

Residency Newsletter

Fall 2022 Edition



Letter from the Chair

I had the pleasure of attending this year's CA3 graduation. This is my favorite annual event, as I get to meet families and loved ones who have come to celebrate the occasion. It was a poignant milestone, considering that the CA3 class had to contend with the COVID-19 pandemic for 2.5 of their 3 years of training. It was inspiring to me that, despite the pandemic and all its challenges, we celebrated producing another class of outstanding residents. I lamented the limited number of times where we were able to socialize in person and get to know each other better outside of the hospital.

I spoke about how the pandemic shined a bright light on the unique skillset that anesthesiologists possess: we were quickly deployed to operating rooms, ICUs, and anywhere in the hospital that required highly trained physicians. I'm hopeful that our next graduation celebration will be even more festive!

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Huge welcome to our **new interns and CA1s!**

We are **so excited** to have you here. Residency is challenging but you are surrounded by **fantastic** senior residents, fellows, and attendings, and joining a network of incredible UCSF alumni who you will develop invaluable relationships with.

Build friendships, embrace the camaraderie, and **don't forget to enjoy the ride.**

"All of those difficult cases and long days in residency will be your North Star."

- Jenifer Shriver (c/o 2007)

This is a time of both challenge and opportunity in our specialty. As we continue to stretch to cover absences due to COVID, we have the chance to grow our footprint. We've opened the Parnassus Outpatient Surgery Center across the street from Moffitt Long and are currently planning the opening of a large ambulatory surgery center across 3rd Street from Mission Bay. We also have freestanding centers in both Berkeley and San Mateo. I'm regularly called by my counterparts across the country, hopeful that I'll say "yes" when they ask if we have any graduates looking for jobs in academia or the private sector. We are committed to hiring all our residency and fellowship graduates, so I'm hopeful to always answer "no!" That said, you all will have your choice of jobs, regardless of where you end up after training. The growth of UCSF Health has created great demand for our services, so please come see me, Kristina, or others in our leadership group to discuss your career plans.

I'm sure you're noticing lots of new faces among the faculty. We are welcoming a great group of faculty from the US and abroad, and I hope you'll take advantage of their diverse experiences. I particularly want to give a shout-out to the chief residents and class reps. They've done an amazing job helping our clinical leaders across the system manage multiple absences due to COVID. They are working 24/7 to help manage resources, often taking extra shifts themselves to be sure that our patients are cared for. I'm so proud of their commitment!

Finally, please drop by my office in CSB. I'm working with Bryanna to schedule brief meetings with all of you (there's almost 100 of you, so it will take a while to work through the group). I hope you all get a chance to enjoy SF's great Summer/Fall weather. See you soon!

Best,
Michael



"This is a time of both challenge and opportunity in our specialty."
- Michael Gropper, Chair



"Even though they tell you your training at UCSF will prepare you for anything, you really won't believe it until you leave."
- Gina Bane (c/o 2017)

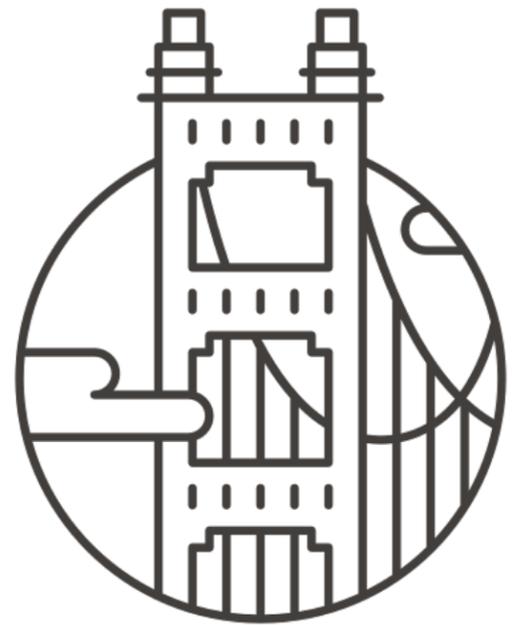
PD's Welcome

Fall is my favorite time of year in San Francisco! "Fogust" finally gives way to a much-earned San Francisco summer with its warm days stretching into the early evening hours. With it, the streets of San Francisco become abuzz with street fairs and festivals that cater to the **diversity** that characterizes our "Baghdad by the Bay".

