

**A REPUTATION
FOR EXCELLENCE**

BE WELL



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VCMC'S RESIDENCY PROGRAM: The Country's Premier Family Medicine Program



The Future of Family Medicine
Three Residents Discuss Why They Chose VCMC



“It’s the largest, and oldest family medicine residency program in the State.” I love to tell people in the community about our wonderful residency program and to see the looks on their faces – they are uniformly surprised and impressed. The VCMC Family Medicine Residency, affiliated with UCLA, is one of the most prominent family medicine training programs in the nation.

With 42 Residents, the program continues to fill with graduates from some of the best medical schools in the nation, including UCLA, University of Southern California, Johns Hopkins, Yale

and Harvard. Our residents are exceptional individuals with a great passion for learning, service to others and dedication.

More and more, a picture is emerging of the crucial role family physicians have played and will play in providing access to health care in our community and in our country. Access to

Great residents demand great faculty; the teaching faculty at VCMC are the tops in their field.

primary care improves the overall health of the community, enhances preventive care, increases early detection of serious diseases, such as cancer, and improves overall coordination of care, especially for those with chronic diseases, such as diabetes and asthma. Nearly every community in Ventura County has physicians in private practice, community clinics and emergency departments who are graduates of the VCMC Residency. Their contributions to the healthcare of Ventura County residents are immeasurable.

In our Health Care Agency system, the residents are absolutely integral. As a broad scope training program, they provide care in a wide variety of settings including clinics, the emergency department, the intensive care unit, surgery, obstetrics and our pediatric floor. Family physicians form the foundation of our system’s ability to provide community-based, preventive care in clinics throughout our County. This year, these clinics, along with our specialty clinics, are on pace to provide nearly half a million visits. Of the over 3,500 babies delivered by patients in our system last year, the vast majority, with the oversight and training of our outstanding Obstetrician/Gynecologists, were delivered by family physicians.

One of the core principles of family medicine is the collaborative approach where every member of a multi-disciplinary team is respected. This leads to an improved care environment as well as improved care. I hear many comments from our outstanding workforce that there is something special about the work environment at VCMC and many believe that it is due in large part to the residency program and the team spirit it fosters between physicians, nurses and other providers.

Great residents demand great faculty, and the teaching faculty here at VCMC are quite simply the tops in their field. These faculty include both the family physicians, who are truly role models for the residents, as well as the many specialists who teach and provide outstanding clinical care.

The residents and the faculty alike share a passion for providing top quality access to an underserved patient population and ensuring that the patients are treated with respect and compassion. We hope you enjoy reading about the program and agree that we are fortunate to have such a renowned program right here in our community.

- MICHAEL POWERS



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www.vchca.org

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Ventura County Family Medicine Residency

A Program with a Deep History and a Broad Impact



Ventura General Hospital, 1928

Ventura County is home to the nation's premier Family Medicine training program. This program, with a celebrated history and remarkable reputation, has offered training to over 520 family physicians, many of whom are currently in practice in our county. Ventura County Medical Center's training program is currently the largest of the 38 Family Medicine residencies in California. This prestigious training program has undoubtedly made a substantial impact on the landscape of healthcare in Ventura County.

The origin of Ventura's Residency program dates back to more than 80 years ago when Dr. Ralph Homer set out to establish Ventura General Hospital as one of California's well-respected teaching hospitals. In 1928, he hired Dr. Charles Smolt to be our county's first general medicine resident. With the dedication to teaching exhibited by Dr. Homer and his successor Dr. J. Austin Daly, Ventura General Hospital gained a strong reputation as a training program. By the 1950's, the residency had grown to fourteen young physicians. In 1968, Ventura became the first approved residency in the specialty of Family Practice. The following year 19 other programs followed, completing what is commonly referred to as "the historic twenty" Family Medicine residencies. Shortly after its inception, Dr. David C.

The origin of Ventura's Residency program dates back to more than 80 years ago when Dr. Ralph Homer set out to establish Ventura General Hospital as one of California's well respected teaching hospitals.

Fainer took over as the director of the Family Practice residency program.

Under his leadership, the program developed a strong affiliation with UCLA and became widely known as the strongest family practice training program in the nation. The Residency continued to flourish and evolve under the leadership of Residency Directors Dr. Fran Larsen, Dr. Lanyard K. Dial and Dr. Thomas Dunlop.

Over the past decade, the Ventura Family Medicine Residency has grown to include 42 family medicine residents and two teaching fellows. Its reputation remains as one of the preeminent training programs in the nation. Students come from every major medical school in the nation to do one month rotations in the hospital, most of them hopeful that they will get one of the 14 slots that open up each year. Each year more than 800 applications are received for these 14 spots and the finest applicants are chosen to spend the next three years learning to be excellent family physicians.

With the recent passage of health care reform, it is evident that strong training programs in primary care must play a prominent role, and in Ventura County we are fortunate to have one of the strongest programs in the nation. Ventura County Family Medicine Residency is responsible for placing family physicians and Family Medicine educators in our county, across our nation and around the globe. ☘

Throughout the years, many of the graduates of the Ventura Family Medicine Residency have made remarkable contributions to the field of medicine not only in Ventura County, but also nationally, and internationally.

Dr. Perry Pugno (VCMC class of 1977) is the Director of Medical Education for the American Academy of Family Physicians.

Dr. Elizabeth Morrison (VCMC class of 1997) was named California Family Physician of the year.

Another graduate, **Dr. Malcolm Butler** (VCMC class of 1992) was named Washington State's Family Physician of the year.

Dr. Tom Thatcher (VCMC class of 1987) established the first Family Medicine residency program in Nigeria and has done extensive research on the bone disease, rickets.

