



# UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

## THE JOY OF LEARNING: 2024-2025 CHIEF RESIDENTS

*This month we welcome our new chief residents, who just completed their internal medicine residencies at UCSF. In the next academic year, these exceptional young physicians will help educate, guide and support the 180 interns and residents who rotate through the Department of Medicine at ZSFG.*

*This year's chief residents are Ellena ("Leni") Popova, MD, for ambulatory care, and Rob Short, MD, and Madison Wilson, MD, for inpatient care. Each brings diverse life experiences, a passion for caring for vulnerable populations, and a genuine love of teaching.*

### Dr. Leni Popova Supporting Queer Health

"There's a big overlap in the intersections of queer health, trans health, and substance use," said Leni Popova, MD, this year's outpatient chief resident at ZSFG. "Differences in identity can contribute to trauma and financial stress, which drive so much substance use. The communities I'm most excited to work with have a lot of personal and collective traumatic history with the health care system. We often see folks when they have to come into the hospital, at a point where they may lose their limbs or their lives, which is really heart-breaking. I hope to practice primary care in a way that makes people feel more comfortable engaging in preventative care, so they come in earlier and prevent end-stage hospitalization."



Leni Popova, MD



Chief Residents Madison Wilson, MD, Leni Popova, MD, Rob Short, MD, (l to r), DOM Inpatient Site Director at ZSFG, Rebecca Brusca, MD, MPH and ZSFG Chief of Medicine, Neil Powe, MD (third and fourth from the right)

Dr. Popova, who identifies as nonbinary and uses they/them pronouns, grew up in the Washington, D.C. area as well as Bulgaria, where their grandparents live. They earned a bachelor's degree at the Massachusetts Institute of Technology, and trained as an EMT. "I really liked getting to be with people during some of their most vulnerable times, and I also became a resource for the queer/trans community, which didn't otherwise feel comfortable in the medical space," they said.

While earning their medical degree from the University of Pennsylvania Perelman School of Medicine, Dr. Popova was part of a group called Students Opposing Racism in Medicine. After the murder of George Floyd, the group successfully advocated for student review of all preclinical curriculum. For example, the group reviewed faculty slide decks and flagged instances of race-based medicine, such as slides stating that African Americans had higher rates of certain diseases. "If

there was data about the difference, we suggested adding in context on the slide," they said. "If there wasn't any data, we encouraged them to think holistically through social determinants of health such as minority stress or differential neighborhood exposures, rather than just implying that [health inequity] was due to genetics. It was a really interesting exploration of curriculum design and education."

They also were a member of the American Medical Association's medical student section, advocating in particular around LGBTQ health issues. "While our individual voices weren't that powerful, joining the collective of national medical students advocating together felt like we were able to make a difference," said Dr. Popova. For example, the students lobbied the AMA to support safe injection sites for persons with substance use disorders. "In addition to the opportunity for live debate, where we could share evidence and change



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minds, when we were able to pass policy we had this whole lobbying organization supporting and amplifying the message,” they said.

**Building a Foundation of Trust**

For residency, Dr. Popova chose the San Francisco General Internal Medicine Primary Care Track (SFPC). “UCSF as a whole, and in particular SFPC, are committed to equity and justice in health care,” they said. “At UCSF, I also felt the respect for the important role of generalists in preventative and community-based medicine.”

Dr. Popova learned the importance of building strong relationships with patients, whether in the clinic or hospital. They recalled one patient who had severe stimulant and opiate use and had developed a bone infection. “He was really closed off when we first met him in the Emergency Department, and didn’t want to engage,” they said. However, guided by their attending, Soraya Azari, MD, Dr. Popova and their intern carefully managed the patient’s symptoms as he underwent opioid withdrawal.

“We also were able to have some really hard conversations,” said Dr. Popova. “At one point, my intern asked, ‘Why would someone need foil and a straw in the hospital?’ I was able to ask the patient if he had brought drugs into the hospital, and why we were worried about that. It went really well because we’d already built that rapport, and he knew we wanted to care for him.” Although the patient’s opioid withdrawal was well-treated, they learned that the patient still had cravings for stimulant use, which does not yet have effective medical treatments for withdrawal symptoms.