The fall is also an exciting period of growth and professional development for residents. CA1s transition to **1:2 staffing** and start taking overnight call at our hospitals (much to the relief of their senior colleagues!). CA2s continue to explore anesthesia subspecialties, perhaps deciding on **fellowship** and/or **career pathways**. And CA3s take on **clinical leadership** roles, serving as team leaders at ZSFG and E1s at Parnassus.

While these experiences represent exciting professional milestones, I am cognizant of the stress that may accompany this hard work. Days (and nights) can feel (and be) long. Patient care encounters, while often fulfilling and invigorating, can, at times, be cognitively and emotionally draining. Performance anxiety or imposter syndrome may invade your thoughts when you don't "get" that A-line right away (it still happens to me!). You are not alone in your experience, and **I can help** when help is needed.

As your associate program director for curricular affairs, my proverbial door is **always open to you**. Say hi in the ICU, the OR front desk, or out on the streets of San Francisco (loved seeing so many CA1s at Duboce Park in July!). **You can always text me**. We can make an appointment for wine, drinks, coffee, or tea. You are why I am here at UCSF.



A few San Francisco **recommendations**:

- Favorite Book about San Francisco: Season of the Witch. Chapter-by-chapter, this book tells the story of who is San Francisco and how it came to be. Each chapter explores key events that shaped the City's persona.
- Favorite TV show about San Francisco: Tales of the City (PBS). I secretly watched this at the age of 11 and knew I wanted to live in San Francisco as an adult.
- Favorite dive bar: The Edge (for musical Mondays, Wednesdays, or Sundays). Yes, I may sing-along.
- Favorite free SF activity: A sunny day in Dolores Park (with Rosé ... but that's not free sadly)
- Favorite fall San Francisco street fair: Castro Street fair (always the 1st Sunday in October)

John
415-328-2414 (cell)

"You are why I am here at UCSF."
- John Turnbull, Associate PD

Chiefs' Corner

We are so proud of everyone stepping into new roles and responsibilities! Our new CA1s are adapting to life in the OR, CA2s are flourishing in their subspecialty electives, and CA3s are rising to the challenge of increased autonomy.

A new program called “**Diastole Days**” will allow us to reward our Good Samaritans (those who volunteer to cover a call shift when our jeopardy pool is depleted) with a day off from clinical work.

We're looking forward to the return of **Anesthesia Education Days** in September, monthly **Taco Nights** at Kristina's this fall, continued **First Friday** socials, planning an **Anesthesia Family Day** (when Covid numbers allows), and the reveal of the updated Residency Lounge at Parnassus! We're here to support you and this program, and always open to feedback so don't hesitate to reach out.

–WAM (Wilson, Abby, MacGregor)



Class Reps' Corner

The class reps have been working with the chiefs and department leadership to plan the CA-2 retreat! We'd like to extend a **major shoutout** to **Abby, Wilson, and MacGregor** for doing the impossible and helping the CA2s get coordinated time off for this event.

This year's retreat will be held at Casini Family Ranch and many faculty have generously donated some of their favorite beverages alongside advice to be shared during our retreat's “**Whisky and Wisdom**” session. The upcoming months will be focused on recruitment season, additional events to improve camaraderie between classes, and possible inter-department mixers. Look forward to many more social events for the residency, including dinners with faculty, First Friday events, and more! This year, we are expecting a **significant increase in MS4 interest**, and will be reaching out to you all to help showcase the best part of being at UCSF: the people! Please text/email/call us anytime if you have feedback or ideas for future events!

