RESIDENT SPOTLIGHT

PGY 5

Maryam Soltani

Here is me in a nutshell: I am a physician, scientist, educator and artist. I spend my clinic days taking care of San Diego’s homeless population at SVDP Family Health Center (Vinnie’s for short). I refer to Vinnie’s as my “Happy Place.” My days are spent managing diseases of both the mind and the body. I, also, pursue scientific interests. I started a project investigating mood disorders. At one point in my life I used to teach undergraduate and graduate courses, often in larger lecture halls. I love it! Though I no longer teach courses in a traditional lecture hall, I do get to teach medical students while they are on their clerkship rotations. I spend my free time illustrating and writing short stories, some of which have now been published as literature pieces or used as journal covers.

Ellie Yanchar

Hi there! I'm Ellie, one of the 5th year combo chiefs. I can't believe it's my last year of this wild journey of residency! Reflecting back, I don't think I would have changed a thing, and I continue to be so grateful to be training here at UCSD. I recall when I interviewed here many years ago one of the chiefs saying she was sad that residency was ending and wishes she could do it again, and while it sounded a bit insane at the time, it really stuck with me. And now, sitting here in that same position, I totally get it. I
absolutely love my job. There hasn't been a day that I didn't want to go to work at St. Vinny's to see my patients. I love my patients. I love my colleagues, and I love all the staff and volunteers at the clinic. It's such a special place, and a special time. I'm not yet sure what I'm going to do after residency. Probably do some painting, ride some horses, climb a few mountains, and read a few books, but eventually I'll start working at an FQHC to repay my NHSC scholarship, hopefully at a clinic like St. Vinny's. If you're reading this, then that probably means you're interested in the combined program at UCSD, and let me tell you, you should be. It's a little bit of magic.

PGY 4
Mari Janowsky
I'm excited to have made it to my 4th year of residency! I finally had the time to focus on some of my interests in public health, disease prevention and advocacy. Some of the exciting things she's done in the last year include: going to Advocacy Day in Sacramento and speaking to different representative's staff supporting bills proposed by the CPA; going to a Tony Atkins luncheon with some SDAFP members and organizing a presentation with the star and screenwriter of the documentary "Tony" (a movie about one man's journey through homelessness in San Diego and his efforts to address homelessness) for the Psych-Law society's annual dinner. I also found a new love for yoga and meditation.

Kanwar Kaleka
My name is Kanwar and I love being a family med-psych combo at UCSD. It is one of the biggest blessings to be able to treat the whole person in so many different ways. Humbling and challenging but inspiring to always learn. It has led me to look deeper into the world of chronic illness. And after I read “The Body Keeps the Score”, I feel I found some clarity in what could be contributing to the many mental and physical illnesses we work to treat: trauma, especially at a young age. Because of this, I decided to get trained in EMDR in hopes of treating trauma to
see how it affects the various illnesses our patients suffer from. I also have recently been introduced to the world of psychedelics in treatment of mental illness, which I believe is the future of psychiatry. In fact, I am involved in a phase two trial for psilocybin for treatment resistant depression. I would like to open my own community center/clinic for the underserved to have a holistic team-based approach (including life coaches, nutritionists, personal trainers, in-house physical therapy) that focuses on education of the community and the individuals to create more of a true health-care system rather than just disease-care. I also am exploring ways to incorporate patient’s spirituality into their care. Feel free to contact me if you want to know more about any of these things as I think a discussion would be much more engaging and informative than more written prose.

PGY 3
Allie Ellsworth

Third year has arisen, and with it, a whole new set of opportunities for personal and professional edification. Our outpatient psychiatry year allows for opportunities to learn different therapy modalities, and I have been excited to learn more about treating patients coming in with depression, trauma, and anxiety with non-pharmacologic methods. I was pleased to be accepted into the San Diego Psychoanalytic Center fellowship program this year, which introduces the principles of psychoanalysis to psychology and psychiatry residents. I have also taken up opportunities to learn about hypnosis, and and will be trained in leading Balint groups in the spring to provide supportive services for family medicine. I especially look forward to bringing my knowledge and clinical skills back to St. Vinnies to better serve our homeless population

