Dear Reader,

It is our pleasure to bring you this Summer installment of our Free Associations newsletter! In this edition we are pleased to bring you articles about conferences attended by our residents, scholarly articles published by our residents, reflections on residency from recent graduates, and of course an introduction to the brand new interns that have joined UCSD!

As always, we are looking for more contributors and staff members for our journal. As two of our editors are residents in their final years of residency training, we would love to have newcomers join the ranks of Free Associations!

The goal of this publication is to provide members of our residency - and the department as a whole - interesting information about the accomplishments of our residents, ongoing events relevant to resident education and well-being, and also to publicize hot topics within our field. If you would like to participate and help us to achieve our goals, please email Jessica Thackaberry or Chaitanya Pabbati to help get started.

From all of us at Free Associations, we thank you for reading!

-Chaitanya, Jessica, Maryam, and Sanjai

Last month, we said "so long" to our 2015 graduates, at least 3 of whom came to UCSD with hopes of academic careers who instead went to jail, the navy, and Sharp Inpatient Psychiatry. What happened?

The reasons each decided to bypass our academic family are complex and beyond the scope of this essay, but may, in part, be related to their academic role models not shouting out to them how much we love doing what we do. For many of us, we are fulfilling our a lifelong dream with a profession that provides us constant stimulation, companionship and joy (OK, the latter is not always a constant). So I decided to fill this edition of the Director’s Corner with a reprint of a short essay I was asked to write for a series on "why I love being an academic psychiatrist" (Never Bored, Academic Psychiatry, 36:5, pgs. 422-427, 2012).

Never Bored
Last Monday began with a meeting with our multidisciplinary Physician Suicide-Prevention Committee, a group of faculty, house staff, students, and staff dedicated to enhancing physician well-being, identifying and treating depression, and preventing suicide. We all feel gratified with the impact of our efforts and the privilege of working together—from there, to a Clinical Service Chiefs meeting to gather with the department’s clinical leaders, many of whom I had helped train and who were now my colleagues on the faculty—next, a Strategic Planning Committee meeting with the department’s leaders to problem-solve short and long term strategies to maintain excellence in all of our academic, educational, community, and clinical missions. This was a morning spent closely interacting with some of the most altruistic, compassionate individuals I know (the first meeting), former trainees who were now budding stars in clinical psychiatry (the second), and academic giants and thought…

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This year the SDPS membership presented a travel award to attend the APA annual meeting to two resident members: Rachel Robitz, MD and Jessica Thackaberry, MD. Rachel is currently a PGY3 in the combined family medicine/psychiatry program at UCSD and serves as Resident-Fellow Member Representative to SDPS council. Jessica is a PGY3 in the psychiatry program at UCSD and serves as Secretary and State Legislative Representative to SDPS council. Below is an update from the conference from both award recipients:

Rachel Robitz MD:
Both Jessica Thackaberry and I presented a workshop at the APA annual meeting along with SDPS Past-President Steve Koh, MD and CPA Past-President Robert McCarron, DO. We presented an interactive workshop about training residents to function within integrated care settings. Dr. Koh gave an introduction to integrated care. Jessica and I functioned as discussants for a video case discussion highlighting the cultural differences between primary care and outpatient psychiatric care. Dr. McCarron then provided a sample longitudinal curriculum, which UC Davis uses to train their psychiatric residents on medical topics applicable to psychiatry. Overall, it was a challenging but educational experience to give a workshop at APA. We learned about how to put together a workshop, which is educational and also engaging as well as learning about different models of integrated care.

Along with this workshop, I attended several interesting lectures, including one about the social determinants of mental health during which I learned about the many factors affecting someone's mental health. I was also able to attend a lecture about race as a social construct and the implications of this on the care and wellbeing of our patients. This lecture looked at some of the intricacies of race and its impact on psychiatric diagnoses and care. It urged listeners to consider our current definitions of race as socially determined categories used to differentiate and oppress people as opposed to biological categories; this of course has implications on the way we view and treat our patients.