Your class reps,
Kit Wu, Sivan Marcus, Mary Han



Recruitment events

Upcoming interview season socials:

- Wednesday, Nov 16, 2022
- Wednesday, Dec 7, 2022
- Wednesday, Dec 14, 2022
- Wednesday, Jan 11, 2023
- Wednesday, Jan 18, 2023
- Wednesday, Jan 25, 2023

Have a fun pic to share?

Email it over to Kit Wu at kit.wu@ucsf.edu so it can be showcased on our official UCSF Anesthesiology Instagram [@ucsfanesthesia](https://www.instagram.com/ucsfanesthesia)



QI Update

This year's Resident Quality Improvement Project is off to a strong start! As you all may remember from the year's first Grand Rounds event, this year's QI project is all about improving our prevention of PONV. Our current performance is 45% compliance with guidelines. In addition to the reward of improving patient care, **if we can improve to 65%, every UCSF anesthesia resident will get a monetary reward**, so remember to give your anti-emetics!

Our project has had a ton of involvement from many members of the CA2 class. From designing reminder cards, to getting new medications approved by UCSF Pharmacy, to creating APEX reminders and Best Practice Advisories (BPAs), this project is one of the farthest reaching resident QI projects to date. In addition to the UCSF Anesthesia Residency, we are getting requests from the CRNA leadership, as well as SFVA and ZSFG Anesthesia Leadership who want to help us in this goal.

Upcoming changes you are likely to notice include a BPA that may appear in your anesthesia record if you haven't given enough agents yet. All you need to do to make it disappear is give the appropriate number of agents!

As a brief review, any patient with >2 risk factors (which is almost every patient getting GA!) needs 3 anti-emetic agents. If you think this is firing incorrectly, let us know! We will also be giving updates on our overall performance over the coming months.

We hope to see improvement towards our goal, and every case you do can help get us closer! We also would like to thank all of the faculty and Staff who have spent their time and effort to make this possible, including Matthias Braehler, Linda Liu, Michael Curtis, Dylan Masters, David Robinowitz, and Jon Spinner.

Your Resident QI Committee,

Sivan Marcus, Laura Soriano, Joshua Ramos, Lucas Suazo Gladwin, Joshua Chiu, Stephanie Gillis, Daniel Zagunis, Mary Han, Jacqueline Measer.

Alumni Spotlight

Jenifer Shriver (c/o 2007)

1. No. I was very close to signing up for an ICU fellowship at UCSF. Ultimately, I decided I really wanted to explore life away from academia.

2. East Bay Anesthesiology Medical Group. Our primary workplace is Alta Bates Summit Medical Center in Oakland and Berkeley.

3. Where to even begin? The friendships from those years continue to be some of the most impactful of my life. I'm still close with my assigned big sib. I'm still great friends with my senior resident from a week of nights at SFGH. Some of my best friends are old classmates (some of whom are now senior attendings). Our second year retreat to Napa gave a weekend in Vegas a run for its money. On a clinical note, my CA2 year began with a bang: on my first day of pediatrics, I was assigned a liver transplant. The patient was 6 months old and my attending was Dr. George Gregory. Sheesh.

- 4.
- Bay Area anesthesia is a **small community**. Everyone knows everyone. If you're a good physician and colleague, anesthesia groups will want to hire you. Vice versa, of course.
 - UCSF is a great program but you're not going to be offered a million jobs without a little footwork. This isn't the NBA. Figure out what you want, **make connections** and go for it.
 - All of those difficult cases and long days in residency will be your **North Star**. They'll guide you through difficult situations in the future. You'll be happy for the hard experiences.

5. Congratulations, you've chosen a great career! There is life outside of academic centers. Consider choosing a first job that will get you tons of hands-on experience. You will get better. Pay attention to where some of your favorite senior residents decide to land - these are places you'd likely be happy, too. Finally, don't be shy. Groups would love to hear from you and help guide you through the hiring process. We're always looking for our next great colleague.