The patient had already made it through the first two weeks of a six-week course of intravenous antibiotics for his bone infection. “We made a plan with him that he could leave the hospital for a few days around the holidays, but could come back,” said Dr. Popova. “He left, but then he came back, and stayed almost an extra week! Although we didn’t get him through his whole treatment, we got him pretty far, and then connected him with Street Medicine. I later saw in his chart that he got housing. We helped him feel more trust in the medical system, which was really satisfying.”

Dr. Popova also honed other skills for caring for similar patients, such as asking permission to take a photo of unhoused patients, and finding out detailed information about where they sleep, spend time during the day, and get their food. They put all this in referrals to Street Medicine, improving the chances that a team member could find and follow up with patients in the field.

They also cared for patients in the Trans: Thrive clinic, part of the San Francisco Community Health Center, which focuses on transgender patients. “It’s a space for people to build community and fulfill basic needs for food, clothing and social work, and there’s also a doctor on the side,” said Dr. Popova. “That feels like the ideal practice space. It’s really about relationships first, and from there you can grow and start treating their HIV, hepatitis C or other health issues.”

They found particular satisfaction in riding the wave of patients’ excitement about engaging in gender-affirming care to encourage other positive changes. “In some ways it’s almost like pregnancy,” said Dr. Popova. “Patients are like, ‘This is a really important time, and I need to get everything else in order.’ We may say, ‘We’re going to get you on the list for facial feminization surgery, and to make sure you heal well and have the best possible outcome, we’d like to work together to cut down on your smoking and control your diabetes.’”

During chief resident year, Dr. Popova looks forward to maintaining their own primary care clinic at the Richard Fine People’s Clinic and precepting interns and residents during their outpatient rotations, as well as hosting educational conferences and overseeing intern immersion months, when trainees spend an entire month or two focused on outpatient medicine. They will also help recruit and select next year’s intern class, and pilot a multi-part training on outpatient screening, counseling and treatment for alcohol use disorder.

Dr. Popova plans to apply for addiction medicine fellowships this year, and hopes to eventually join or create a community-integrated, low-barrier clinical care program where they can provide gender-affirming therapy and primary care, including substance use care. “A lot of harm reduction and substance use treatment spaces tend to be very white, cis-male spaces,” they said. “We don’t have

as many that are queer- or trans-specific. This year I hope to learn more about what it takes to design, run and evaluate a program. I’m really looking forward to being a primary care and addiction medicine doctor, and putting theory into practice.”

Outside of medicine, Dr. Popova finds great joy in singing and fusion dancing, a form of partner dance that grew out of blues dancing.

**Dr. Rob Short  
Caring for the Whole Patient**

When Rob Short, MD, was applying for residency programs, he wanted to find a program that emphasized care of vulnerable populations that also had a strong social justice mission and a commitment to medical education. “I hit the



Rob Short, MD

jackpot with UCSF,” said Dr. Short, who recently completed the UCSF Primary Care General Internal Medicine Residency (UCPC). “The opportunity to rotate here at San Francisco General and care for safety net patients was not

only a highlight of my residency, but foundational to the type of physician that I am becoming.”

He and Dr. Wilson are the incoming inpatient chief residents at ZSFG. Among other responsibilities, Dr. Short will co-lead curriculum design and organization for intern half-days, which are held twice a month. These in-depth teaching sessions allow all interns to step away from their intensive clinical duties for a few hours and learn about core topics such as ultrasound or essential topics in cardiology. Dr. Short will also lead didactics twice a week for third-year medical students during their internal medicine rotation.

Born in Pittsburgh, Penn., he grew up in North Carolina and initially hoped to become a psychiatrist. “I was really interested in the intersection between mental and physical health,” said Dr. Short. While earning his bachelor’s degree in psychology and his medical degree at the University of North Carolina at Chapel Hill, he realized that he loved



all the organ systems and was particularly drawn to chronic disease, particularly among patients with complex medical and social needs. That led him to focus on primary care in urban underserved populations.

