

40th Annual UCLA Multi-Campus Family Medicine Research Day



May 22, 2024 The California Endowment, Los Angeles

Keynote Speaker

Tony Kuo, MD, MSHS

Nontraditional Career Paths and Unconventional
Projects for Family Physicians: The Los Angeles
County Experience



Hosted by the UCLA Family
Medicine Multi-Campus
Research Committee

Funding provided by the
Underrepresented in Medicine
Center of Excellence (UIM-COE)

<https://www.uclahealth.org/departments/family-medicine/research/research-day>

Agenda

Faculty Development (*Morning Session*)

(Invitation Only)

Time	Location	Event
8:00AM – 8:15AM	Dr. Beatriz Solis Hall and Foyer	Faculty Development Check-in, Breakfast, and Seating
8:15AM – 10:15AM	Dr. Beatriz Solis Hall	Intro to MSK Ultrasound – An Overview with a Hands-on Workshop (Dr. Joshua Goldman / Sports Medicine Faculty)
10:15AM-11:30AM	Dr. Beatriz Solis Hall	Independent Learner Plans (ILPs) with a Competency Based Approach (Drs. Daniel Lee, Monica Plesa, and Denise Sur)

Research Day (*Afternoon Session*)

Time	Location	Event
11:30AM – 12:00PM	Dr. Beatriz Solis Hall and Foyer	Research Day Check-in, Lunch, and Seating
12:00PM – 12:05PM	Dr. Beatriz Solis Hall	Introduction and Welcome by Dr. Gerardo Moreno
12:05PM – 12:55PM	Dr. Beatriz Solis Hall	Keynote: Dr. Tony Kuo, “Nontraditional Career Paths and Unconventional Projects for Family Physicians: The Los Angeles County Experience”
12:55PM – 1:00PM	Dr. Beatriz Solis Hall	Keynote Q&A (moderated by Dr. Steven Shoptaw)
1:00PM – 1:40PM	Cabrillo, Catalina, and Mojave	Poster Session 1 At 1:10PM and 1:25PM: Abstract presenters will present 60-second oral summaries of their projects in each breakout room
1:40PM – 2:25PM	Dr. Beatriz Solis Hall	Lectern Session 1 (Moderated by Dr. Christopher Kuhlman)
2:25PM – 3:05PM	Cabrillo, Catalina, and Mojave	Poster Session 2 At 2:35PM and 2:50PM: Abstract presenters will provide 60-second oral summaries of their projects in each breakout room
3:05PM – 3:50PM	Dr. Beatriz Solis Hall	Lectern Session 2 (Moderated by Dr. Barbara Ackerman)
3:50PM – 4:00PM	Dr. Beatriz Solis Hall	Closing Remarks (by Dr. Parastou Farhadian) and Raffle Winners Announced

Map



About the Committee

Central to family medicine training programs is developing family physicians who will embody a number of specific virtues including: excellence in clinical medicine, patient-centered practice, and critical skills to maintain a practice consistent with evidence-based medicine. Scholarly activities, including research, foster a more active, individually-driven element in family medicine residencies. Research reflects the knowledge derived from working with primary care practice-based populations and is viewed as a key component of family medicine training, education, and practice. The UCLA Department of Family Medicine has a commitment to promoting research on important issues related to improving care provided to patients seen in family medicine and primary care settings. The UCLA Family Medicine Multi-Campus Research Committee was established over 40 years ago to help promote this commitment. Formed by the UCLA Department of Family Medicine and affiliated residency programs, the committee has held annual research forums to facilitate the exchange of scholarly activities among residency programs and highlight the creative work conducted by residents, fellows, faculty, staff, and medical students. This forum fosters the understanding that the pursuit of health demands an active engagement with one's community - a role of leadership with respect to a community of colleagues, of patients, and of the population at large.

UCLA Family Medicine Multi-Campus Research Committee Members:

Barbara Ackerman, BSN, RN, PhD
Mission Community Hospital

Oluyemi Akeola Ajitotutu, MD
Kaiser Permanente Los Angeles, Sports Medicine

Lisa Barkley, MD
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Harbor-UCLA Medical Center

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Mission Community Hospital

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University of California Los Angeles

Monique George, MD
Kaiser Permanente Woodland Hills

Mandeep Ghuman, MD
Dignity Health – Northridge Medical Center

Christopher Kuhlman, MD
Dignity Health – Northridge Medical Center

Bruno Lewin, MD DTMH
Kaiser Permanente Los Angeles

Verna Marquez, MD
Rio Bravo Family Medicine, Clinica Sierra Vista

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Riverside County Medical Center

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Heather Schickedanz, MD
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Steven Shoptaw, PhD
University of California Los Angeles

Carol Stewart, MD
Rio Bravo Family Medicine, Clinica Sierra Vista

Denise Sur, MD
University of California Los Angeles

Laura W. Sheehan (Administrative Coordinator)
University of California Los Angeles

Keynote

(12:00pm – 1:00pm)

Nontraditional Career Paths and Unconventional Projects for Family Physicians: The Los Angeles County Experience



Tony Kuo, MD, MSHS

Dr. Kuo is Health Sciences Clinical Professor of Family Medicine in the David Geffen School of Medicine at University of California, Los Angeles (UCLA) and Adjunct Professor of Epidemiology in the UCLA Fielding School of Public Health. He is also Program Leader for the Population Health Program in the UCLA Clinical and Translational Science Institute. In 2016, he became a Fellow of the American Academy of Family Physicians. In the County of Los Angeles, Department of Public Health, he serves as the Director of the Division of Chronic Disease and Injury Prevention. Dr. Kuo is an experienced public sector executive and physician researcher who has worked extensively in population health, including on programs and interventions that affect special populations (e.g., older adults, food insecure families). These and other work have included projects in tobacco control; cardiovascular health; clinical and preventive services, including the National Diabetes Prevention Program and the Diabetes Self-Management Education and Support program; nutrition and physical activity promotion; injury prevention; Alzheimer's disease and related dementias, and social conditions that affect health.