Jessica Thackaberry MD:
As a recipient of the SDPS travel award, I was grateful to be able to attend the APA and learned a great deal about the new and innovative things going on in Psychiatry. I saw Dr. Chaitanya Pabbati’s poster presentation, which won first place in the resident and fellow poster competition. Dr. Pabbati’s poster looked at demographics of residents, faculty, and staff working in the UC system and incidence of symptoms of depression as well as substance use. His win…

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American Psychiatric Association…

…was well deserved and there were several other very interesting posters presented in this competition. I also had the pleasure of watching Drs. Steve Koh, Larry Malak, and Laura Marrone present about training nurse practitioners in our outpatient Gifford Clinic, focusing on how the nurse practitioners were received and how this program was piloted. It was fascinating to hear the steps they took to make this happen, and I am proud to have worked with these nurse practitioners in our clinic.

Far and away the most entertaining and helpful presentations I attended were part of the chief resident training. It took place over the course of an entire day, during which we learned the importance of understanding different personality and learning types, and how they influence productivity and efficiency in the workplace. We learned how to give and receive effective feedback and how to handle difficult interpersonal situations that are common when you go from junior to senior resident and leading your peers. This information will be incredibly valuable for me, as an incoming chief for the inpatient service at UCSD.

Overall this was a fantastic experience at APA, and I was honored to be able to attend each social and networking event with residents and psychiatrists from all over the country. It was great to meet people who share with me some of the same goals and visions for the future of psychiatry, and I can’t wait to continue these relationships moving forward in my career. I am incredibly thankful to the SDPS members who donated in order to send me, and I look forward to doing the same once I graduate from residency.

After Graduation
By Kelley DeLeeuw MD, MPH

Since finishing the Combined UCSD Family Medicine/ Psychiatry Residency last July, I have hit the ground running working at a dynamic Federally Qualified Health Center in South Bay, San Diego. Imperial Beach Community Clinic is a two clinic system serving the Medical and uninsured population living closest to the San Diego-Tijuana border. I am the director of their new Behavioral Health Department and our team is integrating mental health services into a busy primary care practice. Therapy and psychiatric services are all offered on site in the clinics where the patients have their medical home and treatment plans are coordinated with primary care providers. We are implementing short term evidence based models focusing on recovery from mental illness. I practice 50% family medicine and 50% psychiatry and many of my primary care patients are referrals from colleagues at county mental health clinics for their annual physicals and preventive exams. It's been exciting designing and implementing organizational change and my time at UCSD as chief…

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…resident was an excellent preparation.

I continue to work for UCSD Department of Family Medicine and Public Health as a clinical instructor once a week at a unique training site located within Southwest High School. I attend family medicine residents from UCSD and Scripps during their adolescent health rotation. We see teenagers for everything from mental health concerns, to sports physicals, to family planning. I've been thrilled to keep a foot in academia and teaching, while being able to step outside my community clinic and see teens and families within the school.

Sand Mandala: Reflections on Residency
By Nico Badre, MD

“Success is a journey, not a destination. The doing is often more important than the outcome.” Arthur Ashe, tennis player, presidential medal of freedom awardee and one of my residency hospital’s motivational posters.

We enter residency having surmounted undergraduate, medical school, and match day. For the most part, our life has been a series of milestones. Those hurdles lead us to practice the most important profession, the one of caring for someone else’s health. In psychiatry not only do we get to care for other’s well being but we also get to share in their deepest emotions and secrets. As a resident just a few days from graduating, I wonder if the goal of residency was not just to reach this milestone but to actually have been a psychiatrist all along.

