94143



A Warm Welcome from the SFPC Program Leadership

Joanie Addington-White, Program Director
Lisa Ochoa-Frongia MD, Associate Program Director
Eva Lo, Program Administrator
Jonathan Ballard, Administrative Officer

Program

Welcome remarks Joanie Addington-White, MD

Honoring SFPC's Past, Present and Future Joanie Addington-White
and Lisa Ochoa-Frongia MD

Reflections on the residency from
alumni and faculty. Joanie Addington-White, MD

- ❖ Jeff Kohlwees, MD, MPH
- ❖ Dean Schillinger, MD
- ❖ Donna Washington, MD, MPH, FACP
- ❖ Alice Hm Chen, MD, MPH
- ❖ Sharad Jain, MD
- ❖ Ashley McMullen, MD
- ❖ Eleanor Bimla Schwarz, MD, MS, FACP

Toast to our SFPC Family and Slide Show. . . . Joanie Addington-White
and Lisa Ochoa-Frongia MD

Your contributions to the SFPC residency program support educational
opportunities and community-engagement activities for our residents. If you wish
to donate, please visit this link or scan this QR code for more information:
<http://tiny.ucsf.edu/yUWQGG>
Thank you!

Congratulations, Class of 2023!

Brittany Abel, MD
Jonathan Callan, MD
Mithi del Rosario, MD
Johanna Glaser, MD
Lauren Mellor-Crummey, MD MPH
Casey Smith, MD
Marcela Zhou Huang, MD MPH
In loving memory of Kenneth Ndife, MD (1993-2021)

Welcome, Class of 2026!

Alison Aronstam, MD MS – UCSF
Joanna Krupp, MD – Duke
John Messinger, MD – Harvard
Paloma Orozco Scott, MD – Mt. Sinai School of Medicine
Madeline Stewart, MD – Boston University
Hannah Tierney, MD MPH – UCSF
Louisa (Lou) Xie, MD MPH – UT Health Science Center at San Antonio
Jae (Paul) Yang, MD – Wake Forest University

Current SFPC Residents

Rising R2s

Taylor Bozich, MD	Fiona Ng, MD MPH
Olivia Harden, MD MS	Tamara Sanchez Ortiz, MD MPH
Kyle Hunter, MD MPH	Marisol Solis, MD
Sarah Hsu, MD MS	Edgar Velazquez Velazquez, MD

Rising R3s

Emma Aguilar-Posada, MD	Emily Muller, MD
Stephanie Clavijo, MD	Isabel Ostrer, MD
Gabriella Herrera, MD	Ryan Pascua, MD
Michael Levy, MD	Ellena Popova, MD

UCSF and San Francisco have a wealth of experts in gender-affirming care who teach SFPC residents, many of whom may eventually practice in settings with more limited access to specialists, or might be the best person to coordinate that care. “People who are gender nonbinary have historically been very stigmatized, and have very high rates of mental health issues,” said Dr. Ochoa-Frongia. “They may build some trust with their primary care physician, but have a harder time trusting others. It’s incredibly important for our residents to have a strong foundation in this area, knowing where to begin and what questions to ask of a specialist if they need further assistance.”

SFPC has also added ongoing opportunities for resident reflection. Ashley McMullen, MD, an SFPC alum, former ZSFG Chief Ambulatory Resident, and now Assistant Professor of Medicine in the SFVAMC Division of General Internal Medicine, leads SFPC’s Narrative Medicine curriculum. Residents have the chance to read, write, and reflect on their experiences in medicine. Beth Harleman, MD, Vice Chief of Medicine at ZSFG and Professor of Medicine in the ZSFG Division of Hospital Medicine, leads a monthly support group for SFPC residents, providing a space to talk about the challenges and joys of caring for medically and socially complex patients.

SFPC is also working to increase the racial, cultural, ethnic, and educational diversity of its residents. Dr. Addington-White hired consultant Sharon Washington, Ed.D., MPH, an expert in antiracism, diversity, equity, inclusion, and belonging who specializes in working with health care organizations. Dr. Washington led a yearlong boot camp for core SFPC faculty to better understand individual and structural racism and work to create a more antiracist organization.

SFPC is also expanding recruitment to a more diverse pool of medical schools, and utilizing a holistic review of applications to evaluate the totality of each applicant’s experience and talents. “All our residents are academically outstanding, but we also aim to bring in a very diverse group representing many different life experiences,” said Dr. Ochoa-Frongia. “We learn a lot from our residents, and they are incredible advocates and supporters of diversity.”

“Our ultimate goal is to bring some of our SFPC residents onto our faculty so that we have a more diverse faculty to serve our patients and residents,” said Dr. Addington-White.

Dr. Ochoa-Frongia remembers her own decision to come to ZSFG as a SFPC resident many years ago. “When I was interviewing for this residency

program, I was so excited that I had finally found my people,” she said. “They understood my reason for being, both professionally and personally. Not only did they share my mission and values, but there were so many ways I could gain skills to advocate.... We try to approach all this with a spirit of appreciative, humble inquiry as we learn from our patients, trainees, and communities.”

Elizabeth Chur

Editors: Neil Powe, Laurae Pearson, Kevin Weil

SPOTLIGHT

Alex Logan, MD, Division of Hospital Medicine, has been appointed as Co-Director of the Model SGH Clerkship along with current Co-Director Katherine Brooks, MD.

Dean Schillinger, MD, Division of General Internal Medicine, has been named the Andrew B. Bindman Professor in Health Policy and Primary Care.

David Chia, MD, MSc, Division of Hospital Medicine, received the Residency Advising & Development Advisor of the Year Award.

Jaya Mallidi, MD, Division of Hospital Medicine, received the Patricia Cornett Subspecialty Faculty Teaching Award.

Congratulations to **Jep Poon, Division Manager for Nephrology**, on her retirement after 38 years of service to UCSF - 34 in the ZSFG Division of Nephrology!