POSTER SESSION 1

(1:00pm – 1:40pm)

Throughout the 40-minute Poster Session, we encourage attendees to visit all three break-out rooms to view all abstract and case report posters and ask questions of the authors. At 1:10PM and 1:25PM those presenting abstracts will provide 60-second oral summaries of their projects in each breakout room. This year all medical student posters are in Mojave.

CABRILLO

ABSTRACTS

Effects of Physician Cards on Patient Experience

Edward King, MD (1), Mark Amico, MD (1), Rahul Ahuja, DO (1)

(1) Dignity Health Northridge

INTRODUCTION: As physicians are tasked with more responsibilities, patient satisfaction may be compromised. Patient satisfaction has been shown to reflect quality of care. Picture superiority effect is a phenomenon in which images are remembered more than words. The impact of providing a physician card including the primary physician's photo, name, and space for notes and questions on patient experience surveys will be investigated. We hypothesize that physician cards will lead to patients having a more positive outlook and higher survey scores.

METHODS: HCAHPS survey will be administered by the Center for Medicare & Medicaid Services to a random sample of adult patients who meet eligibility criteria between 48 hours and six weeks after discharge from Northridge Hospital. The three survey questions pertinent to physicians will be analyzed. Survey results from 5/1/23 to 7/31/23 will be compared with ones prior to distributing physician cards from 2/1/23 to 4/30/23. In addition, survey results for Non-teaching hospitalists and teaching hospitalists will be examined separately to determine if there is a difference amongst the two groups. Compare means t-test will be performed to assess for statistical significance.

RESULTS: Survey results (n=674) showed no statistically significant difference ($p>0.05$) in all categories. However, some results trended positively, primarily within the teaching subgroup, which included teaching attendings who may have been more proactive given this project was conducted by members of the residency program. In addition, teaching attendings may have been more frequently reminded given that they work more closely with the members conducting the study. Strengths include 1) Diverse population 2) easily reproducible 3) Standardized survey. Limitations include 1) Physician compliance 2) small sample size 3) Patients who are unable to read or understand English

CONCLUSIONS: There was no statistical difference in patient satisfaction scores after the intervention in this study. A larger study in the future is warranted. These studies may consider assessing the full range of survey scores versus perfect scores. Physician cards can also be modified in the future to include different information that may be more useful and relevant to patients. These cards can also be printed in different languages which will be more impactful.

Assessing the Need and Desire for Clinic-Based Financial Services Among Family Medicine Patients

Geoff Gusoff MD MBA MS (1) (2), Evelyn Salazar BA (3), Jill Cooper MSW (3), Heather Schickedanz MD (2), Monique Holguin (3), Adam Schickedanz MD PhD (3) (4)

(1) Department of Family Medicine at UCLA; (2) Department of Family Medicine at Harbor-UCLA; (3) UCLA Medical Financial Partnership; (4) Department of Pediatrics at UCLA

INTRODUCTION: Medical financial partnerships (MFPs), which provide clinic-based financial services, have been shown to improve the health and financial well-being of patients and their families. MFPs often serve families with young children in pediatric clinics, and less is known about the need and desire for their services among a broader family medicine patient population. We aimed to assess the need and desire for clinic-based financial services among patients at a family medicine safety-net clinic.

METHODS: We created an English and Spanish survey using established measures to assess patients' financial needs and interest in clinic-based financial services. We distributed the survey to all English- and Spanish-speaking patients presenting for in-person clinic visits at a county-funded family medicine clinic in Los Angeles. The primary outcome measure was interest in financial services, a binary variable assessing interest in any MFP-related service. We also assessed level of financial strain and difficulty affording basic needs. We used chi-square and logistic regression analyses to assess factors associated with interest in financial services.

RESULTS: All respondents (n=467) were enrolled in Medicaid or uninsured, were predominantly women (62%), and a majority identified as Latinx/Hispanic (65%). Sixty-seven percent expressed interest in at least one financial service, with greatest interest in a food buying club (64%), benefits navigation (51%), and budgeting support (49%). Interest in financial services was associated with being a primary Spanish speaker (OR 2.26, p = 0.05) and having higher financial strain (OR 4.98, p<0.001).

CONCLUSIONS: Desire and need for clinic-based financial services at this family medicine clinic are comparable to rates at other sites where MFPs have been successfully implemented. Older and non-caregiver patients had similar rates of need and interest in these services as younger and caregiver patients, suggesting a role for the MFPs beyond their current pediatric focus. Primary Spanish speakers and patients with greater financial strain appear to be particularly interested in MFP services.

A Cross-Sectional Study on Posttraumatic Stress Disorder Symptoms Among NHMC Resident Physicians Working During and After the COVID-19 Pandemic

Westbrook, Kevin MD, Colleen Warnesky PsyD

Dignity Health Northridge Family Medicine Residency

INTRODUCTION: During the COVID-19 pandemic, resident physicians experienced extraordinary levels of stress and workplace trauma, raising concerns about their risk of posttraumatic stress disorder (PTSD). Although cross-sectional studies have reported a high prevalence of PTSD symptoms among residents during the pandemic, to our knowledge, no studies have assessed whether this prevalence differs from post pandemic levels. Here, we investigated the prevalence of PTSD symptoms among residents training during and after the Covid 19 pandemic (June 2019-2024)

METHODS: We will analyze data from 2 cohorts of NHMC residents. (2019-2021 [during pandemic] and 2021-2024 [post pandemic]). Participants completed the adapted Primary Care PTSD Screen for Diagnostic and Statistical

Manual of Mental Disorders (Fifth Edition) (PC-PTSD-5). This cross sectional data will be analyzed using a Chi Square Test to correlate resident training years and self reported PTSD symptoms and find associations between positive PTSD screen (PC-PTSD-5 score ≥ 3) and study cohort (during pandemic vs post pandemic) among all participants.