Dr. John Prichard (VCMC class of 1981) developed Ventura County's HIV and Immunology Clinic.

Dr. Miguel Cervantes (VCMC class of 1991), **Dr. John Ippolito** (VCMC class of 1995) and **Dr. Stan Patterson** (VCMC class of 2001) are the medical directors of some of the largest ambulatory care clinics in Ventura County.

And **Dr. Joseph Esherick** (VCMC class of 1997) is the author of a widely used book on Family Medicine and co-director of the VCMC ICU.

These are just a few of the many whose contributions have been exceptional.

Contributed by Cheryl Lambing, MD and John Fankhauser, MD



THE FUTURE *of Family Medicine*



The specialty of family medicine involves many broad areas of training and strives to provide frontline medical care to people across socioeconomic boundaries. Although young as a specialty, the practice is as old as medicine itself. The modern day complexity of healthcare delivery has left the specialty wondering about its future. The average workday is extended with mountains of paper charts, refills and treatment authorization requests. Patient access is limited, acute issues prevent doctors from focusing on chronic diseases, and workplace inefficiencies disrupt productivity and decrease overall patient satisfaction. Coordination of patient care between primary healthcare, specialty care, and mental health is often lacking, disorganized and disparate. In addition, declining prestige and low reimbursements for services, coupled with the threat of further cuts in rates and services leave little hope for medical students who see the specialty as a means to empower patients and communities and improve healthcare on a global level. The Ventura County Health Care Agency (HCA) has been actively involved in healthcare reform

on a local, state and national level and is committed to improving the status quo in primary care. With direct access to multiple primary care locations and specialty services, innovative clinic design, collaboration with public health and mental health, extended hours and aggressive outreach to the underinsured, the Ventura County Health Care Agency is a long way away from the typical frustrations of family physicians and primary care specialists elsewhere.

The Future of Family Medicine (FFM) Collaborative Project involved the leadership of seven national family medicine organizations in 2002, and was published in the *Annals of Family Medicine* in 2004. The goal of the project was to develop a strategy, or blueprint, to transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment¹. Six task forces were developed to accomplish this mission involving:

- **Consideration of core attributes and values of Family Medicine** and ideas for reforming the specialty to meet the needs and expectations of patients
- **Determination of the training needs of family physicians** to deliver these core attributes and services
- **Exploration of ways to ensure that family physicians can deliver** these core attributes throughout their careers
- **Determination of strategies for communicating** the role of family physicians to both purchasers and consumers
- **Determination of Family Medicine's leadership role** in shaping the healthcare delivery system
- **Development of concrete recommendations** for improving practice finances to make the model an economic reality¹.

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More than 40 percent of Americans have chronic disease which accounts for more than 80 percent of healthcare costs³. The manner in which this must occur is a hotly debated subject amongst partisan groups in Washington, D.C. What remains, however, is that primary care (and Family Medicine) must evolve to meet the ensuing demands of an ever-aging and medically complex population. In 2006, the TransforMED project took the FFM collaboration a step further by releasing recommendations⁴. These recommendations included:

- **Information systems** that provide a better quality of care and increased office efficiency



- **Redesigned offices** that optimize patient access, patient flow and use of space
- **Quality and safety** that incorporate patient feedback, outcomes analysis, and evidence-based best practices
- **Practice management** that includes disciplined financial management, promotes change management, and fosters practice leadership

- **Point-of-care services** that provide ancillary services and procedures, disease prevention, wellness promotion, and chronic disease management processes
- **A team method** that encompasses a collaborative approach to the patient's care, optimized use of the clinical team, prearranged relationships with other specialists and strong communication within the practice
- **Access to information** that provides the patient with multiple venues to access their medical charts
- **Access to care** that offers group visits; e-visits; and same-day visits or a multilingual approach to care, when needed.

The conglomeration of these characteristics creates the basis for the patient-centered medical home. By extension, the involvement of community leadership and a partnership with public health-based programs and corporate systems to empower patients can further improve the process. Disease registries

have helped us understand the effect



of chronic disease in our demographic population, as well as develop models for improvement. Electronic Health Record adoption over the next year is a top priority. With many of these recommendations already in place and an active commitment to continue to develop the patient-centered medical home concept, the Ventura County Health Care Agency is actually in the forefront of the evolution of Family Medicine. This evolution must occur if the future of family medicine is to brighten with an unending light. We must continue to evolve these recommendations into a framework for the future. ☼

Contributed by Stan Patterson, MD

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2. Geyman, MD, John P. "Family Medicine and Health Care Reform." Editorial. *American Family Physician* 1 Sept. 2005. Print.
3. Anderson GF, Wilson KB. Chronic Disease in California: Facts And Figures. *California Healthcare Foundation.* October 2006.
4. TransforMED model of care resources: <http://www.transformed.com/resources.cfm>.

The Patient-Centered Medical Home

The Patient-Centered Medical Home is an exciting and dynamic approach to providing personalized comprehensive healthcare.

The Patient-Centered Medical Home is an approach to healthcare that facilitates a partnership between an individual patient and their personal physician. The primary objective of the patient-centered medical home is to customize clinically-proven evidence-based medicine to the needs and goals of our individual patients.