We reached out to alumni in **diverse practice settings** to solicit some advice for current residents! Huge thank you to our anesthesiology alumni for taking the time to answer the following questions:

1. Fellowship (Yes/No), if yes, what specialty?
2. Current Practice
3. Favorite/funniest residency memory
4. 3 things you wish you'd known
5. Advice for applying for jobs and navigating early careers

Gina Bane (c/o 2017)

1. No fellowship (well not in anesthesia that is, I did do a fellowship in Pediatric Critical Care before doing anesthesia)

2. Currently am in private practice in Santa Cruz, but moving to New Zealand in October to practice there!

3. A co-resident and I were tag teaming a preop at the General and when we asked if the patient had any allergies he said "Ativan makes me sleepy." This made both of us laugh (probably inappropriately so), to the point where my co-resident had to excuse himself and left me to finish the pre-op conversation.

- 4.
- **Your first job** will not be your last job.
 - Even though they tell you your training at UCSF will **prepare you for anything**, you really won't believe it until you leave. It's the truth!
 - You can always change your mind. **No decision is set in stone.**

5. Find a mentor/buddy early on. It really helps to have someone you can bounce things off of. Some jobs will help you with this, others won't and it's on you to find someone you trust and who can help guide you in those early days. Also, don't be shy about using your UCSF connections in your job search. This is one of the benefits of your training and you should definitely exploit it.

K. Elliott Higgins III (c/o 2018)

1. Yes, Regional Anesthesia and Acute Pain, completed at Dartmouth

2. Assistant Prof. / Faculty at University of California, Los Angeles

3. Several! I have too many fond memories from nights at ZSFG to list and similar for across my other time at various sites with UCSF. Ultimately I'm just left with nothing but pride for having trained at UCSF and am so thankful my training period allowed me to cross paths with some truly inspiring individuals.

4.

- There are **numerous** little things that UCSF does to make us well trained; I only realized how many little educational forces UCSF baked into the training once I left UCSF. Small examples: starting our own IV's in preop (makes us very, very good at IV placement), developing the habit of cycling a BP cuff q1min for inductions (not just for the few times you want it, developing that practice as a **habit**). There are too many to list but I am thankful for the ways UCSF shaped every aspect of my practice, judgement, and clinical guardrails.
- Very, very, very few programs can offer the breadth of excellent clinical exposure that UCSF offered. Whether it's the true trauma, transplants, high-risk OB, or fast-paced regional anesthesia experience....UCSF offered it.
- You are surrounded by some of the most incredible people in our field! I sometimes took that for granted. Lean into that expertise and try and gather as much as possible from your attendings.

5. This is a tricky one. My own path has been circuitous; it has taken me a couple of years to sort out what is most important to me professionally and within the context of my life outside of medicine. I have landed in a place that my closest mentors tell me was predictable for me and my personality (a true academic practice with a large residency program, much like UCSF!) however it took me trying out a few alternative practice types to realize what I wanted out of **my own career**. To me, especially during times like these with COVID and a lot of forces that make our job at times complex and taxing, finding ways to maximize professional satisfaction becomes even more important. Turns out, for me, sacrificing in some areas to gain the satisfaction of educational and other academic endeavors within a specific type of environment makes this wonderful job of ours sustainable. I suppose what I'm trying to get at is: don't be too hard on yourself upon graduation to know exactly what you want for your career. If we are honest, that's a really, really challenging ask (perhaps impossible). You may not know exactly what you want out of a job when you leave UCSF. Know you are well trained and trust that training. You may not land in the right job for you for your entire career on the first or even second or third try, and that is **ok**. Be kind to yourself, and try and take care of yourself when you are young out of training. While it can be a particularly challenging portion of a career, for some -- like me! -- you will learn **a lot** about yourself and what you want to do with your professional path. Lastly: UCSF provided me not just with excellent training but with some professional mentors as well; keep those people in the loop. My sounding boards have been essential thus far.