RESULTS: Pending final data collection

CONCLUSIONS: In this cohort study we hypothesized that residents training during the pandemic will be significantly more likely to screen positive for PTSD and that training during the post pandemic was associated with lower odds of presenting PTSD symptoms. Limitations include the study's self-reported nature; its restriction to one single medical center resident class and possible unmeasured factors associated with PTSD risk. Pending final data collection.

Association Between Adverse Childhood Experiences and Age of Onset of Substance Use Among Adult Primary Care Patients of Federally Qualified Health Centers (FQHCs) in Los Angeles County

Maria Vasquez, BS (1), Ishika Seth, BS (1), Sulaiman Shah Syed (2), Elanit Safaei (2), Leticia Cazares, MPH (1), Lillian Gelberg, MD, MSPH (1), Dallas Swendeman, PhD, MPH (2)

(1) Department of Family Medicine, David Geffen School of Medicine, UCLA; (2) Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, UCLA

INTRODUCTION: Adverse Childhood Experiences (ACEs) are correlated with the development of substance use disorders (SUD) later in life. Previous research identified associations between ACEs and increased risk for SUD diagnoses. This analysis aims to address research gaps on ACEs and ages of onset of substance use across various substances in primary care patients recruited for the NIH / NIDA funded QUIT-Mobile study, a screening and brief intervention trial for moderate risk drug use among low-income patients of FQHCs.

METHODS: Data were obtained from a patient computerized self-administered eligibility screener that assesses patients' substance use for the QUIT-Mobile Study. Adult, FQHC primary care patients in Southern California self-administer the eligibility screener through a mobile-web app. If the patients screen positive for moderate risk drug use (score 4-26) on the WHO Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and consent to participate, they receive the Baseline questionnaire which assesses the number of ACEs and age of initiation of their highest-scoring drug (HSD) use, excluding alcohol and tobacco use. Linear regression was used for analysis.

RESULTS: Among 125 enrolled participants to date, the HSDs on the ASSIST were cannabis (82.4%), sedatives (3.2%), cocaine (1.6%), stimulants 6.4% (methamphetamine 5.6%, prescription stimulants 0.8%), and opioids 6.4% (prescription opioids 5.6%, heroin 0.8%). The average number of ACEs was 3.87/10 total items [SD=3.22; range: 0-10], and the average age of onset of substance use was 20.8 [SD=9.82; range: 9-62] years old. Bivariate analysis showed no statistically significant association between the age of HSD onset and the number of ACEs ($p=0.33$).

CONCLUSIONS: Results show no association between the number of ACEs and the age of onset of current HSD that reflects negative consequences of substance use. Limitations include a small sample size and the limited data on age of onset of non-HSD substances. Further research is needed to examine association between ACEs and age of onset of multiple substances to inform age appropriate intervention priorities to reduce the risk of developing SUD.

The Addition of Point-of-Care Ultrasound Workshop to Family Medicine Didactics

Orly Bell, MD MPH (1), Anita Wong, MD (1), Monica Plesa, MD (1), Alan Chiem, MD MPH (2), William Shyy, MD (2)

(1) Department of Family Medicine, University of California, Los Angeles; (2) Department of Emergency Medicine, University of California, Los Angeles

INTRODUCTION: There is growing evidence that point-of-care ultrasound (POCUS) has many applications in the primary care setting. While 2023 ACGME requirements note that residents should have experience using POCUS, this is not incorporated in our residency core curriculum. A POCUS workshop was implemented to introduce our Family Medicine residents to basic ultrasound techniques and common applications where POCUS can be used. A survey to investigate comfort level with POCUS and interest in implementation of POCUS into our core curriculum was performed.

METHODS: An anonymous pre- and post-survey was administered via Qualtrics to residents and faculty who attended the inaugural POCUS workshop during family medicine didactics in February 2024. All questions were obtained on a Likert scale. Data was analyzed via frequency tables.

RESULTS: Survey respondents included residents from PGY 1-3 years and one faculty (pre-survey N=22; post survey N=25 including 3 medical students). Overall feedback was very positive with all participants requesting future sessions. More than half the participants (55%) felt they had little exposure to POCUS prior to the workshop. 77% expressed interest in integrating POCUS into continuity clinic and inpatient service. 73% thought it important for primary care providers to incorporate it in their practice. 90% strongly agreed they would like more POCUS workshops during residency didactics, either monthly (N=8) or quarterly (N=9).

CONCLUSIONS: POCUS training is generally desired by current residents at our Family Medicine residency. Most felt the biggest barrier to integration of POCUS into their general practice was needing more practice and supervision. These findings help justify the investment of effort and time to develop a more structured POCUS curriculum, in accordance with the new ACGME requirements, as well as integration of POCUS workshops into the core didactic series throughout the academic year.

Prospective Study: Implementation of Outpatient Medication Reconciliation

Ramanjot Kaur, MD; Eric Zamora, MD; Yvette Singh, MD; Cheyenne Taylor MS-3; Harnek Singh, MD

Rio Bravo Family Medicine Residency Program

INTRODUCTION: Medication errors are a significant concern in healthcare, leading to adverse events and substantial costs. These errors are often due to discrepancies in patient medication regimen during transition care. Medication reconciliation, the process of reviewing and comparing patient's medication list to avoid errors, is crucial in preventing adverse drug associated events, therefore our quality improvement study aims to improve patient safety and evaluate overall quality of care provided in healthcare setting.

METHODS: 1. Gathering background supportive evidence. 2. Assemble multi-disciplinary committee consist of key leaders in the health care team including: clinical leaders, resident, technical experts, nurses, medical students. 3. Identify role and responsibilities of each interdisciplinary members, formulate standard guidelines for data collection. 4. 2-step study: Passive and Active Phase. Passive phase will be without intervention for 1 month period as control. Active phase, implement interventions with active reminders, posters, flyers during office visits via healthcare team members for 3 months. 5. Data collection and analysis will be performed at end of the study.