One of the most important principles of the Patient-Centered Medical Home model is to create a practice environment that specifically addresses the unique characteristics of each patient. Importantly, one of our main goals is to have each one of our patients develop an ongoing relationship with their personal physician. Each patient's personal physician is trained to be sensitive to the individual needs of the patient. Our physicians lead a team of caring individuals who collectively take responsibility for the ongoing care of our patients. Our healthcare team makes it their priority to provide continuous and comprehensive care throughout a patient's



Dr. Stan Patterson of Magnolia Family Medical Clinic in Oxnard

life. The patient's healthcare team is responsible for providing the patient's healthcare needs and takes responsibility for arranging diagnostic studies and consultations with other qualified professionals. The scope of care provided by the Patient-Centered Medical Home includes support for healthy-lifestyle choices, disease and illness prevention, acute-illness care, chronic-illness care, social and mental health support, and end-of-life care.



Goals and objectives that place our patients at the center of care include:

UTILIZATION OF EVIDENCE-BASED MEDICINE and clinical decision-support tools that offer a guide to medical decision making.

PARTICIPATION OF PRIMARY CARE PROVIDERS in continuous quality improvement through engaging in performance measurement.

ENCOURAGING PATIENTS to actively participate in well-informed clinical decision-making and to provide feedback regarding the service they receive so that our system can always be improving.

UTILIZATION OF INFORMATION TECHNOLOGY, such as computers and telecommunication, to support optimal patient care, to track performance measurement, to provide patient education, and to enhance communication.

INDEPENDENT EVALUATION of the Patient-Centered Medical Home's design and performance to determine the capabilities of the practice center in providing patient-centered services consistent with the medical home model.

THE PARTICIPATION OF PATIENTS and their family in quality improvement activities in order to improve our performance within the Patient-Centered Medical Home.

Our healthcare team makes it their priority to provide continuous and comprehensive care throughout all of our patient's life stages.



Dr. Asra Siddiqui of Sierra Vista Family Medical Clinic in Simi Valley

Through the Patient-Centered Medical Home, healthcare is coordinated across all facets of a complex healthcare system including subspecialty care, hospital care, home-health agencies, and nursing homes. The Patient-Centered Medical Home serves as a gateway to the patient's community, including public and private community-based supportive services. Coordinating individualized patient care is facilitated by patient

registries, information technology, health information exchange and creative collaboration to ensure that our patients get the most appropriate care, when and where they want it.

Importantly, the Patient-Centered Medical Home serves to carefully monitor and record patient-centered quality indicators defined by evidence-based medicine. By uniformly practicing the best standards of medical care, we ensure that all of our patients are treated with equality and with excellence.

In summary, the Patient-Centered Medical Home is a collaborative, team-based approach to healthcare, rich in advanced technological support that ultimately creates a patient-friendly medical home for individualized, optimal healthcare. Inherent in the relationship between our patients and our healthcare team, is creating an ease of access through complex pathways by making available open scheduling, same day appointments, expanded hours and innovative options for communication between patients and their personal physicians. Our ultimate goal is that the Patient-Centered Medical Home be a dynamic collaboration that is constantly improving itself so that the very best medicine can be practiced with the highest patient satisfaction. ☞

Contributed by David Araujo, MD

VCMC Faculty & Staff Academic Work

Our esteemed groups of doctors are regular contributors to medical journals and publications, as well as instructors throughout California and the country. In this, and upcoming issues of *Be Well*, we will highlight some of their works.

Dr. Vana Guidotti

Medical Director, VCMC Emergency Dept.

Procedural Sedation

Pfenniger & Fowler's

Procedures for Primary Care

Dr. Todd Flosi (with Dr. Stephanie D'Augustine)

Medical Director, VCMC Inpatient Pediatrics

Tarascon Pediatric Outpatient Pocketbook

Jones & Bartlett Publishing

Dr. Chris Landon

Medical Director, Pediatric Diagnostic Center

Outcomes for Youths from Racial-Ethnic Minority Groups in a Quality Intervention for Depression Treatment

For PubMed

Genetic Modifiers of Liver Disease in Cystic Fibrosis

Sept. '09 JAMA

Dr. Joseph Esherick

Co-Director, VCMC ICU & Associate Director of Medicine/Clinical Professor, UCLA

Tarascon Primary Care Pocketbook

Jones and Bartlett Publishing, 3rd edition

Tarascon Hospital Medicine Pocketbook

Jones and Bartlett Publishing, 1st Edition

Dr. Rick Rutherford

Instructor

Emergency Procedures Class

National Procedure Institute, Long Beach, CA

Three Residents Share: “Why I Chose the VCMC Residency Program”

Why did you choose to go into family medicine and what made you choose Ventura County Medical Center Residency program over others?

Mish: One of the main reasons I chose to do a residency in Family Medicine is the continuity of care; the idea of taking care of a patient throughout their entire life is so exciting. VCMC offered me opportunities to do just that. I only considered programs that were unopposed, but VCMC offered the best of what I was looking for.

Jimmy: I was one of those students that liked every single one of their clinical rotations. My primary reason for choosing family medicine is that as a family doctor, you're able to take care of the full spectrum of pathology, in any person at any age. I don't want to give up taking care of a patient just because she turns 18 or becomes pregnant. I want to stay with them throughout their lives. I met a VCMC graduate practicing in rural Guatemala and I was so impressed with her scope of practice and skills that I wanted to train where she did.

Joline: I went to medical school with a focus on keeping people well. At one point I considered becoming a nutritionist or even going into Public Health. But I decided that I could do those same things in my role here as a doctor. I chose VCMC's residency program because it's a nationally recognized program with a reputation for excellence. It's rewarding to see patients over time and help them stay well. Doing my residency at VCMC was attractive for many reasons and I'm learning a lot.



MISH MIZRAHI, MD

We're all here for the same reason – to give good care – and everyone is energized by the fact that we provide excellent health care to our patients ...



JIMMY BYUN, MD

I don't want to give up taking care of a patient just because she turns 18 or becomes pregnant. I want to stay with them throughout their lives.