UC San Diego, Psychiatry Residency is a unique amalgam of tremendous researchers, extremely ill patients, and outstandingly accomplished residents. The commitment to research, clinical care, and teaching are constantly tugging at each other. Our needed research holds the key to our future, but also can seem so out of touch with the reality of everyday care. Our dedicated clinicians juggle the need of managed care and endless documentation requirements, while desperately making time for a little teaching along the way. Finally our didactics have to make sense of it all, while trying to keep us motivated in what we do. Under those varied pressures it is without surprise that even at such a competent program residents may think of residency as an obstacle course without much purpose other than the elusive goal of completing it.

However as a resident about to leave the academic nest, I wonder if I misunderstood residency all along. I am about to start a comfortable, as well as meaningful job, as medical director for the local…

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Reflections on Residency continued…

...jail system while also starting a private practice focused on psychotherapy. My dreams of Ericksonian generativity our well on their way. Furthermore an agreeable residency in psychiatry only solidified my Ericksonian intimacy. So here I am positing whether residency was not about achieving some intangible privilege like I thought but instead residency was in itself the goal all along.

The grueling hours of certain rotations in residency made me confront my own fears and discomfort. My endlessly imposing super-ego only made my failures and shortcomings harder to take. In particular the suicide of one of my patient pushed my sense of self-worth to its brink. Those experiences were, looking back, crucial in my development. The breaking of my rigidly and idealistically defended self is what I need to finally accept myself as who I am. This renewed appreciation for my imperfections and myself allows me to care for others in such a more human way. As the famous saying suggests, “The difference between who you are and who you want to be is what you do.”

Many of the challenges of residency may instead be some of the largest tools of learning. I am not sure I could relate to the importance of hardship if it was not seeing a therapy patient after a fourteen-hour shift of night float. I am not sure I could understand the true despair of psychiatric illness if it was not for seeing a patient rescued from a suicide attempt in the emergency department. I am not sure I could have realized the amount of work exerted by the giants in our field if not for seeing my mentors writing one grant after another.

But most importantly UC San Diego, psychiatry residency, gave me the opportunity to be a psychiatrist from the second day. On July 2nd 2011, I saw six emergency department consultations. I staffed those patients with my attending over the phone as my senior resident was too busy. Despite the fear, I became a psychiatrist with my own patients that day. From that day I had already achieved my life goal: “Care for another’s well-being, share in their deepest emotions, and secrets.”

Since then I have had the chance to not only participate in the life of endless emergency, and inpatient encounters, but I have found a true love in connecting with patients at the deeper level that only individual psychotherapy permits. Since my second year of residency, I have not had one week without seeing a patient for individual therapy. Thinking that those interactions were training requirements would miss that those relationships I created with patients were all I wanted – and needed – for a sense of self worth.

Once I realized that I had found some of my answers, I had the privilege of becoming UCSD’s chief resident of outpatient psychiatric services, supervising an incredibly talented group of resident through their discovery of outpatient care. Over the year, I had the opportunity to watch them grow, struggle, and fight with and for their patients. But most importantly I saw and guided them through their journey in becoming psychiatrists. I am not sure that I got to show them all I wanted. However, I know that they realize how true Carl Rogers was when he reminded us the most important maxim of psychiatry: Our most valuable tool is our relationship with our patients.

So here I am, four years older, four years wiser, and four years into my journey. When thinking of an analogy for my beliefs on residency, I was looking for a concept that emphasizes process over content. A concept which focuses on the moment and not the result. A concept which has always existed, beautiful, like human relationships can be. Sand Mandalas are a tradition spanning centuries. During this several days process Tibetan Buddhist monks create stunning circular art pieces out of colored sand. This painstaking and meticulous product of teamwork is destroyed once completed, as part of the ritual further confirming the process rather than the result.

To upcoming interns, I wish you the chance to have an experience like the one I had. The unique opportunity to be part of the greatest of all professions. My only advice: Do not wait for residency to be over to enjoy it, you already made it.
The Essence of Eddie: A Reflection of the Interplay Between Art, Relationships, and Emotion
By Maryom Soltani, MD, PhD

Art as the recreation of emotional experience in lives and in relationships brings us together. The artist concentrates, focusing on the smallest details, absorbed in creation form and feeling, emotional expression in its subtlest nuances. Facial expressions can teach us about the complexities of emotional life: how emotion is revealed through lines and curves, depressions, elevations, and shading: the contours of life and its shadow experiences. Each line leads to an understanding of a person or experience.