RESULTS: 16 residents who used TVPOCUS completed surveys showing that 93% found this to be useful and beneficial, 100% found TVPOCUS useful and beneficial to their patients, 87% overall experiences were very satisfied. 11(8%) of the patients scanned have private insurance and the rest have government type. 141/165 scans met the inclusion criteria. 115(82%) have gynecologic related symptoms, and 26(18%) were pregnancy related. Obstetric scans, 14(54%) found to have viable early trimester; 8(31%) have non-viable pregnancy; 1 (4%) had a molar; 2(7%) had 3rd trimester bleeding due placenta previa;1(4%) scan was for cervical length measurement due to previous preterm delivery. Gynecologic scans, 53(46%) AUB; 23 (20%) pelvic pain;17(15%) structural abnormalities;7(6%) dyspareunia; 5(4%) IUD localization; 2 (2%) post-menopausal bleeding; 8(7%) others.

CONCLUSIONS: TV-POCUS education and training in family medicine residency programs help develop advanced skills in gynecological and obstetrics assessments. Residents' ability to demonstrate proper technique and interpret imaging allows them to distinguish different pathologies and identify proper treatment. TV-POCUS is a valuable tool, enabling residents to perform real-time examinations and refine their clinical acumen. The implementation of TV-POCUS contributes to supporting a more patient-centered approach, fostering increased efficiency and accuracy in family medicine practices focusing on women's health.

Resident Sports Clinic Utilization, Common Diagnoses, Referral Rate, and Efficiency

Stephano Abusleme, DO; Jasmin Mosley Gooden DO; Thad Woodward MD; Monique George MD

Department of Family Medicine at Kaiser Permanente Woodland Hills

INTRODUCTION: Primary Care Sports Clinics aim to increase access to the Orthopedics Department by evaluating their non-operative musculoskeletal cases. Resident-run sports clinics have a similar goal in mind along with preparing primary care physicians for common musculoskeletal concerns. This project aims to evaluate our resident clinic's utilization, efficiency in diagnosis/treatment, referral rate and quantify commonly seen musculoskeletal complaints.

METHODS: Data was retrospectively collected through the Epic Electronic Medical Record for 6 months from 10/2022-04/2023. Resident schedules were used to compile each week's set of data. Patient charts were followed for at least 6 months after the visit date to evaluate for date to definitive treatment and definitive diagnosis, referrals to the Orthopedics Department, and percentage of patients who were referred for/completed surgery. For the utilization rate, each day's schedule was tracked to account for patients that were not booked or not scheduled.

RESULTS: A total of 16 Resident Physicians with a combined 213 patients were scheduled in this time frame and all their charts were all used to collect this data. For utilization, 23% of patient slots were not booked and 8% of patients did not show up to their appointments. 19% of all patients seen were referred to the Orthopedics Department. Of this group, 41% were offered surgery and only 33% of these patients completed surgery. There was a total of 41 diagnoses seen with the three most common being knee osteoarthritis, patellofemoral pain syndrome, and shoulder impingement. The date to definitive diagnosis and treatment varied from 1 day to 6 months+ and on average was 14 days.

CONCLUSIONS: This study displayed the wide variety of common musculoskeletal diagnoses seen in primary care. The Resident Sports Clinic was able to alleviate some of the burden of the Orthopedics Department by

treating a total of 184 patients that did not need to be seen in orthopedics. Of the 29 patients that were later referred to the Orthopedics Department, only 12 patients were offered surgery, which displayed an adequate use of the resident sports clinic for non-operative patients.

Effect of COVID 19 Disease Severity on Incidence of Adhesive Capsulitis of the Shoulder

Tracey J. Gunanto, DO; Michael K. Fong, MD

Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: Adhesive Capsulitis is a chronic fibrosing condition of the shoulder capsule involving fibroblasts and myofibroblasts that lay down a dense matrix of type-I and type-III collagen within the capsule. Systemic manifestations of COVID-19 evolve from an increased inflammatory response that results from both the effects of SARS-CoV-2 on infected cells and the host's immune response. Adhesive capsulitis and COVID 19 share a common pathophysiology of an overexpression of inflammatory cytokines, yet there are minimal studies addressing the relationship.

METHODS: This is a retrospective cohort study with the primary objective to determine if there is a higher prevalence of adhesive capsulitis in patients with more severe cases of COVID 19 requiring hospitalization. Data was obtained from KPSC Health Connect to compare hospitalized vs non hospitalized COVID 19 patients and the development of adhesive capsulitis of the shoulder. The patients diagnosed with adhesive capsulitis of the shoulder, was obtained 2 months to 1 year after the diagnosis of COVID 19. The study variables were reported as categorical variables and compared using chi-square test of Fisher's exact test. Logistic regression was then used to explore the relationship between variables.

RESULTS: The odds ratio for the risk of adhesive capsulitis in patients hospitalized for COVID or pneumonia (hospitalization with COVID or pneumonia diagnosis codes as principal diagnosis for inpatient encounters within 30 days on or after COVID index date) was OR (95% CI) 0.97 (0.69-1.37, $p = 0.87$). There was no statistically significant difference between patients with increased severity of COVID-19 disease requiring hospitalization compared to non-hospitalized cases.

CONCLUSIONS: Increased severity of COVID 19 disease requiring hospitalization is not a risk factor for development of adhesive capsulitis of the shoulder. Although adhesive capsulitis and COVID 19 share a common pathophysiology of an overexpression of inflammatory cytokines there does not seem to be a statistically significant relationship between them.