Leopoldine Matialeu

As I progress in my training, I increasingly appreciate the holistic concept of combined training. Being able to speak the language of mental and physical health has proven a valuable asset. I enjoy playing the role of “mini” consultant (even as an intern) whether I’m on a medicine or psychiatry rotation. For instance, I’ve had medicine resident/attending ask me “how do I manage this patient’s agitation?” or “we have a patient with schizophrenia who was just admitted on the medicine service, can you follow him?” Similarly, I’ve had psychiatry resident/attending ask me “can you read this EKG?”
or “I have a patient on Lithium and I don’t want to use ACEi, what’s the second line to treat hypertension?” This skill was even more valuable on the psychiatry consult service as I felt comfortable discussing our psychiatric recommendations in the context of their medical conditions. Such was the case of a consult on a patient with a history of depression who was refusing stent placement for NSTEMI stating that she wanted to die. Cases like this highlights the importance of practicing at the interface of medicine and psychiatry. This extends to the outpatient world as I have a few patients in my primary care clinic that have specifically requested to also see me as their psychiatrist because of the therapeutic alliance we had already built. These are all reasons why I realize, everyday, that I’ve picked the best specialty ever!

PGY 2
Hannah Gee

This past year has been a time of personal growth, going through intern year and forming a new community of people I can call friends/family. Individually and as a group, there have been a lot of challenges, but such is life right? It is humbling and heart warming to experience these things with my new family. Begrudgingly biking up the 3 miles of slopes between the hospital and my apartment, allowed me to see the neighborhood and get some sorely needed cardio. Fighting murderous thoughts of these newly acquired family members that developed into a deeper understanding of them as a human beings and loving them for it. Sorely missing my family and home cooked meals was an opportunity to travel with them on vacations. I found stray kittens and the deer park monastery, saw the night sky of Joshua tree, and fell in love every part of the clinic (except for the occasional whiff of toilet... which is forgiven by the snacks I steal from the MAs). I feel very fortunate to be a part of this with my psychiatrists, primary care docs, and fellow combos.
Anish Dhamija
A question I often get asked by medical students interested in combo programs is “why did you choose combined training? And why this program in San Diego?” To address this question, I have listed below my “top 4 reasons I like combined training in San Diego” (creative title, I know).

1. This feeling of family — when I walk into the doors of St. Vinnie’s (our continuity clinic), I can feel the warmth. From the playful banter with the MAs and nurses, to practicing Spanish with our receptionist, to the hugs from the staff, it is a big adopted family here.

2. The clinic is designed with combo training in mind. I cannot think of a population that could use combo training more than the patients we see at the clinic. San Diego has the 4th largest homeless population in the country (solid bar trivia!), many of whom are suffering on the streets due to serious psychiatric issues, unaddressed medical issues, or both. And without us, many of them would likely not receive care. I feel useful here.

3. San Diego — everybody mentions the weather, but it is difficult to find a place that has beaches and hiking, wealthy and poor, cultured and cultural neighborhoods, history and growth, and people literally from all walks of life all within a 30 mile radius. The diversity of experiences in one weekend in San Diego rivals no other place I’ve been to.

4. The leadership, camaraderie, support and love— our coordinator, program directors, attendings, and residents have fostered a culture of acceptance and family. We all look out for one another. No one else really knows what you are going through except those who’ve been through it themselves. It was incredibly important to me during interview season that I find “my people” for this journey. And honestly, I found them at UCSD’s combined program.

Hope that answers your question, unnamed medical student!

PGY 1
Jamil Alhassan

My experiences during residency have allowed me to witness and participate in the weaving of psychiatry and medicine into a single interface. In psychiatry, I have formulated plans and medical regimens for complex patients with their stabilization and reentry into society in mind while also considering the effects of the psychiatric illness on their physical health. In one instance, I treated a patient with delusional disorder, which was severe enough to alter her existence (work, social life, relationship with family) and physical self-care. In family medicine, I have provided primary care...
community medicine to an often-overlooked community at St. Vinnies and observed the psychosocial impact of their conditions as well. One of my accomplishments thus far was at St. Vinnies clinic identifying a chance and treating my first primary syphilis patient and discussed his concerns about the infection and his relations with others. My residency experience has allowed me to explore this vital interplay between body and mind and I look forward to continuing this journey.