Through imagery we imagine what people have gone through: What have they struggled with? What makes them laugh? Do they understand the meaning of the inscriptions on their faces? A drawing is not finished until it is “alive”: Will the image “speak” to others, can it impart humor, excite thought or conjure a feeling, inspire awareness of suffering and hope for deliverance? In this way, drawing, and art in general, are vital links between people, affirming our connection to each other: our interdependency.

“The Essence of Eddie” embodies the interdependency between people and the interplay of forces within a person; it is an image of a young man striving to make ends meet. Eddie, a talented musician and poet, aspires to establish a place in this world. His broad smile betrays both the miseries and the joys of his life. Like moments in a lifetime, spread across the matrix of being, thousands of tiny dots compose the greater image of Eddie; molecules of feeling, thinking and experiencing, a collective force so vital as to emotionally nourish and sustain an artist though he may not have eaten for days, while he renders experience into new musical and poetic forms. Eddie makes the dots swirl until they rest momentarily on the day’s theme, and then light off again to assume new forms somewhere else in the matrix.

It has been said, “Art keeps ideas alive.” In medicine we strive to keep people alive. I believe that it is art in medicine that keeps people alive. Healing resides in the original ideas of the physician, an artistic blend of science and intuition, heart and mind, and in the ability to convey these ideas through interaction and instrumentation within a special human relationship of trust and hope. This relationship is a broader matrix of pointillism comprised of two individuals engaged in a process of understanding and healing. Each one of us, doctor and patient, is “Eddie.” The physician must be able to see into each individual and appreciate the singular artistry within in order to conjure and inspire the inner forces of renewal and healing. Each patient, then, is also the physician’s music and poetry. And, who knows what other healing the doctor’s art may inspire in the collective matrices of our interdependent lives, after it has breathed new life into one person?

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Sex Workers as Medical Student Educators
By Rachel Robitz, Leigh Morrison, Amanda Ventura, Mary Carol Melton, and Aurora Bennett

Medical trainees often are told their patients are their best teachers. They are told one of the best ways to learn is to spend time with their patients; however, when patients are utilized as educators, often only the most eloquent and educated patients are selected. Sex workers who live with addiction and mental illness are not typically viewed as potential educators of medical trainees, but internationally, sex workers have been used as peer educators with great success. Using mental health consumers as educators not only benefits these populations but also has been shown to benefit health-care professionals learning from them. Taking these educational successes into consideration, Women Leading Healthy Change (WLHC) was created with a two-pronged mission to both empower sex workers, with co-occurring mental illness and substance dependence, and to teach medical students.

The idea for WLHC came after a medical student volunteering with a community program called Off the Streets® (OTS), which serves sex workers, was struck by how much she learned from the women and by their desire to become better educated about their many health concerns. She became aware of the successes of sex workers as peer educators internationally and wondered if it might be possible for them to also educate medical students. Through a yearlong process of discussions with OTS staff and various medical student groups at the University of Cincinnati, WLHC was developed. The program partners medical student co-leaders with a graduate of the OTS program to teach a health education and leadership curriculum to current OTS participants. The OTS participants then assume the role of medical student educator at the end of the program. The stated goals of the program included:

1. To educate women about common women’s health care, mental health, and addiction topics and to create a safe environment in which to promote a dialogue with peers about their shared health concerns.
2. To develop the OTS graduate co-leader’s skills and confidence in educating and leading a group of her peers.
3. To educate medical student co-leaders about the difficulties of living with mental illness and addiction and to better prepare these future doctors to serve their patients with compassion and understanding.