CASE REPORTS

Gastrointestinal Rumbles, Cardiac Tumbles: A Case Report of Gut-Mediated Myocardial Infarction

Heidi Pang, DO, Belonwu Okafor, MD, Alexandra Rabotin, MD, Adam Yuan, DO

Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Ischemic heart disease (IHD) remains a leading cause of morbidity and mortality in the Western world. IHD could develop in individuals with normal LDL-C with no significant modifiable risk factors. Infectious processes may initiate and propagate atherosclerotic cascades. Prior publications showed the causal

relationship between respiratory infections and IHD. In this report, we described a case of a relatively healthy male who developed symptomatic acute IHD following gastroenteritis (GE).

METHODS: 37 year old male with no past medical history presented to the emergency room with left sided chest pressure. Patient visited Mexico 4 days ago and had severe gastroenteritis. Vitals on arrival: BP 170/110, HR 62. He appeared diaphoretic and pale. EKG showed Q waves in leads V1 and V2 without voltage criteria for any significance. Patient received nitro, aspirin with no relief. Initial troponin unremarkable. Three hours later, the patient developed similar chest pain and pain radiating down left arm. EKG then showed ST elevations in leads V2-V6. He was transferred to outside hospital for higher level of care for cardiac catheterization. Labs immediately prior to procedure: troponin 0.065, LDL 127, HDL 38, TG 151. Angiogram showed proximal vessel lesion 99% de novo acute total occlusion at LAD, 95% de novo occlusion at left circumflex, and 40% stenosis of right coronary and right posterior descending vessels. Stent placed at LAD. Patient discharged home after 24 hour observation.

DISCUSSION: Gastroenteritis may act as a trigger for IHD leading to a poor post-IHD prognosis. This could explain the acuity of the atherothrombotic lesion in our patient. Emerging research links infectious processes to atherosclerotic cascades via inflammatory pathways including progression and rupturing of atheromatous plaques. Elevated hs-CRP and other inflammatory markers in IHD strongly support this phenomenon. Statin therapy is proven to prevent IHD by lowering LDL-C, its anti-inflammatory effect, plaque stabilization, antioxidant properties, and inhibition of platelet aggregation. Specifically rosuvastatin has been shown to reduce IHD events in patients with high inflammatory markers and normal LDL-C. This case highlights the therapeutic potential of anti-inflammatory strategies in managing IHD.

An atypical case of anorexia nervosa...or something more?

Loja Yi, Blanca MD; Patella, Samantha MD

UCLA Family Medicine Residency Program

INTRODUCTION: An 8-year-old male with anxiety presented with decreased oral intake and a 10-lb weight loss over 6 months. His parents stated he was eating 400 calories/day with reduced fluid intake and had increased his exercise up to 1 hr/day. The patient denied hunger and endorsed feeling "bad" when eating. He denied body image concerns. A few months prior, he was started on sertraline and aripiprazole for anxiety. He was admitted for medical stabilization with a presumptive diagnosis of anorexia nervosa.

METHODS: Physical Exam: On initial examination, he was afebrile, bradycardic to 48 with a respiratory rate of 18 and had a blood pressure of 94/64. His weight was 22.1 kg (BMI 12.13). He was thin with cracked lips, had bilateral erythema on his hands, and dry skin on his feet. He was tearful but answering questions appropriately. Diagnostic Evaluation: On admission, his blood work (a CBC and electrolytes) were normal except a calcium level of 8.9 mg/dL and phosphorus of 2.9 mg/dL. Other normal laboratory testing included amylase, lipase, CRP, and vitamins A, D, and E. The UA demonstrated 1+ ketones and protein. As part of the anorexia protocol, autoimmune studies were ordered on admission, which resulted on day 2 of hospitalization, showing tissue transglutaminase IgA of 1996.6 CU, gliadin (deaminated) Ab IgA 8.7CU, gliadin Ab IgG of 26.9CU, and endomysial IgA Ab positive with a titer of 1:60. His TSH, rT3 and PTH were normal with a decreased free T3 of 135pg/dL. Diagnosis: Celiac Disease.

DISCUSSION: The median onset age of anorexia nervosa is 18 years, and onset prior to age 10 is rare. When patients with a suspected eating disorder present with atypical demographics or symptoms, special attention should be paid to completing a workup for secondary causes of food aversion and anxiety. A standardized eating disorder admission lab protocol helped to identify a secondary cause of food aversion and anxiety in this patient,

and allowed the medical team to initiate a more appropriate treatment regimen for his symptoms including a gluten-free diet. After initiating this treatment, our patient stopped feeling "bad" after meals and slowly gained confidence eating again.

Surfing, Sun, And Stingrays: Injury Of The Lower Extremity, A Case Report

Daniel Gehlbach, MD MPH; Alexander Soto, MD, MPH; Jerome Soldo, MD

Department of Family Medicine at UCLA

INTRODUCTION: A 61-year-old male presented to the emergency room for evaluation of left lower extremity infection. Three weeks prior he had sustained a stingray sting while surfing, which was complicated by infection refractory to oral antibiotics, as well as impaired ambulation. This case presents findings of lower extremity cellulitis secondary to stingray sting, previously documented in the literature, as well as novel findings of a ruptured Achilles tendon in the setting of a string ray attack.

METHODS: Five days after sting, the patient presented to urgent care with poor wound healing and purulent discharge. Over three visits, he was treated with ceftriaxone, clindamycin, mupirocin, and levofloxacin. Symptoms did not improve so he presented for emergency care. Pertinent findings include erythema and edema of the extremity, negative Thompson test, and inability to perform standing heel rise. MRI revealed subacute Achilles tendon rupture and cellulitis complicated by possible infectious tenosynovitis and abscess. The patient was admitted and treated with IV vancomycin and piperacillin-tazobactam. Orthopedics recommended non-weight bearing with plantar flexion orthotic and no surgical intervention. Infectious Diseases recommended continued IV antibiotics while inpatient and transition to oral linezolid and cefpodoxime on discharge with Podiatry follow-up. Interval MRI showed no healing of Achilles tendon and surgery was recommended, which the patient underwent with subsequent casting.