**Tanner John**

Hello from Tanner John, intern at UCSD’s combo program! I decided to pursue medicine to provide care for those experiencing homelessness. As a medical student I was involved in the public health advocacy for those experiencing homelessness in Tucson, Arizona, including being involved in the initial phases of building a medical respite center for those experiencing homelessness. I was awarded the US Public Health Service award for this work. I am so grateful to be an intern in a program whose primary continuity clinic is at St. Vincent’s, where public health advocacy, primary care, and social advocacy occur daily. Every week as an intern, I work a half day at St. Vincent’s and my battery is recharged…the place is special! When not in rotations, I’m trying my best to experience the amazing beach sunsets. I’m also proud to mention that I worked past my fear of sharks and the ocean (at the insistence of my adventurous wife) and went surfing for the first time. I’m still alive!
POEM

Doctor M,

Let me tell you my plan
About how I’m going to run this land
When I get out of this place
I’ll be on ace in the whole
And I’ll refrain from packing marijuana bowls
I don’t want to come back so I’ll be taking my meds
I’ve always been a rasta without dreads
I plan on taking lithium and Haldol 2
But I’m done playing around with the B52
I’m not acting out anymore
The only thing I’m going to do is walk out that door
Calmer and collected than I was before
No need for conservatorship, I just need to go home
Got to get back to working to the bone
I got a job and responsibilities
So if I get out I’ll be set up with reality

By Maryam Soltani

From an inpatient psych patient
PATIENT SPOTLIGHT

By Donald Hawley (one of our SVDP patients)
1) **Tell us about yourself and why you chose to do combined training?**

Let me think how to summarize in one paragraph a journey of beautiful and deliberate detours. Well, to start with I grew up in my grandfather’s veterinary hospital. I fell in love with both the animals and the human interactions around their “children’s” health. I also loved children! At 9yo I told my parents that I was going to be a pediatrician. Fast forward. When it came time for college, I already knew that I didn’t have enough information about my options to make a career decision. What if I went into medicine because it was all that I knew? Therefore, my goals for college became exploring professions and learning Spanish fluently. After a year of studying abroad in Mexico, a rural pediatric social work internship, a teaching internship in Boston’s Chinatown, a medical director job at a summer camp for homeless children, a year teaching middle school in a one-room schoolhouse in Idaho, 6 months of teaching first grade in Honduras, medical assistant work, and a year of my own journey into personal psychotherapy, I was fluent in Spanish and headed back to medical school with a firm understanding of myself. I wanted to be a primary care physician. I wanted to build relationships with people and families to treat not only their ailments, but their hearts and souls. Until I had my psychiatry block in second year of medical school, I thought primary care was the only way I could do it all. But without the psychiatry piece, primary care didn’t seem complete. The combination was what I had been looking for to pull together my passions and beliefs about whole health. So, when my advisor told me about combined training, I already knew this was my path. The decision felt like coming home within myself.

2) **What are some reasons you chose to work at SVDP?**

I have always known that I would work with an underserved population. Although my childhood was far from perfect, I was given a house, food, a good education, and the ability to travel. I struggled for a long time with guilt around the inequality that I saw in the world around me. At some point, I realized that I had a choice—remain stuck in guilt or learn to use the privileges I was provided in order to give back to the world and serve others. I chose St. Vincent de Paul Village because when I walked in for the first time, I felt again like I had come home. I walked into a family in which everyone shares the same heart and the same goals. It is the most well-run, well-organized clinic I have ever worked in.

SAN DIEGO, CALIFORNIA
worked in, underserved or not! The administration and staff support me and allow me to use whatever skillset I need in order to best serve every patient that walks through the door. And if that wasn’t enough, I have had the privilege and honor of working with the residents. I have always known that I would teach and mentor, but I never expected to be asked by the residents’ themselves to enter into their lives in such a powerful way. I tell the clinic director on a weekly basis that I have my dream job, and it’s true. What a gift.

3) **What is your vision for UCSD combined program as program director?**

I consider myself a realistic idealist. The program already has all the elements that it needs for long-term success: strong residents, incredible educational programs, longevity, and administrative advocates. My goal is to maintain all of the positives while simultaneously using a fresh pair of eyes to look into areas that need fine-tuning. Combined programs live between and survive off of at least two worlds… and in San Diego three! Success for me will be to see those relationships even stronger with time so that we can continue training incredible, heartfelt, grounded, passionate, thriving combined physicians, as I truly believe that’s what the world needs more of.

4) **What activities/hobbies do you like to do with your family here in San Diego?**

Between my two little girls- now 1 and almost 4-, my veterinary husband, and my own love for animals, our favorite past-times are the zoo, La Jolla Cove with its Sea lions, Seaworld, and of course the beach! We also love long walks, riding bikes, and sitting out at the edge of our canyon to watch the sunset and hawks soar. We love feeling connected to nature; it’s our sanctuary.