“Don't be too hard on yourself upon graduation to know exactly what you want for your career... [K]now you are well trained and trust that training.”

- Elliott Higgins (c/o 2018)

Michael Do (c/o 2019)

1. Ew gross. No fellowship.

2. Kaiser South San Francisco

3. Getting wrecked by flying bilious fluids every other day in the GI suite by Ostroff. Mid-afternoon chocolate treat as a reward for doing 10 cases in 2 hours made it slightly more tolerable though

4.

- **If you know you want to stay in SF/Bay Area post-residency**, strongly consider applying for the SF Below Market Rate Housing Program (BMR) early in residency. As tech income is so high, it drastically inflates the median income of SF, which allows residents to qualify for low-income housing. I was able to get a brand new condo for \$300k when the market value was \$700k. You will only qualify for this during your residency years so take advantage! Your mortgage will be cheaper than what you're currently paying on rent right now.
- **Don't excessively spend money during residency**, but make sure you spend some and enjoy your time in your 20s. You can always make more money; you can't ever make up for lost time. To put into perspective, when you finish residency, your tax bill will be twice your entire income during residency. I tend to be very frugal and I find it hard to justify spending money, and now looking back, I wish I had spent more on experiences during residency rather than penny-pinching.
- **If you are going to penny-pinch and save, highest yield way to save is by putting into a ROTH IRA**. You will pay very little taxes on it as your income will likely be the lowest it will ever be in your career during residency. This account can serve as your emergency fund. See <https://www.whitecoatinvestor.com/why-i-love-the-roth-ira-back-to-basics/> for more details

5. Reach out early to potential career prospects during your last two years of residency to start to get an idea of overall market conditions. Many places won't know job availability when you graduate, but at least they can start seeing your name and getting familiar with you. This way, you'll be put into contact with a number of people who will have differing views about the ideal practice, and from there, you can start to figure out what type of practice and what type of career you want in your future life. Also, don't feel obligated to do a fellowship for job security. Only do a fellowship if you truly love the subspecialty, or if you want to pursue a career in academics. Most anesthesiologists in the community are not fellowship-trained in the current market. While that may change in the future, healthcare is slow to change and adapt so you'll likely be able to secure a position when you finish residency. In 20 years I might not have the same advice, but in the short-term, these are the market conditions.

1. Yes, Critical Care Medicine as part of the Critical Care Scholars program.
2. I'm working with the East Bay Anesthesiology Medical Group, covering Alta Bates Summit Medical Center in Berkeley and Oakland, CA. We are an independent medium-sized MD-only group with a diverse OR, ASC, and high-risk OB practice with lots of UCSF grads.
3. So many! The funniest is a certain legendary graduation video, made by the class of 2018 and starring some of our favorite attendings - ask around. Some of my favorite memories are vivid nights in 10ICU or at the General. But there are many less obvious memories - which are no less special - in the little day-to-day discoveries and teachable moments from residency; you'll remember these forever when you're checking the machine for gremlins (the waste scavenging system is my nemesis), or someone points out the unique way you tape your epidural, arterial line, or IV.
4.
 - **The business of anesthesia and the economics and operations of a hospital system.** This is hard to teach in residency on top of all of the clinical knowledge that we have to acquire in such a short time, but this knowledge is incredibly valuable. In private practice, there are a number of hospital systems and anesthesia groups out there and all are structured slightly differently and these differences can make a significant impact on your day-to-day. In particular, when these systems are stressed by a pandemic, economic, or supply chain constraints, each version will have its own gremlins that rear their ugly heads. As you progress through your careers, it can be helpful to have some curiosity or interest in these areas, because you may have the opportunity to effect change on these systems.
 - **Relationships matter.** The relationships you are building now between your co-residents, co-fellows, and with your attendings, may prove helpful many years down the road. Whether it's for finding jobs, comparing notes from contract negotiations, to just catching up about the local health system environments we're all dealing with, it helps to have contacts everywhere. Also, our world is small. Assume everyone knows everyone. Jobs opportunities have been gotten and lost on reputation alone. Be careful.
 - **Your eventual career may not end up being exactly how you imagine it at this point.** You may dislike your OB time in residency, but discover that you enjoy it after graduation. You may choose to spend a significant amount of time working in hospital administration. Or the preop clinic. You may end up learning some amazing techniques from a partner who has been doing solo cases for 30+ years. Keep an open mind.
5. Follow the people. Ultimately, you will be in the business of delivering anesthetic care to patients, in whatever form you enjoy most. Your excitement about this may wax and wane, but you will likely find energy to keep you going in the relationships with those around you. Those may be your group partners, your surgeons, circulators, techs, etc. Your group may spend hours on Zoom arguing over some small detail on how to run your practice, but in the end they will be there for you when you need coverage due to a family emergency or illness. Joining a group, particularly a small- or medium-sized one is like joining a family business. Be ready to get involved in running the show. Be open-minded, genuine, and flexible. And keep learning. Always.