DISCUSSION: Achilles tendon rupture in the setting of a string ray attack is not documented in available literature. While infections from stingray injuries are in fact well documented, Achilles tendon ruptures are not. In this case, Achilles rupture could have occurred due to the sting itself, due to gradual degradation of Achilles tendon fibers weakened by prior trauma (history of stingray sting 15 years prior in this case), or due to fluoroquinolone antibiotics which are associated with Achilles rupture. The authors believe that the rupture occurred at the time of injury and was specifically caused by rapid mechanical motion reflexive to severe and sudden pain. Future studies should explore how repeat sting ray injuries affect tissue damage, healing, and functional status.

Coccidioides immitis: the Great Imitator

Kayvon Seyed Dehghanian, MD (1), Layli Jamali, MD (2), Ariel Vaughn, DO (3)

(1) Mission Community Hospital Family Medicine Residency Program; (2) Department of Infectious Disease, Mission Community Hospital; (3) Department of Medicine, Mission Community Hospital

INTRODUCTION: Disseminated Coccidioidomycosis, seen in less than 1% of cases, can involve almost any organ. (1) The variety of clinical presentations of this infection poses a diagnostic challenge. (2) Dissemination to the skin may manifest as nodules, papules, pustules, and abscesses. (3-6) Vesicular lesions are rare sights. (7) We present the case of a 69-year-old male with acute respiratory failure secondary to Coccidioidal pneumonia, who later developed infected vesicular cutaneous lesions.

METHODS: Our case involves a 69-year-old male with diabetes residing in California and a history of travel to Sri Lanka with complaints of fever and productive cough for four days and severe fatigue for two weeks. His chest CT scan showed bilateral patchy opacities with prominent mediastinal lymph nodes. He had significant eosinophilia up to 45% with an absolute count of 6885. Symptoms failed to improve with empiric antibacterials, leading to respiratory failure. At this point, new diffuse 2-5mm tender papules, pustules, and vesicles with overlying ulcerations appeared on the face, chest, back, and extremities. Cloudy white discharge was expressible from the vesicles. Empiric Fluconazole was initiated, leading to improved respiratory status and resolution of eosinophilia. Serology testing for Coccidioidomycosis later detected IgM and IgG antibodies with a high complement fixation titer of 1:8. Subsequently, the culture of the skin lesions was found to be positive for *Coccidioides immitis*.

DISCUSSION: Coccidioidomycosis, also called San Joaquin Valley Fever, commonly presents with cutaneous manifestations. The lesions are mainly reactive to the primary infection and do not harbor the fungus. (8) Sweet syndrome, a rare reactive cutaneous manifestation, can present with tender vesicles. (5, 9, 10) Surprisingly, in our case, the culture of vesicular lesions grew the fungus. Unusual presentations often mimic other diseases and lead to delays in diagnosis. With this report, we aimed to heighten the clinical suspicion of uncommon skin manifestations of this infection. We recommend testing for Coccidioidomycosis for all patients presenting with symptoms of community-acquired pneumonia who have resided in or traveled to an endemic area and are failing to improve with empiric antibacterials. (11)

A Case Report: Disseminated Cutaneous Coccidioidomycosis Mimicking Hidradenitis Suppurativa

Ramanjot Kaur MD1,2, Leopoldo Hartmann MD1,2, Jacqueline Uy MD1

(1) Kern Medical Hospital; (2) Rio Bravo Family Medicine Residency Program

INTRODUCTION: Coccidioidomycosis, caused by dimorphic *Coccidioides Immitis* and *Posadasii*, rarely disseminates to skin but can present with challenging manifestation resembling various dermatological conditions. The disease is prevalent in arid regions and is acquired through inhalation of arthroconidia. This case report presents clinical features, diagnostic challenges, and management of disseminated cutaneous coccidioidomycosis (DCC) resembling hidradenitis suppurative (HS).

METHODS: 31-years old hispanic male presented with worsening of right inguinal and lower back (LB) pain secondary abscess. Patient in good health until a year ago, started developing multiple abscess which initially self drained and healed with scar. However, 6-month developed persistent non-healing abscess s/p I&D and multiple antibiotic regimens. Patient remained hemodynamically stable. Examination showed ulcers at different healing stages. Lab significant positive for coccidioidomycosis (cocci) serology, CF titers 1:128. CXR showed right lower lobe cavity lesion confirmed with CT chest suggesting pulmonary cocci. MRI lumbar showed involvement of vertebral bodies, sacrum, and iliac bones by cocci.

DISCUSSION: Patient's cutaneous presentation mimicked those of HS, guiding his treatment regimen. Complications were due to failure to investigate broader differential diagnosis despite repeated treatment failure, resulting in DCC to the vertebral bodies. Cases with poor response to initial therapeutic treatment, extra vigilant is necessary to consider for rare form of diseases, requiring comprehensive workup including thorough culture studies, serological testing, and imaging. Consultation with specialist (e.g. Infectious Disease) is beneficial guiding further management. Patient was started on AmBisome IV 250mg (5mg/kg) every other day for duration of 3 months.

ABSTRACTS

Nasal Steroids, Irrigation, Oral Antibiotics and Subgroup Targeting for Effective Management of Sinusitis: A Pilot Study to Inform Future Recruitment at UCLA

Cameron Casey, BS (1), Danielle Schramm, MSPH (1), Chaitali Mukherjee, MD MPH (2), Sandy Lai, MD MBA (2), Daniel T. Lee, MD (1), Michelle A. Bholat, MD MPH (1) Devesh A. Upadhyaya, MD (3) Daniel H. Punecky, MD, AAHIVS (3), Jacob M. Gold, MD (3) Derjung M. Tarn, MD PhD (1)

(1) UCLA Department of Family Medicine; (2) UCLA Arthur Ashe Student Health and Wellness Center; (3) UCLA Division of General Internal Medicine / Health Services Research, Department of Medicine

INTRODUCTION: Acute rhinosinusitis (ARS) affects 15% of adults annually, and accounts for 20% of all antibiotics prescribed to adults in outpatient settings. Though antibiotics for ARS are overprescribed 90% of the time, there are subgroups of patients who may benefit from them. This feasibility study was conducted to inform recruitment and procedures for a future six-site, multi-year randomized controlled trial aimed at identifying indicators that predict which subgroups of patients benefit from antibiotic versus non-antibiotic interventions.