5) **What is your favorite food?**

I honestly don’t have a favorite food! However, if you were to ask me about favorite colors, I would tell you that I love Autumn hues… warm, earthy, deep rusts, reds, yellows, browns, and greens. With them around me I feel grounded. I recently even convinced my husband to paint the entire house we bought in San Diego in thirteen different Fall colors to remind me of my Massachusetts seasonal roots… poor painter ;)

SAN DIEGO, CALIFORNIA
Interview 10/5/2018 with Dr. Christian Small

Dr. Christian Small is a 2015 graduate of the UCSD Family Medicine and Psychiatry Residency Program. After graduation, he co-founded Bold Health, a clinic specialized in providing mental health, medical care, and addiction outpatient services for clients.

What experiences during residency inspired you to create Bold Health?
In 2015 I founded Bold Health along with Kristy Lamb (2013 Combined Grad). We wanted to create a model that allows us to treat patients outside the limitations of a large system. One of the limitations of modern medicine is the productivity standard. For example, fifteen minute visits with patients (especially mental health patients) may be ‘productive’ in terms of number of patients seen by the provider on any day, however in order to facilitate real change patients need more than just an adjustment in their prozac. Time is one of the most important factors in helping facilitate real health changes. Unfortunately modern healthcare economics doesn't support this; we decided to create our own model.

What were some challenges you faced in bringing your vision of Bold Health’s comprehensive behavioral, medical, and addiction services to fruition?
Learning to manage a business…. a lot of things we don't learn in medical school or residency!
What do you enjoy most about your work?
I really enjoy the autonomy. I enjoy creating something new and different. Where addiction is concerned, I really enjoy offering a treatment approach that truly helps people. I enjoy the challenge and strategy involved in creating a growing a business.

Looking back on your residency training, what pearls of advice would you give current combined residents and medical students interested in combined training?
I am grateful for the training I received as a combined resident. After graduation, you truly feel comfortable managing almost any clinical situation that presents itself. There are so many paths and opportunities available to you with combined training. I sometimes felt we were viewed as ‘outsiders’ in the residency community. Embrace it!! Be a critical thinker and forge your own path. Following residency, do exactly whatever it is you want to do!

~*~

BURNING MAN EXPERIENCE AND REFLECTION

“My First Burn”
I went to Burning Man for my first time this summer, and it was an incredible experience. Honestly, I didn’t know what to expect other than a radical experience with lots of music, art and people doing drugs. The latter part was actually exciting as I had signed up to do Project Zendo, which involves sitting and providing support for people having a challenging psychedelic (or life) experience. I actually was of the minority of people who did Burning Man sober without any alcohol or drugs as that’s my lifestyle in general. And I have to say I am glad I did as I was able to take it in Burning Man in all its pure glory. The most prominent aspect is the non-judgmental culture of everyone being open and accepting of one another in almost every way, including no matter what ridiculous
attire you may wear or if you decide to wear nothing at all. It’s a place where no one
shakes hands, but rather embraces each other from the moment they meet. And
everything is gifted (not exchanged) as money is not used or accepted there. From
sno-cones to french toast breakfast to ashwaganda to soap are just some of the examples
of gifts I received. We often shared our dinner with anyone that passed by our camp at
the time. It was a true sense of community that gave me more hope in humanity.

The number of activities and things to do as a whole were beyond abundant. There were
classes that had a huge spectrum of workshops, classes and group activities during the
daytime. It was like a conference of adult exploration and being a radical human. My
favorite was a cacao ceremony and ecstatic dance. At night, there was music everywhere
surrounded by various installations of light and shapes. The art work was incredible,
especially at night. It ranged from a quarter-mile tunnel of incredibly psychedelic lights
coordinated to music that you could walk or bike through to a light show coordinated by
hundreds of drones creating a constellation of stars that morphed and changed colors in
hypnotizing fashion.

Probably the most hyped spectacle was a planned train collision inspired by “The Crash
at Crush”, a spectacle of crashing locomotives no longer in use at high speeds. However,
the one they conducted at Burning Man seemed to be at relatively slow speeds with
uncoordinated explosions, like a B-film action scene. But it felt like the entire 70,000
people of Black Rock City were in attendance. However, this didn’t compare to the
burning of the man that happens on Saturday night at the end of the week. It started with
all the a fire performance by what seemed to be over a hundred fire twirlers and then
began the burn of the man and the entire structure below it. You could feel the heat from
the fire over a hundred yards away. It was the largest fire I’ve ever seen and a great
culmination to an amazing week!
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