Michael Wu (c/o 2018)

1. Yes, Critical Care (UCSF) 2019
2. Alameda Health System (Highland, San Leandro, and Alameda Hospitals). Level 1 trauma center for East Bay, combination of solo practice and supervision, basically the General but with more sun!
3. Taking care of kids in Guatemala through Operation Rainbow. All of the amazing teamwork while on SFGH nights including making video clips for our CA3 graduation video. Hearing Julin refer to the two of us as "Wu-Tang" on one of our last shifts together.
4.
 - **Financial literacy** - the earlier the better, understand the different retirement accounts and benefits including what you have right now as a trainee, how you can start planning for your family's future with 529s, disability and life insurance, and so much more.
 - **More life/career advice from attendings** - how many patients do you see in a day in pre-op clinic, how do you staff each day across multiple sites, how do you balance being a good parent with being a good clinician and coworker, what is it like in private practice, how do you find a job with your fellowship training

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“You can always make more money; you can't ever make up for lost time...

[W]hen you finish residency, your tax bill will be twice your entire income during residency.”

- Michael Do (c/o 2019)

- **How to avoid burnout** particularly during a pandemic - it's been a tough period for the whole world so be sure you take care of yourself and your loved ones, whether that's brunch or riding your Peloton (or both!)

5. Apply to numerous places to understand different practices and compensation structures to find the best fit for you and your family. Learn about survey data such as MGMA to ensure you are receiving fair market value but also know the flaws with it. You are all exceptional physicians that receive extraordinary training and will inevitably be asked to take on many leadership roles in your future practice. Whatever you decide to do, be very intentional about what your goal is when you make a decision. Continue to learn every day and push yourself with new techniques and approaches as you will continue to grow even as a new graduate.

“You are all exceptional physicians that receive extraordinary training and will inevitably be asked to take on many leadership roles in your future practice.”

- Michael Wu (c/o 2018)

“Relationships matter. The relationships you are building now between your co-residents, co-fellows, and with your attendings, may prove helpful many years down the road.”

- Alex Cizas (c/o 2020)



ANESTHESIOLOGY 2022 | New Orleans, LA UCSF Alumni Reception Oct 23, 6-10pm



After two years of gathering virtually, we hope you can save the date for the Department of Anesthesia and Perioperative Care Alumni Reception at the American Society of Anesthesiologists (ASA) Annual Meeting in New Orleans on **October 23rd, from 6-10pm**. Say hello to your old mentors, meet new friends and colleagues, and enjoy some excellent Louisianian buffet and beverages. We hope you can join us! More info and a formal invitation to follow.

What, when, where?