METHODS: This pilot randomized controlled trial (part of a larger multi-site study) sought to recruit 24 patients aged 18 and older with symptoms of ARS from UCLA clinics and Student Health from Jan-Feb 2024. Clinic staff and study team member family/friends and co-workers (non-clinic participants) also took part. Patients with ongoing ARS symptoms 10 days after symptom onset were randomized into four groups: antibiotics, antibiotics plus intranasal corticosteroids (INCS), placebo antibiotics, and placebo antibiotics plus INCS. Patients completed daily diaries for up to 14 days after randomization. This study examined recruitment patterns and daily diary completion.

RESULTS: Twenty-four patients were recruited: 8 from Student Health, 5 from primary care clinics, and 1 from an urgent care. Five were clinic staff and 5 were non-clinic participants. Eighteen (75%) were women, the mean age was 33.3 (SD=10.8; range 18-54) years, and 18 (75%) were Hispanic. Twenty (83%) had ongoing symptoms 10 days after symptom onset and were randomized; 3 had symptom resolution prior to randomization; 1 was lost to follow-up. Two weeks after randomization, 8 patients reported no symptoms, 6 were a lot better, 5 were "better," and 1 reported being unchanged since enrollment. Participants completed 99% of requisite daily diaries of which 46% received reminders regarding completion.

CONCLUSIONS: We successfully enrolled and followed a target of 24 participants for a multi-site pilot study on sinusitis treatments, with the majority of participants coming from Student Health and non-clinic settings. Future recruitment of sinusitis patients should consider inclusion of more non-primary care offices such as Student Health and urgent care sites and development of stronger non-clinic recruitment strategies.

Improving Family Medicine Residents' Comfort and Skill Regarding Life Care Planning

Cecillia Lee, MD (1), Krystle Irvine, MD (1), Monique George, MD (1), Romina Rosen, MD (2)

(1) Kaiser Permanente Woodland Hills Family Medicine Residency Program (2) Kaiser Permanente Woodland Hills Department of Geriatrics, Palliative, and Continuing Care

INTRODUCTION: Life care planning (LCP) is an increasingly important aspect of primary care. LCP is associated with improved quality of life at the end-of-life, but not every patient can engage in it while hospitalized (1). Primary care physicians are well-suited to initiate these conversations; however, they can be limited in LCP due to deficits in knowledge and skills as well as discomfort (2). By enhancing LCP training during residency, we hope to increase future primary care physicians' skills and comfort in having and documenting these conversations.

METHODS: A pre-participation survey was sent out to all 18 residents. After residents had a chance to answer the survey, a lecture series was given by the authors and a palliative care physician. Residents were then scheduled for an afternoon virtual life care planning lecture organized by the medical group within 6 months of the first survey being sent out. Afterwards, residents completed a post-participation survey. Surveys were tracked by employee ID number. Twelve residents completed both pre- and post-participation surveys. Paired T tests were done to analyze data. Lower scores for objective questions 5 and 7 indicated higher comfort and skill.

RESULTS: There was a significant decrease in the scores on Q5 from pretest (M = 2.8, SD = 1.0) compared to posttest (M = 1.8, SD = 0.7), $t(11) = 4.1$, $p = .0019$. When analyzing for change for each postgraduate year, there was no significant statistical difference for questions 5 for PGY2 and PGY3 and no significant statistical difference for question 7 for all postgraduate years. There was a statistically significant decrease in score for PGY1 for question 5 indicating participants felt they had more training after the lecture series ($p = 0.006$). Though the changes were not statistically significant, overall residents did have lower scores in post surveys compared to pre-surveys.

CONCLUSIONS: Primary care physicians are well-placed to initiate and guide patients through LCP conversations. While resident physicians may have varying experiences regarding LCP, they overall report feeling deficits in knowledge and skills. After attending the LCP training, residents reported improved comfort with engaging in and documenting LCP. While the study was limited by sample size, the findings should encourage educators to develop dedicated LCP training to build confidence in our future PCPs.

The Effect of Emmi Medical Education Videos on Patient Understanding and Satisfaction

Chase Cho, DO and Christopher Kuhlman, MD

Dignity Health - Northridge Medical Center

INTRODUCTION: Due to clinic time constraints, there are times when explanations have to be cut short due to these time constraints resulting in patient knowledge gaps for their conditions. Downtime may be utilized for educating the patient on these knowledge gaps using web-based patient education tools such as Emmi. This study aims to assess the impact of web-based Emmi patient medical education videos on satisfaction and knowledge for our outpatient population at Dignity Health Northridge Family Practice.

METHODS: We created a patient satisfaction survey using a 5-point Likert scale format. The three questions assessed for the enhancement of: Satisfaction, Knowledge, and Overall Clinic Experience. The surveys were distributed by our medical assistant staff members to adult patients 18 years of age or older with English language preference. Exclusion criteria included patients younger than 18 years of age, non-English language preference, and patients with cognitive impairment. Patients could voluntarily participate or choose not to participate by watching at least one Emmi patient education video and then completing the 3 question, 5-point Likert scale questionnaire.

RESULTS: A total of 13 surveys were collected. Average scores were 5 points for Satisfaction, 4.9 for Knowledge, and 4.9 for Overall Clinic Experience.