JOLINE MacFARLAN, MD

I came in pretty convinced that family medicine was for me. Coming to VCMC, I have become so re-energized ...

How many graduates in your class went into Family Medicine?

Mish: I went to UCLA for my undergraduate degree and for medical school. As a medical student, I got lots of exposure to primary care, even though many graduates from my school went into medical specialty residencies, not primary care. We had great Family Medicine faculty to lead us to our desired future careers.

Joline: Only five of the 170 in my class at Boston University went into family medicine.

Jimmy: I went to University of Pennsylvania and was only two out of a class of 150 who went into family medicine. My school turned out mostly specialists, although professors in our health systems classes kept talking about the nationwide shortage of primary care providers. There was an intellectual disconnect there.

I came in pretty convinced that family medicine was for me. Coming to VCMC, I have become so re-energized, and have had my belief that family medicine is central to all, validated.

– Joline

Did you always want to do family medicine?

Mish: Actually, I wanted to be a pediatrician from the age of nine. Then I did my medical school rotation in family medicine and realized I loved seeing my patients all the way through their life. I wanted to be able to take care of a pregnant woman, deliver her baby, and then care for them both in the postpartum period.

Jimmy: I always knew I wanted to go into family medicine. I am interested in working with recent immigrants to this country and these communities tend to have more pregnant women and children. I especially love practicing OB as a family doctor, since you get to care for the mother, deliver the baby, then follow both mom and baby afterwards.

Joline: I came in pretty convinced that family medicine was for me. Coming to VCMC, I have become so re-energized, and have had my belief that family medicine is central to all, validated. You learn to do a lot and you get to work independently.

What year are you in? Thoughts about your experience so far?

Mish: I'm in my first year and am enjoying the entire breadth of what we get to do here. There is so much support from the nursing staff and the great attending physicians.

Joline: This is my third year. You work so hard in residency; it's wonderful and I feel I'm getting excellent training. I am excited to go on to the next step in my career.

Jimmy: I am in my first year. Even in my two weeks here as a medical student in OB and surgery, I got to do more than in 4 months of the same rotations in medical school. The teaching is phenomenal here.

"I was one of those students that liked every single one of their clinical rotations. My primary reason for choosing family medicine is that as a family doctor, you're able to take care of the full spectrum of pathology, in any person at any age." — Jimmy



Jimmy and Mish get to know each other during Ondulando — the new interns Welcome Bar-B-Que.

Where do you see yourselves in five years?

Mish: Working in an outpatient, clinic-based environment. I want to do obstetrics, pediatrics and I also want to spend some time each year internationally in medically underserved countries. That's why I wanted to go into family medicine – you get to do a little bit of everything.



Mish goes over a new patient's file with Residency Program Director David Araujo, MD.

Jimmy: I plan to work with underserved communities in the US. I have a special interest in farm worker health. I'd also like to do some work in developing countries,

especially in a teaching role.

Joline: Working at a hospital-based clinic. I will be going back to my home in Fall River, Massachusetts. I see myself treating patients that are a third English speakers, a third Portuguese and a third Spanish. I'd like to do a little hospital work and a little urgent care, and even seeing patients in ICU.

What's been the best thing about your experience here at VCMC?

Mish: The support system. If you find yourself feeling pretty tired, and you walk down the hallway you're sure to see a smiling face and that picks you right up. Plus we're all here for the same reason – to give good care – and everyone is energized by the fact that we provide excellent health care to our patients and that's important to everyone.

Jimmy: In Philadelphia, where I trained, there was no public hospital, and therefore no one who took responsibility for the poor.

Ventura County Medical Center is very unique in that it is well run, well respected and provides high-quality care to both insured and the uninsured.

Joline: I agree with what Mish and Jimmy said. There are so many programs available to those in need. The ACE Program, for one, which I know has helped so many people who wouldn't otherwise have access to some of the services that they can get here. And just the feeling in general that you're doing what you love and you're doing it in a place that values you and what you do. ✨

A Day in the Life of a Resident



They come from all over the country, bringing life experiences and excitement at doing their Residency at VCMC, for one of the most sought-after family medicine residencies in the country. Jillian Brennan, MD, of Vermont, is in her first year as a VCMC Resident. She came to Ventura with a large dog, a fiancé and lots of energy. She shares some of her first year experience here.

What was your first day as a resident like?

JB: I cried! After I got home I cried. It was a rough day. I showed up at 6 in the morning in the resident lounge, to meet my resident mentor, Natalia, who was really great and had called me the

day before to let me know what to expect and not to worry. She said that I most likely wouldn't see all my patients before rounds on the first day, and that was okay, so I felt a lot better. You can get nervous about logistics, when you'll get there, what time, and so the first day it's a little bit different for everyone. They're changing over the teams entirely and so the patients you're getting may have been in the hospital for a fairly long time and have lengthy workup and history and you're inheriting them and it's also the first time you've ever been in the hospital. I also had six new patients that first day, which is a lot. And I think we were supposed to round at 8 a.m. I had no idea how the computer system worked, I had no idea where anything was in the hospital....

You'd been through the hospital before that first day, right?

JB: Yes, I'd been out to visit and had taken the tour, and I had logged on to the computer system maybe once before – during orientation, which is two weeks – we get oriented to everything but there's a lot you learn and you don't really learn the things you need to unless you do them.

One of the great things they do that is incredibly helpful is they buddy you up with an out-going resident on your first three days as an intern and that is priceless. I got Darin Chambers, who was only supposed to stay until noon and stayed with me until 5 p.m., and then called me from his cell phone and paged me and texted me to tell me if I had any problems to call or

text him. Lots of support. I was one lucky duck. I definitely could not have done it without his help. I didn't even have vital signs on some of my patients by 8 a.m. before I was supposed to present them and he ran to a computer and printed them out and sort of stuffed it into my pile.