Program Partners

Medical Student Partners

WLHC is an entirely medical student-driven project. The initial program was developed by a small group of third and fourth year medical students. As part of a fourth year medical student education elective, students assisted in performing focus groups to determine topics of interest to the women at OTS. Medical students sought grant money, created a curriculum, and implemented WLHC. First and second year medical students at the University of Cincinnati currently run WLHC.

Community Organization Partners

Cincinnati Union Bethel (CUB), the longest continuously operating social service agency in Cincinnati, was founded in 1830. CUB’s mission is to provide supportive services and education that assist urban women, children, families, and communities to realize their greatest potential. OTS, CUB’s newest program, began serving sex workers in 2006. The mission of OTS is to assist sex workers in moving toward safety, recovery, empowerment, and community reintegration.

Planning for the OTS program began in 2004 when over 30 individuals came together to explore the issue of prostitution in Cincinnati/Hamilton County Ohio. These individuals included representatives from the fields of criminal justice, local government, mental health, addiction, medicine, social services along with community members, and survivors of commercial sexual exploitation. Their review of best practices led to the design of a peer-driven program that collaborates closely with several existing social service agencies. The program includes three components. First, all homeless women seeking services are provided transitional housing until they are able to secure stable, ongoing housing. Next, all women participate in daily educational and support groups. Finally, all women work individually with a peer-staff facilitator who helps identify the women’s unique needs and coordinates appropriate resources.

Sex Worker Peer Educator Partners

Of the women enrolled in the OTS program, the average age of the women is 33 years, with a range from 18 to 57 years; 50 % Caucasian and 50 % African American; 93 % are single; 76 % homeless; 48 % have a…

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non-psychiatric general medical diagnosis; and 61% report a mental disorder. Over 75% were sexually abused as children and 50% were physically abused. This history of trauma and victimization continues into adulthood with 78% of the women having been sexually abused by someone known to them and 82% having been sexually abused by a stranger.

Women Leading Healthy Change Program Description

WLHC sessions were conducted as a part of OTS programming in 1.5-h weekly sessions for 10 weeks. Session topics were determined through focus groups with women enrolled in the OTS program. The program was divided into a 5-week block on women’s health, followed by a 5-week block on mental health. Curriculum for the sessions was written by medical students and edited by medical school faculty, OTS staff, and a graduate of the OTS program. All 1.5-h sessions followed a similar format including an opening leadership activity, the main session content, and post-session journaling/reflection. The sessions were co-led by a medical student and a graduate of OTS, with co-leaders participating equally in leading the sessions.

In addition to the course content described above, the program included two 1-h “talk back” sessions. During these sessions, women were partnered with small groups of medical students and the groups were given a set of questions to discuss. Discussion questions covered topics such as their personal stories, leadership, what they had learned during WLHC, and advice on becoming a better physician. These sessions were instituted to give the women in the program the opportunity to express themselves and initiate the process of empowerment by giving the women a chance to voice their opinions. A “talk back” session was held at the fifth and tenth week of each block.

Co-leaders were supervised by a program coordinator. The program coordinator was responsible for ensuring that the co-leaders were oriented to the program, felt supported and comfortable leading groups, and interfaced between the medical school and OTS. The co-leaders also attended debriefing sessions every 5 weeks. Debriefing sessions were led by psychiatry residents and allowed co-leaders to process the group dynamic that they were working with, the relationship between the co-leaders, and the difficulties that they encountered trying to teach the information.

Impact

While a formal evaluation of the program has not yet been completed, the preliminary impact of this program can be seen when looking at some of the individual success stories of the program and also at some of the comments of individuals involved in the program either as co-leader or as participant. One of the success stories is that of the OTS graduate co-leader. She became a leader amongst her peers, progressing from a relatively passive role in co-leading the group to becoming a powerful voice in the group dialogue. Other changes evident in her life included increased involvement in the lives of her children, taking control of her own health by getting a gym membership, enrolling in a college course, and voting for the first time in her life. Also, the women took the information which they learned and went on to teach this material to their peers. One of the WLHC participants shared information that she had learned about cervical cancer with a friend. Her friend obtained her first pap smear and an early-stage cervical cancer was diagnosed.