“I rotated at the main safety net hospital in the region, which helped me gain a better understanding of how food insecurity, immigration status, low socioeconomic status, lack of access to transportation, and education level impacted our patients,” said Dr. Short. “That pushed me to think about how their lives outside the hospital affected their health, access to health care, and longevity. I get a lot of joy and satisfaction in understanding what patients’ experiences are when they’re not in the clinic or hospital.”

During residency, his experience on the ZSFG Cardiology Service was especially formative. Dr. Short remembered one patient who was unhoused and was admitted for heart failure exacerbation. “We learned that his food insecurity and lack of access to low-sodium foods contributed significantly to his need to return to the hospital quite frequently,” he said. “He also had challenges with transportation and obtaining his heart failure medications. Caring for patients here at the General requires us to think not only about their textbook medical plan, but also the social forces impacting their ability to get or stay well. That’s exactly what I was hoping to learn when I came here.”

Although he started his UCPC residency thinking he would become a primary care physician, his experience at ZSFG inspired him to decide to become a cardiologist, and he is currently applying for cardiology fellowships. “Because heart failure is so heavily impacted by factors such as health literacy, food insecurity and access to medications, one thing I’m interested in working on is creating patient-centered plans for discharge and follow-up which take these myriad social forces into account,” said Dr. Short.

**A Passion for Teaching**

In addition to his clinical interests, Dr. Short also has a passion for medical education. “I’m a first-generation college student, and mentors have

been crucial to my success,” he said. “It’s essential to create a safe learning environment so students feel comfortable asking questions and stepping out of their comfort zones, because that’s where the best learning happens. It’s also really gratifying to see learners putting principles into practice, which benefits both them as well as their patients.”

During residency, Dr. Short was in the Health Professions Education Pathway, which helps learners from all health professions develop excellence in teaching, curriculum development, and applying learning theory to hands-on projects. He designed a workshop for medical students transitioning from classroom learning to clinical clerkships.

“Since kindergarten, students have been at the center of classroom learning, but when they enter the hospital, patients are rightly the focus,” said Dr. Short. “As a medical student, that transition was particularly jarring for me. While there are many learning opportunities in the hospital and clinic, at first, I let them pass me by because I was waiting for someone to give me a 30-minute lecture, rather than reading on my own and asking questions. The workshop I created takes place right before students hit the wards. Hopefully it helps them better prepare for this unprecedented shift, and strengthens self-directed learning skills that they need to succeed.”

When teaching trainees in the clinical environment, Dr. Short aims to be as inclusive as possible. “The best educators I’ve seen tailor their teaching

to everyone in the room,” he said. “Our teams usually include people at different training stages. I might ask a medical student, “With your upcoming Step 1 exam, how would you describe your next steps in this clinical situation?” I might ask an intern how they might help a new intern approach this situation, and tailor higher-level questions to senior residents. In the best-case scenario, even though everyone has different learning levels, the questions I ask students can be good review for more advanced trainees, and students learn some general concepts by listening to how interns and residents respond.”

Dr. Short also enjoys coaching, and hopes to gain more experience this coming year in working with learners who need additional support. “I want to help them identify areas of growth, partner with them to create a safe and comfortable coaching relationship, and get them to where they want to be, whether it’s around clinical reasoning, time management, patient care coordination, or other skills,” he said.

Dr. Short has also engaged in a number of research projects. He worked with ZSFG cardiologists Priscilla Hsue, MD, and Matthew Durstenfeld, MD, finding that a relatively low proportion of ZSFG patients with heart failure receive implantable cardioverter defibrillators (ICDs). These devices can detect and treat abnormal heart rhythms. “I’m excited to help examine what systems-level barriers contribute to the relatively low use of these lifesaving devices among our patient population,”



said Dr. Short. He also worked with Alka Kanaya, MD, a UCSF Health internist, on the MASALA Study, helping to study one factor that might help explain why South Asians have an elevated risk of developing coronary artery disease.

Looking toward the future, Dr. Short hopes to pursue a career as a general cardiologist in an academic center, helping prepare learners to care for vulnerable and underserved populations. “I am thrilled to be at the General as a chief resident, with my co-chief, Madison,” he said. “This feels like the perfect stepping stone to my ideal job.”

Outside of medicine, Dr. Short enjoys taking his dog to the park and spending time in a pottery studio with his partner, Kyle Richardville, MD, a Kaiser San Francisco hospitalist.