I had some complicated patients to start off with so we didn't have time to get through all of our patients by 9 a.m. and we had to start pediatric rounds. I think I had one peds patient, and that was scary, I was the only one who had a pediatric patient that day. I was the only person presenting in front of everyone, that was my first time doing that, but that was great, too. Dr. Flosi (VCMC's pediatric hospitalist) is so great and easygoing it made it much easier.

So from 9 am to 10 am you are on rounds?

JB: For example, between 6 and 8 a.m. I am expected to see all my patients then round with my team. I guess it is called "pre-rounding", where I round on all my patients: I go see them by myself, I look up all their vital signs, look at all their information on the computer, and I talk to a nurse





about anything that happened the night before. I go see the patient, talk to them, and examine them. If I have never met the patient before, I make sure I go through their entire history. This can be really difficult if the

patient has a long history and you're just picking them up – you don't always necessarily get the full picture between 6 and 8 in the morning. I struggle the most with that, with trying to be really efficient and try to get an idea of what this person is here for. They might have five issues going on; sometimes you just don't always get everything that first morning.

What was your pediatric issue? How old was the child? What was the diagnosis?

JB: It was a urinary tract infection in a little boy, which was slightly unusual, and he had not had one before. We see little boys that have a UTI, though it's much more common in little girls. But he was great so we sent him out in one day. He just stayed one night so that wasn't a terribly complicated patient.

So when you showed up that first day, how did you get your patients?

JB: The team who just finished the rotation pass on their patients to us, and the teams have a first year and second year. Some of the patients that are more complicated and have a longer length of stay will go to the second year residents, which I think they did in this case. Natalia had six patients and I had six patients.

Do patients ever ask you to explain what a 'Resident' is?

JB: One thing I have struggled with when I see a patient for the first time is explaining that I am a resident, I am in training, and that I'm always supervised by an attending doctor. I still haven't quite figured out how to approach that because I think a lot of people don't necessarily know the process. I've gotten questions like 'what exactly is a resident?' but I'm surprised that I don't get that question more often and I think it might have something to do with the fact that there are so many television shows now about doctors and hospitals.

What does the rest of the day look like?

JB: Mid-morning... so 9 a.m. are pediatric rounds, and oftentimes if you haven't finished rounding with your attending and presenting all of your patients you'll go back and re-group with your team and attending. So, we start rounding at 8 o'clock for medicine and sometimes

you can get through talking about and presenting all your patients and agreeing on a plan with your attending by 9 a.m. If you don't have a large patient load you can go back to pediatric rounds, see those patients and then go back to medicine and finish presentations and rounding with your attending from 10 a.m. to about 2 p.m.

How – and when – do you fit in lunch?

JB: Lunch can be hard... at the hospital before coming to VCMC, the cafeteria was open 24 hours so I assumed that was the case here but it is not. It opens at 7 a.m., and there's no such thing as 'meal hours' when you're a resident. One particular afternoon I didn't get to eat until



around 3 p.m. and I didn't even have time to get something then. My attending ran and got me a sandwich. I now keep trail mix with me all the time. I learned, you reach a point where you realize it's not useful for you to continue working if you haven't eaten. You're far more productive if you take just ten minutes and get some food than if you try and stumble over your work while hungry. But sometimes you literally cannot break away to get food because traumas are coming in. One day we had six traumas in a row and three came in literally ten minutes apart.

What about the emotional toll this must take? Is this part of your training?

JB: Well, no training per se, but it is discussed and there is support. The team struggles, especially when it is a young person that's brought in, in a trauma situation. Everyone asks if you're okay if you're crying, and I have been; everyone checks in and asks whether you're okay.

Are you enjoying your residency here?

JB: Very much. There are things I'm getting to do here that no way would I get to do at another hospital. Everyone's got your back – wonderful doctors and staff. This is the best training I can imagine. ☘

A Tradition of Teaching Excellence

Ventura County Medical Center (VCMC) is a premier site for full spectrum Family Medicine education. Affiliated with the UCLA School of Medicine, VCMC is one of the original 20 programs approved in Family Practice 40 years ago and has been educating physicians since 1928. Emphasis is on educating family physicians to have the skills to work anywhere, especially with the medically underserved.

Core Faculty



DR. DAVID ARAUJO graduated from the George Washington University School of Medicine, in Washington D.C.. He completed his Residency and Fellowship in Family Medicine at the Ventura County Medical Center. Dr. Araujo is Board Certified by the American Board of Family Medicine; he is a member of the Ventura County

Medical Association, Association of Family Medicine Residency Directors (AFMRD), American Academy of Family Physicians, and Christian Medical Association; he received the AFMRD Program Director Recognition Award, Silver Level. Currently, Dr. Araujo is the Residency Program Director at the Ventura County Medical Center. Dr. Araujo's professional interests include critical care medicine, vasectomy, and OB ultrasound.



DR. RON BALE earned a Ph.D. in Clinical Psychology from the University of Cincinnati. Dr. Bale is licensed as a Clinical Psychologist by the California Board of Psychology; he is a member of the American Psychological Association, California Psychological Association, Ventura County Psychological Association, and National Register of

Health Service Providers in Psychology. Dr. Bale serves as the Director of Behavioral Science in the Family Medicine Residency Program.