Medical students, who participated in “talk back” sessions, reported educational value to these sessions. One student reported, “I learned more in this hour than I have ever gained from a week of reading and didactics.” Co-leaders comment that the program has helped them learn to communicate and educate people with mental illness and addiction stating, “The biggest lesson I gained from WLHC was the ability to take complicated topics and teach them at a more accessible level.” Moreover, medical student co-leaders state that they feel more comfortable taking an extensive history from a patient with history of mental illness and substance dependence. One medical student co-leader described, “Now, I feel much more confident about my ability to take a thorough medical/social history on underserved individuals and do so with much more empathy and compassion because I feel that I understand their experiences, struggles, and successes more now than I ever did before.” More than just skills in communicating with such populations, it appears that the medical student co-leaders have also had a shift in their perspective towards women living with mental illness and substance dependence. One co-leader stated, “Throughout my time working with the women at OTS, I have come to recognize the humanness of us all—from medical student to a survivor of prostitution, we all go through hard times, have break downs, and make mistakes.” She went on to say, “The most important thing that I have learned from WLHC is to try to be as non-judgmental as possible. Being judgmental causes both parties to immediately put up walls, and does not allow…

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…for any gain.”

Discussion

This program which partners medical students with a community organization to educate and empower women who have survived commercial sexual exploitation, homelessness, substance dependence, and mental illness has thus far made strides in line with its two-pronged mission of providing a unique educational opportunity for the medical students involved and empowering the sex workers participating in the program. Medical students have indicated that they feel they have gained skills in both educating and communicating with this marginalized population. Moreover, this program has been expanded to a second site, a woman’s recovery home, in Cincinnati. While this program is in its early stages, informally collected qualitative information shows promise. As the program continues to grow and improve through continuous self-evaluation, it may prove to be a replicable and unique way to educate medical students to work with populations with mental illness and substance dependence and to empower the served population to take control of their health and to work in a better partnership with their physicians.

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Director’s Corner

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leaders who also happen to be among my closest friends (the last). In the afternoon, I supervised a brilliant undergraduate who was initiating an interesting cross-cultural study on bereavement; a medical student who was studying differences in burnout and suicide risk factors between premedical and non-premedical undergraduates; another medical student completing a project comparing medical students with faculty on burnout and depression and associated features; a chief resident, on administrative conundrums; and a second year resident, on a challenging clinical dilemma. In each of these encounters, I believe I learned more than I taught. At the end of the day, I answered calls from long-time friends and colleagues from around the country, saw two patients (½-hour each) who were also participants in my four-site Complicated Grief Treatment study (also with life-long friends and colleagues from around the country), and began preparing for a symposium on treatment-resistant depression scheduled for later that week (yes, again, with long-term friends and colleagues from other medical schools).

Where else can a day like that happen? In one busy but typical day, I was able to rub shoulders with bright, inquisitive, always stimulating students at multiple career levels—undergraduates, medical students, residents, and former residents—and seasoned leaders in the field. I was focused on topics of great interest to me: physician wellbeing, suicide-prevention, bereavement, mood disorders, and training. And I functioned as a teacher, clinician, investigator, mentor, administrator, and friend. I can’t think of a more stimulating, gratifying, and fulfilling professional life!

Sidney Zisook, M.D.
Welcome to UCSD!

Please give a warm welcome to all of the new members of our UCSD family! We are thrilled to have each of them join us, and are sure that they will enjoy their time here!

David Crabtree
David Crabtree is an incoming Power Ranger loving intern who is ready to join our residency to sample all of San Diego’s greasy pizza places and travel to all the great music festivals in the area. We hope that he will let us know as soon as he finds a good dance club playing electronic dance music, and showing him some of the best happy hour places in Hillcrest.