### Dr. Madison Wilson Listening Deeply and Promoting Health Equity

Born and raised in Baltimore, Madison Wilson, MD, co-chief resident for inpatient care at ZSFG, always knew she wanted to be a doctor. “I liked



Madison Wilson, MD

science and enjoyed spending time with people, so I thought it would be a good way to help others,” she said. Dr. Wilson also saw medicine as a way to improve the world. “Even in my family, I saw some disparities that Black patients face, and in Baltimore I also saw so many inequities related to health. It’s something I feel a personal connection to and feel called to address.”

She earned her bachelor’s degree in urban studies at Washington University in St. Louis, then spent a year working as an emergency department medical scribe and interned at Health Literacy Missouri, a nonprofit in St. Louis. She then earned her medical degree from the University of Chicago Pritzker School of Medicine, serving as chief medical student during her final year.

“COVID had just hit, so we particularly focused on supporting first-year students who suddenly had to transition to doing all their classes on

Zoom,” said Dr. Wilson. “Most of them had just moved to Chicago and didn’t know many people there, so we did a lot of social programming to give them opportunities to meet their classmates.” She also served as co-leader of the Maria Shelter Free Clinic, a free health clinic for women and children living in a transitional housing shelter on the South Side of Chicago.

Dr. Wilson engaged in several research projects, including a qualitative study of patients’ perspectives about whether it was appropriate to ask questions about community safety and gun ownership as part of a health care visit, as well as factors that would reduce or increase the benefits of discussing this topic with a clinician.

She chose UCSF for her internal medicine residency because of the warm and inviting environment, as well as the opportunity to train at three sites – UCSF Health, the San Francisco Veterans Affairs Medical Center, and ZSFG. “My clinic was at the Richard Fine People’s Clinic in 1M, and I’ve loved being there through residency,” said Dr. Wilson. “My patients are so resilient and funny, and some have come so far since I first met them. Many struggle with substance use issues, and their stories about how they started using has allowed me to witness some of the most difficult human-experiences I’ve ever heard. They are so vulnerable in allowing you to care of them, and it’s such a privilege to work with them. I also love the faculty and preceptors there. They are so smart, knowing how to operate with limited resources and how to get what they need for their patients. They teach us so much.”

Dr. Wilson considered becoming a gastroenterologist, but her experiences in the ICU, especially at ZSFG, are inspiring her to pursue a career in pulmonary and critical care medicine. “At ZSFG, residents get to serve as the triage person for the hospital,” she said. “It’s a great opportunity to practice making decisions, and to support other people in the hospital, too.”

She enjoyed learning how to do some lifesaving procedures in the ICU. “I love being able to do procedures that can save someone’s life,” said Dr. Wilson. “It’s very exciting when you can help someone get out of the ICU and sometimes even become your primary care patient. There are also situations where we can’t change the course of



their illness, and we find ways to support them through that as well. There are not a lot of fields where you get to so intimately provide both kinds of care.”

For example, some of her patients in the ICU were approaching the end of their lives. “I always spend a lot of time listening to patients and their families, hearing their understanding of the situation and what’s important to them, before describing their options and my recommendations,” said Dr. Wilson. “It’s important to not rush these conversations.”

She recalled one patient who had received a lung transplant years before, but was starting to develop serious complications and was not eligible for another transplant. “That patient was not ready to be at the end of her life, and was struggling with the idea that she wasn’t going to be able to do all the things she’d been hoping to do,” said Dr. Wilson. “People had been pushing her to go on hospice and were worried that she didn’t understand the gravity of her situation. By spending time with her every day and hearing about her priorities and fears, I discovered that she probably did understand the severity of her situation, but needed time to process that. In the end, what’s most important are a person’s choices for themselves and what they want the end of their life to look like.”