DR. JAMES HELMER graduated from the Chicago Medical School in North Chicago, IL. He completed his Residency in Family Medicine and Fellowships in Geriatric Medicine and Faculty Development at the University of California, San



Francisco. Dr. Helmer is Board Certified by the American Board of Family Medicine; he is a member of several professional organizations, including the American Academy of Family Physicians, American Geriatrics Society, and American Academy of Hospice & Palliative Care Medicine. Currently, Dr. Helmer serves as an Assistant Clinical Professor in Family and Geriatric Medicine at Ventura County Medical Center. Dr. Helmer's professional interests include obstetrics, geriatrics, and palliative care medicine.



DR. NEIL JORGENSEN graduated from the University of Washington, School of Medicine. He completed his Residency in Family Medicine at the Contra Costa Health Services, in CA. Dr. Jorgensen is Board Certified by the American Board of Family Medicine and a member of the American Academy of Family Practice. Dr. Jorgensen's professional

interests include maternal and child health, evidence based medicine, and rural and international medicine.



DR. CHERYL LAMBING graduated from the University of California, Davis, School of Medicine in Sacramento, CA. She completed her Residency in Family Medicine and Fellowship in Faculty Development at the Ventura County Medical Center. Dr. Lambing is Board Certified by the American Board of Family Medicine and a Fellow

of the American Academy of Family Practice. Currently, Dr. Lambing serves as: Core Faculty for the VCMC Family Medicine Residency Program; Medical Director for the Ventura Community College Health Care Center; Ventura County

Highlights of the program:

- Single hospital with no competing residencies for inpatient care with experienced and dedicated full-time Faculty
- Wide range of adult and pediatric specialty outpatient clinics in Ventura with VCMC and UCLA Faculty
- Extensive training of the Family Medicine Resident in Obstetrics, Emergency Medicine and Procedural Training
- Many of our residents participate in international medicine
- Dedicated education time for core didactic conferences and annual weekend team building residency retreat with the entire hospital covered by VCMC Faculty

Health Care Agency Medical Director for Professional and Community Education and Outreach; and Assistant Clinical Professor of Family Medicine at the University of California, Los Angeles. Dr. Lambing's professional interests include osteoporosis, rheumatology, and women's health.



DR. LESLIE-LYNN PAWSON graduated from the McMaster University in Ontario, Canada. She completed her Residency in Family Medicine at the UCLA affiliated Northridge Hospital in Northridge, CA. Dr. Pawson is Board Certified by the American Board of Family Medicine and a Fellow of the American Academy of Family Physicians;

she is a member and Certified Specialist of the American Academy of HIV Medicine. Currently, Dr. Pawson serves as the Ventura Family Medicine Residency Associate Program Director and Assistant Clinical Professor at the University of California, Los Angeles. Dr. Pawson's professional interests include education of Family Physicians, HIV medicine, and palliative medicine and end-of-life care.



DR. STEVE ROGERS graduated from the Rush Medical College in Chicago, IL. He completed his Residency in Family Medicine at the Ventura County Medical Center. Dr. Rogers is Board Certified by the American Board of Family Medicine; he is a member of the American Academy of Family Physicians. Dr. Rogers' profes-

sional interests include community medicine, dermatology, obstetrics, inpatient care, and sports medicine.



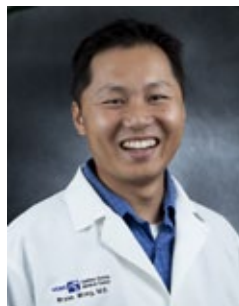
DR. KRISTI SCHOELD graduated from the University of Minnesota in Minneapolis, MN. She completed her Residency at the Merrithew Memorial Hospital in Martinez, CA. Dr. Schoeld is Board Certified by the American Board of Family Practice and a member of the American Academy of Family Physicians. Dr. Schoeld's professional interests include obstetrics, internal medicine, public health, and rural and international medicine.



DR. CARRIE VEY graduated from the University of South Florida College of Medicine in Tampa, FL. She completed her Residency in Family Medicine at the Halifax Health Medical Center and a Fellowship in Faculty Development at the University of North Carolina. Dr. Vey is Board Certified by the American Board of Family Medicine and a member of the American Academy of Family Physicians. Dr. Vey's professional interests include women's health and pediatrics.



DR. ROCIO VILLASEÑOR graduated from the David Geffen School of Medicine at University of California, Los Angeles. She completed her Residency in Family Medicine at the Ventura County Medical Center. Dr. Villaseñor is Board Certified by the American Board of Family Medicine; she is a member of the American Academy of Family Physicians and American Association for Cancer Research. Currently, Dr. Villaseñor serves as Director for the Summer Scholars Program. Dr. Villaseñor's professional interests include obstetrics, depression and maternal fetal health.



DR. BRYAN WONG graduated from the Feinberg School of Medicine, Northwestern University in Chicago, IL. He completed his Residency at the Ventura County Medical Center. Dr. Wong is Board Certified by the American Board of Family Medicine. Currently, Dr. Wong serves as the Medical Director of the Academic Family Medicine Center in Ventura. Dr. Wong's professional interests include hospital medicine, oncology and end-of-life care. ☸

CARDIOLOGY

Clark, Daniel S., MD
Lager, Michael H., MD

CARDIOVASCULAR SURGERY

Declusin, Richard, MD
Toporoff, Bruce M., MD

CRITICAL CARE MEDICINE

Fishman, David J., MD

DERMATOLOGY

Lau, Jacob E., MD
Seidman, Donald R., MD

EMERGENCY MEDICINE

Chase, David G., MD
Ehrlich, Martin L., MD
Guidotti, Sylvana L., MD
Mandryk, Ted M., MD
Robinson, Jeff L., MD
Roslansky, S. Stephen, MD