DE-CODING THE SCHEDULE: for those who are still unsure what each abbreviations on QGenda means and the exact time for different call shifts, please refer to the tables below:

#Quick Reference for QGenda Codes

Shift	Interpretation
M-AAC	Advanced adult cardiac
M-CTA	Moffitt cardiothoracic (adult)
M-E_	Moffitt call shift
M-HB	Moffitt hepatobiliary
M-ICU	Moffitt ICU
M-NORA	Moffitt non-OR anesthesia
M-NS	Moffitt neurosurgery
M-OR	Moffitt OR
M-PAC	Moffitt PACU
M-PN	Moffitt Acute Pain
M-PRE	Moffitt Prepare Clinic
M-SR	Moffitt senior rotation
M-VAC	Moffitt vacation
M-VR	Moffitt vascular rotation

Shift	Interpretation
S-E__	SFGH call shift
S-ICU	SFGH surgical ICU
S-MTG	SFGH meeting week
S-OB	SFGH OB
S-OR	SFGH OR
S-RR	SFGH regional rotation
S-SEL	SFGH selective
S-TR	SFGH trauma rotation
S-VAC	SFGH vacation

Shift	Interpretation
V-E1	VA call shift
V-ICU	VA ICU
V-OR	VA OR
V-SR	VA senior rotation

Shift	Interpretation
CHO	Pedi OR Oakland
K-CT	Kaiser Cardiac
K-OB	Kaiser OB
O-ORT	Orthopedic Institute

Shift	Interpretation
Z-OR	Mt Zion OR
Z-RR	Mt Zion regional rotation
Z-PN	Mt Zion Chronic Pain Clinic

Shift	Interpretation
Q	QI meeting
PTD	Pathway to Discovery
RES	Research
ACLS	ACLS recertification
T	Simulator
LOA	Leave of absence
JPD	Jeopardy
AED	Anesthesia Education Day
MTG	Meetings
ACE	Anesthesia Clinical Day "Eligible"

Shift	Interpretation
B-E1	MB call shift
B-OB	MB OB
B-OBE	MB OB call shift
B-OBS	MB OB swing shift
B-OR	MB OR
B-PC	MB pedi cardiac
B-PED	MB pediatrics
B-VAC	MB vacation

#Call Schedule

Call Shift	Hours	Where to Report	Tasks / Expectations
M-E 1/2 AM	7AM – 7PM	Moffitt OR front desk	Sunday or holiday day-time call for OR
M-E 1/2 PM	7PM – 7AM		Sunday or holiday evening, week of OR nights
	6PM – 7AM		Monday through Friday evening, week of OR nights
M-E 1/2 (WE)	7AM – 7AM		Saturday 24hr call
M-E 3/4	12PM – ***	Moffitt OR front desk / E1 board	Mid-day call shift – give breaks, take over ORs End time determined by # of ORs still running
S-E_AM	6:55AM – 6:55PM	ZSFG OR front desk	Sunday or holiday day-time call for trauma activations, OR, OB
S-E_PM	6:55PM – 6:55AM		Sunday or holiday evening, week of nights for trauma activation, OR, OB
	5:55PM – 6:55AM		Monday through Friday evening, week of nights (same as above)
B-E1 (WD)	4PM – 7AM	Pain office in MB PACU	Weekday 24hr call (start in OR in AM) OB backup, <u>pedi</u> OR, adult OR, code/ airway pager, acute pain (adult), <u>pedi</u> pain
B-E1 (WE)	7AM – 7AM	OB Anesthesia Office	Saturday or Sunday 24hr call (same as above)
B-OBE	7AM – 7AM		Saturday or Sunday 24hr OB call
V-E1 (Fri)	4PM – 7AM		SFVA OR front desk or VA ICU
V-E1 (Sat)	7AM – 7AM	Saturday 24hr call; airway pager, urgent OR cases	

Special thanks to all who took the time to contribute to the newsletter. If you have comments, suggestions, ideas for future editions, and/or want to get involved, please reach out to Kit!

2021-2022 Editors: Wilson Ly, David Corpman, Abby Howard, Joanna Haight
2022-2023 Editor: Kit Wu