#### Bringing Everyone into the Conversation

As co-chief resident for inpatient care at ZSFG, Dr. Wilson is excited to foster a vibrant educational climate for trainees. “I love having the opportunity to work with folks who are learning,” she said. “The work we do is serious, but I try to support a fun environment. Everyone, including students,



Celebrating (from l to r): Drs Berman, Graham, Powe, —our departing 2023-2024 Chief Residents Brittany Abel, Marcela Zhou, Jack McGregor,— Dr Manzo, Ms McLaughlin, Drs Critchfield, Ochoa-Frongia, Winston, Brusca, Chia

can contribute so much to the conversation of how we're taking care of our patients. I hope trainees feel comfortable going to their senior resident if they are struggling with something. Part of what helps with that is creating a bond with learners outside of the clinical setting, and recognizing that people have rich lives and helpful expertise from other parts of their lives. That baseline of respect can make it easier to have fun while you are learning."

This year she will help run educational conferences for interns and residents, and serve as an attending in the hospital as well as in the Richard Fine People's Clinic. She is also applying for fellowships in pulmonary and critical care medicine. In the future, she hopes to serve as an ICU attending and also have an outpatient pulmonology clinic, where she can develop longitudinal relationships with patients. She also plans to pursue critical care research focused on health disparities, and hopes to contribute to health equity on both a personal and systemic level.

"I've had patients tell me that I'm the first Black doctor they've ever seen in their whole lives, or that they haven't felt heard by their other providers," said Dr. Wilson. "I want to find ways to bridge that gap and make sure that all patients feel heard, and that their identities are understood and uplifted. When families are in tough situations, I can talk with them about having someone in my own family in a similar situation, and perhaps relate

to them on a different level than other folks may be able to do. That's one of the important things about having diverse folks in medicine, so more people can really resonate with the person taking care of them."

Dr. Wilson recognizes the importance of self-care to balance out the intensity of this work. She practices yoga, loves to knit, and enjoys hiking and trying out new restaurants with friends. "I love our residency program, and am excited to learn more about medical education and gain additional skills that I know will be helpful in my career," she said.

*Elizabeth Chur*

*Editors: Neil Powe, Laurae Pearson*

## SPOTLIGHT

Welcome to our new faculty!

- Saate Shakil, MD** - Cardiology
- Alexander Mohapatra, MD, PhD** - Experimental Medicine
- Anita Hargrave, MD** - General Internal Medicine
- Daniela Maristany, MD** - General Internal Medicine
- Nicky Mehtani, MD** - General Internal Medicine
- Andreas Mitchell, MD** - General Internal Medicine
- Daniel Corey, MD** - Hematology and Oncology

## SPOTLIGHT

Welcome to our new faculty!

- Rebecca Abelman, MD** - HIV, ID, & Global Medicine
- Nicola Mueller, MD** - HIV, ID, & Global Medicine
- Amutha Rajagopal, MD** - HIV, ID & Global Medicine
- Geetika Mehra, MD** - Hospital Medicine
- Leslie Wu, MD** - Hospital Medicine
- Pascale Khairalla, MD** - Nephrology
- Mitra Jamshidian, MD** - Nephrology
- Timur Durrani, MD** - Occupational, Environmental, and Climate Medicine
- Matthew Gribble, PhD** - Occupational, Environmental, and Climate Medicine
- Gina Solomon, MD** - Occupational, Environmental, and Climate Medicine
- John Huizar, MD** - Rheumatology

*This list comprises new hires as of June 30, 2024, who were not listed last year. There may be additional new hires after this document was created. If we missed a new hire in your division, please email [abraham.nelson@ucsf.edu](mailto:abraham.nelson@ucsf.edu).*

**Congratulations!**

**Jenny Fowler, MPA**, Division Manager for Cardiology and Pulmonary, has been named Interim Director of Administration and Finance for the Department of Medicine.

**Monica Gandhi, MD**, HIV, ID, & Global Medicine, received the 2024 Lifetime Achievement in Mentoring Award at UCSF.

**Sumant Ranji, MD**, Hospital Medicine, was named the inaugural Director of the UCSF Coordinating Center for Diagnostic Excellence (CoDEX).

**Elise Riley, PhD**, HIV, ID, and Global Medicine, received the 2024 Jeanne Kreek Award for Research in Underserved Populations from the College on Problems of Drug Dependence.

**Larissa Thomas, MD**, Hospital Medicine, has been named the inaugural ZSFG Director of Faculty Experience for the Department of Medicine.