ENDOCRINOLOGY

Bove, Alexander, MD
Ficks, Lauren, MD
Shah, Nissar, MD

FAMILY MEDICINE

Blaze, Allison, MD
Carvalho, J. Paulo, MD
Castaneda, Catarina, MD
Castel, Uldine, MD
Cervantes, Miguel, MD
Cho, Theresa L., MD
Davis, Connell, MD
Dial, Mary E., MD
Dickstein, Sheryl S., MD
Dorner, Gillian, MD
Dunlop, Thomas J., MD
England, Linda, MD
Esherick, Joseph S., MD
Fankhauser, John E., MD
Finger, Kenneth D., MD
Francke, Wendy, MD
Frias, Carlos A., MD
Gomez, Ramon, MD
Holbrook, Pamela L., DO
Ippolito, John M., MD
Johnston, Christine M., MD
Jones, Amy E., MD
Jones, Brock S., MD
Kang, Seong M., MD
Kehoe, Nicole, MD
Kim, Catherine A., MD
Larsen, Fran S., MD

Lepore, Mark F., MD
Lin, Grace, MD
Mahoney, Anjali, MD
Miller, Jeffrey, MD
Morris, Carolyn A., MD
Mueller, Khristina, MD
Noah, Jerold, MD
Pakala, Shilpa, MD
Patterson, Stanley C., MD
Pedroza, Miguel A., MD
Prichard, John G., MD
Reeves, C. Albert, MD
Rockney, Lynn R., MD
Rowley, Jason, MD
Rutherford, Richard, MD
Ryall, Meghan, MD
Sever, Catherine M., MD
Solinas, Lisa A., MD
Speier, Scott M., MD
Thompson, Jennifer A., MD
Thompson, T. Payson, MD
Thurman, Andraus S., MD
Wheaton, Sherilyn C., MD
Yoon, Esther Y., MD

GASTROENTEROLOGY

Covington, Stephen D., MD
Lin, Tesu T., MD
Lyche, Kip D., MD
Menz, Charles L., MD
Pedraza, Benito, MD

GERIATRIC MEDICINE

Dial, Lanyard K., MD

GYNECOLOGIC ONCOLOGY

Hogan, W. Michael, MD

HEMATOLOGY/ONCOLOGY

Larks, Milcah, MD
Mosallaci-Benjamin, M., MD
Ouwendijik, Robert P., MD
Slater, Evan D., MD

HIV MEDICINE

Prichard, John G., MD

HOSPICE & PALLIATIVE MEDICINE

Dial, Lanyard K., MD

INFECTIOUS DISEASE

Levin, Robert M., MD
Simpson, Gail A., MD

INTERNAL MEDICINE

Barr, Steven A., MD
Brugman, Thomas M., MD

Chang, Susan, MD
Constantine, Carl, MD
Fogel, Thomas D., MD
Gandhi, Saumil M., MD
Handley, John A., MD
Hoos, Howard J., MD
Jennings, Dana N., MD
Kelly, Peter M., MD
Pearson, Duane, MD
Rabkin, Angela F., MD
Rodnick, Jeffrey M., MD
Shah, Nissar, MD
Siddiqui, Asra S., MD
Stauffer, John C., MD
Ulrich, Ramsey C., MD

NEONATAL & PERINATAL MEDICINE

Amr-Elmeligy, Maha, MD

NEONATOLOGY

Safar, Siamak, MD

NEPHROLOGY

Chang, Susan, MD
Gandhi, Saumil M., MD

NEUROLOGY

Dergalust, Robert, MD
McMurtray, Aaron, MD
Muthukumar, Abi, MD
Young, Pari, MD

NEUROSURGERY

Herman, James M., MD
Kessey, Kofi, MD

NUCLEAR MEDICINE

Pace, William M., MD
Stauffer, John C., MD

OB/GYN

Brecht-Doscher, Aimee, MD
Howe, Candace N., MD
Kelley, Frederick, MD
Lefkowitz, Robert B., MD
Silverman, Ira J., MD
Vega, Juan S., MD

OPHTHALMOLOGY

Davidson, John L., MD
Frambach, Donald A., MD
Trotter, William, MD

ORTHOPAEDIC SURGERY

Benson, Emily S., MD
Early, Sean, MD
Maguire, Michael F., MD
Schatz, Larry R., MD

Taketa, John G., MD
Wu, Thomas Y., MD
Zimmerman, Andre, MD

OTOLARYNGOLOGY

Hantke, David R., MD
Nguyen, Chau T., MD

PATHOLOGY- FORENSIC

Frank, Janice G., MD
O'Halloran, Ronald L., MD

PATHOLOGY- GENERAL

Adler, Brad, MD
Cooper-Smith, Mindy E., MD
Gero, Melanie J., MD
James, Robert E., MD
Pontrelli, Gary N., MD

PEDIATRIC-HEMATOLOGY/ONCOLOGY

Bracho, Francisco A., MD
Coates, Thomas D., MD
Siegel, Stuart E., MD

PEDIATRIC-CARDIOLOGY

Leong, Frederic J., MD

PEDIATRIC-ENDOCRINOLOGY

Neufeld, Naomi D., MD
Sandstrom, Anna E., MD

PEDIATRIC-GASTROENTEROLOGY

Ament, Marvin, MD
Ziring, David A., MD

PEDIATRIC-NEPHROLOGY

Grushkin, Carl, MD
Yadin, Ora, MD

PEDIATRIC-NEUROLOGY

Goldie, William D., MD

PEDIATRIC CRITICAL CARE

Marcum, John W., MD

PEDIATRIC-PULMONOLOGY

Landon, Chris, MD

PEDIATRIC-SURGERY

Keshen, Tamir, MD

PEDIATRIC-UROLOGY

Koh, Chester J., MD



The Grand Opening of the VCMC Family Medicine Residency and Specialty Care Center was Celebrated on October 15, 2010