Mari Janowsky
Mari Janowsky is one of our new combined family medicine and psychiatry interns who has traveled the world in search of great beaches, sushi and slow cooking. We are quite lucky to have her here to help us brush up on our chemistry skills, as she used to teach high school chemistry! We welcome this fellow dog lover to our residency family.

Mian Jan
It is with great excitement that I introduce Mian Jan, our newest pianist/intern. He is a movie buff who particularly enjoys discussing Psychiatry over some good Thai food, and can’t wait to tell us of his travels to Japan, that is after we are properly introduced to his two cats.

Yash Joshi
Yash Joshi is a former british speaking intern who looks forward to sampling San Diego’s best beers and vegetarian cuisine. He has traveled the world from Berlin to Vancouver and will soon drive across the United States and will tell us all about it when he returns. Let’s welcome him and rock out to some alternative music!

Natassia Gaznick
Welcome to Natassia, the cat-loving artist and aunt who is joining us along with her 3 cats and a dog! She is a musician, painter, pianist and hairdresser, and somehow she finds time to do some Psychiatry. We hope she can figure out where in San Diego has the best Tiramisu and clue us in so we can all have some dessert together!

Reem Abu-Libeh
Reem Abu-Libeh is bringing her eclectic music choices and her love of Middle Eastern food to our residency, and we are thrilled to have her! She has traveled many places, and we can’t wait to hear about what it’s like in her favorite place to travel, Lima, Peru. She is going to show us her yoga poses while we rock out to some Stevie Nicks.

Samantha Friend
Abbondanza! Meet Samantha Friend, one of our brand new interns. She is a true outdoors-person, and can’t wait to teach us a thing or two about making pasta. She will be bringing her husband and his home-brewed beer, and learning all about the cultures of San Diego while continuing her passion for hiking and eclectic music. We can’t wait to get to know her and her dog better.

Zara Szeftel
Welcome to Zara Szeftel, who has definitely come to the right place for some good mexican food (it’s her favorite). She is thrilled to be joining us and can’t wait to check out our local farmer’s markets. While she has experienced what it is like to live in many places throughout the world, she is proud to admit that California is by far one of the best, and can’t wait to run on our beaches and try out or yoga studios.

Ben Carron
Hide your indian food and your cheeseburgers, Ben Carron is moving to San Diego to be one of our new interns. He enjoys listening to Hot Chip while hiking, fishing, and skiing his way around Madagascar, Belize, Nepal and Minnesota. We can’t wait to meet him and hear his thoughts on cats.

Jaclyn Joyce
Jaclyn Joyce is hiking our way in hopes to convince her co-residents to get up early for some dim sum. She loves doing hot yoga while listening to Edward Sharpe and the Magnetic Zeros, and can’t wait for us to meet her two dogs, Cotton and Kalua. She will be showing us all her favorite new restaurants up and down the Baja, and we are so excited to meet her!

Michael Langley-DeGroot
This intern with “too many last names” is a graduate of the UCSD medical school program, and we are thrilled to keep him here in San Diego along with his leopard gecko. He will be showing off his vinyl collection and teaching us about craft beer. We hear he throws amazing Halloween parties and we can’t wait to watch the Padres play at Petco with Michael!

Kanwardeep Singh Kaleka
Welcome to Dr. Kaleka, one of our newest combined Family Medicine and Psychiatry interns. He loves watching and playing all sports, and is excited to run, draw, paint, and dance his way through San Diego. He is proud to bring his dance moves to our residency, and to sample all of the Indian food and lasagna he can find.

2nd year!

Jennie Gould
Jennie is our newest 2nd year resident and she can’t wait to scuba, hike, and sleep deeply in San Diego (not at the same time I hope). Her eclectic music tastes and rhythmic dance moves make her a great addition to our incoming 2nd year class, and we can’t wait to learn more about her affinity for fried food and yoga.

And finally, the ratio of dog to cat lovers is 9:4!