PEDIATRICS

Arizmendi, Maria J., MD
 Bobrow, Andrei, MD
 Bove, Viktoria K., MD
 Flosi, Todd J., MD
 Garcia, Sonya, MD
 Laba, Michelle K., MD
 Landon, Chris, MD
 Lee, Sun M., MD
 Levin, Robert M., MD
 Lipeles, Lois, MD
 Lu, Daniel, MD
 Niazi, Suhad Z., MD
 Nichols, Heather F., MD
 Philip, Stephanus R., MD
 Russell, Paul M., MD
 Tran, Hang N., MD

PHYSICAL MED & REHAB

Watson, Eric J., DO

PODIATRY

Stuhr, Frank J., DPM
 Vines, Steven M., DPM

PSYCHIATRY

Armstrong, Ralph H., MD
 Keller, Bradley J., MD
 November, Margaret, MD
 Pollack, Ronald D., MD
 Taylor, Brian S., MD
 Woods, Celia, MD

PSYCHOLOGY

Bale, Ronald M., PhD

PULMONARY MEDICINE

Arfaei, Asghar, MD
 Bernstein, Robert J., MD
 Brugman, Thomas M., MD
 Handley, John A., MD

RADIATION ONCOLOGY

Fogel, Thomas D., MD
 Lum, Robert P., MD
 Rodnick, Jeffrey M., MD

RADIOLOGY, GENERAL

Bajaj, Anita M., MD
 Carr, Matthew, MD
 Chespak, Lawrence W., MD

Horwitz, Reed M., MD
 Matthews, Bruce, MD
 McMahan, Robert, MD

RADIOLOGY

INTERVENTIONAL
 Chespak, Lawrence W., MD

RHEUMATOLOGY

Gonzalez, Robert, MD
 Hoos, Howard J., MD
 Kelly, Peter M., MD
 Mory, Rachel, MD
 Pearson, Duane, MD

SURGICAL CRITICAL CARE

Romero, Javier A., MD

THORACIC SURGERY

Declusin, Richard, MD
 Toporoff, Bruce M., MD

GENERAL SURGERY, PEDIATRICS SURGERY AND PLASTICS

Blickenstaff, Kurt L., MD
 Duncan, Thomas K., DO
 Flynn, Arthur E., MD
 Keshen, Tamir, MD
 Lowe, Issac E., MD
 Romero, Javier A., MD
 Schweitzer, Jeremy, MD
 Starr, William E., MD
 Williams, Michael E., MD

UROLOGY

Chieng, Tung-Hua, MD
 Koh, Chester J., MD
 Silverman, Paul D., MD

TRAINING *to be a family physician*

By David Araujo, MD, Residency Director, Ventura Family Medicine Residency



The training to become a family physician encompasses experiences in the broad spectrum of medical care. However, family medicine is more than just a collection of a multitude of experiences in medicine. At its core philosophy, family medicine is the care of individuals in the context of their family, providing continuity of care and comprehensive care. So, what does that all mean?

Individuals come from some context of family, i.e., that group of people that have been significant in the growth and development of an individual as they mature from infancy to adulthood. As family physicians, we seek to understand and use the support of the patient's family in their ongoing medical care.

Continuity of care describes one of the core tenets of family medicine. Family Physicians seek to establish long-term therapeutic relationships with their patients, knowing that in this continuity, trust develops and improved patient care is the positive result.

Comprehensiveness of care is one of the major reasons medical students come to Ventura to complete their family medicine residency. VCMC provides training in the full-spectrum of family medicine. This encompasses training across many facets of medicine, maternity care, care for infants and children, surgical care, inpatient medical care, emergent care, and broad-based ambulatory care. Studies have demonstrated that the well-trained family physician can provide complete care for greater than 90% of the presenting medical problems to a primary care physician's office.

The VCMC residency program was established in 1968 as one of the original programs accredited with the formation of family

medicine as a specialty. The American Board of Family Practice (now American Board of Family Medicine) was recognized by the American Board of Medical Specialities (ABMS) at that time. With the formation of a three-year training program, family medicine became an established medical specialty.

Family Medicine has a history of a number of "firsts," leading the way in innovation in Graduate Medical Education (GME). Family Medicine was the first specialty to require ongoing Continuing Medical Education (CME) as a condition of Board certification. They also required taking the Board exam every 7 years in order to maintain certification as a family physician.

This was quite innovative for its time, as previously, once a physician became Board Certified, he/she remained so for life.

Family Medicine questioned this tradition, and made the statement that family physicians needed to demonstrate ongoing



education in the specialty on a regular basis. The other singular innovation in GME brought forth by the specialty was the integration of ambulatory training with a continuity panel of patients into the full three years of the residency program. Prior to this, almost all training in medicine occurred within a hospital setting.

Graduate Medical Education in Family Medicine remains an integral component of our country's medical workforce strategy. Healthcare reform recognizes that equal effort needs to be placed on increasing the number of physicians in the workforce. The American Academy of Family Physicians estimates that the United States will need nearly 39% more family physicians by 2020 than currently exist now. This will require graduating 3,725 new family physicians each year by 2020. There were only 3,617 family medicine graduates in 2006.

The Ventura Family Medicine Residency Program will remain a vital part of meeting our need for well trained family physicians, able to meet the healthcare needs of the population by providing comprehensive and continual care. With the support of the County of Ventura, the program enjoys a reputation of being one of the premier training programs in the United States. ☘