CONCLUSIONS: Overall, patients rated the Emmi videos positively: 100% (5/5) for Satisfaction, 98% (4.9/5) for Knowledge, and 98% (4.9/5) for Overall Clinic Experience. The current data collected supports the hypothesis that Emmi web-based patient education videos may be a potentially useful tool in increasing satisfaction and knowledge for outpatient clinics. One limitation in this study is the small sample size. We would like to expand our research to other clinics and medical settings.

Racial & SES Differences In Use Of Outpatient Rehabilitation Services For Musculoskeletal Conditions in Kaiser Permanente Southern California Members

Daniel Malkhassian; DO Erica Tukiainen; MD Michael Fong, MD

Kaiser Permanente Sports Medicine, Los Angeles, CA

INTRODUCTION: Rehabilitation services are vital to improve patients' musculoskeletal (MSK) function and strength. Yet, significant health disparities exist in access to outpatient physical therapy (OPT). This study examines racial and socioeconomic (SES) differences in use of OPT for MSK conditions among Kaiser Permanente Southern California (KPSC) members.

METHODS: This is a retrospective cross-sectional study between January 1, 2019 through December 31, 2019. KPSC members between 18-65 years old were included with at least 1 MSK condition and 1 OPT encounter. Chi-square test was used to compare OPT encounters for MSK conditions with population characteristics. We used logistic regression analysis to explore the relationship between 1) number of OPT sessions and race and 2) number of OPT sessions and quartiles of income as a measure of SES.

RESULTS: We analyzed 2000 eligible patients. Mean age was 47 years old of whom 54% were female participants. Patients were 36% Hispanic, 35% White, 19% Asian and 6% Black. When examining race, odds of having 2 or 3 OPT sessions than 1 OPT session were decreased by 43% for Asian patients compared to White patients. In addition, compared to White patients, odds of having greater than 4 OPT sessions than 1 OPT session were decreased by 47% for Hispanic patients. When examining income, the odds of having greater than 4 OPT sessions than 1 OPT sessions were decreased by 32% for patients in lower 25% income quartile compared to top 25% income quartile.

CONCLUSIONS: We found that Hispanic and Asian KPSC members were less likely to attend higher number of OPT sessions for MSK conditions compared to White patients. Furthermore, KPSC patients with lower income quartiles were less likely to have a higher number of OPT visits. Our study shows that racial and SES differences exist in access to OPT services for MSK conditions. Identification of health disparities

A review of Transvaginal Point-of-care Ultrasound Curriculum at a Teaching Health Center in a Resource-Limited Community

Lovedip Kooner, MD; Carol Avila, MD; Eric Zamora, MD; Gagan Kooner, MD; Verna Marquez, MD

Rio Bravo Family Medicine Residency Program

INTRODUCTION: Transvaginal point-of-care ultrasound (TV-POCUS) is an advanced bedside diagnostic and interventional tool that can rapidly assess female reproductive organs that can provide immediate results, expedited treatment and more accurate gynecologic procedures. It is relatively inexpensive, completely safe, and with no absolute contraindications. It is suitable for most patients, especially in resource-limited communities.

TVPOCUS provides more detailed information and a more defined image when compared to abdominal ultrasound.

METHODS: This is an observational study of TV-POCUS scans performed by residents of the Rio Bravo Family Medicine Residency Program in Bakersfield, CA. Data were gathered from the electronic medical record from August 2022 to November 2023. The primary goal of the study is to qualitatively survey the resident's overall experience in TV-POCUS and quantitatively identify the different pathologies encountered during the study time frame. The study will further investigate the outcome of those patients found to have significant TV-POCUS findings.

RESULTS: 16 residents who used outpatient TVPOCUS completed anonymous surveys showing that 93% found this to be useful and beneficial to their residency training, 100% found TVPOCUS useful and beneficial to their patients, 87% overall experiences were satisfied very satisfied. 11(8%) of the patients scanned have private insurance and the rest have some form of government type insurance. 165 scans were performed. Only 141 scans met the inclusion criteria. 115(82%) scans have gynecologic related symptoms, and 26(18%) scans were pregnancy related symptoms. Of the obstetric scans, 14(54%) found to have viable early trimester pregnancy with overall normal findings; 8(31%) have non-viable pregnancy; 1 (4

CONCLUSIONS: By incorporating TV-POCUS education and training into family medicine residency programs residents have developed advanced skills in gynecological and obstetric assessments, bolstering their ability to provide comprehensive care to women. Residents' ability to demonstrate proper technique and interpret imaging allow them to distinguish different pathologies and identify the proper treatment. This technology serves as a valuable diagnostic tool, enabling residents to perform real-time examinations

Complications associated with infant male circumcision in a community-based hospital

Kathleen Dor MD (1), Monique George MD (1), Khushwant Dhaliwal (2), Rebecca Berke MD (1), Shaadi Azadeh MD (1), Erika Priestley MD (1), Tina Barjasteh MD (1)

(1) Kaiser Permanente Woodland Hills Family Medicine Residency; (2) Kaiser Permanente School of Medicine

INTRODUCTION: Infant male circumcision is a common elective procedure. Complications include bleeding, glans injury, insufficient or excessive skin removal, adhesions. In our community-based hospital, the Family Medicine department did most of the circumcisions until 2017 (FM did all weekday and outpatient circumcisions while the OB dept did all weekend inpatient circumcisions). In 2017 Family Medicine took over all infant circumcisions. Our study looks at rates and factors associated with complications with both inpatient and outpatient circumcisions.

METHODS: This study is a retrospective cohort study. KPWH infant male patients who had circumcisions performed in the KPWH Medical Center from January 1, 2010 - January 1, 2020, are included in the study (n=2715). Baseline characteristics were recorded: age, race/ethnicity, weight, location of circumcision (NICU, postpartum, clinic), circumcision clamp type, presence of hypospadias. The primary outcome measured was complications documented during follow up visits within 2 years of the circumcision. Complications were measured by looking at complication codes, and an appointment in Urology within 2 years of age.

RESULTS: Weight at the time of the circumcision, the baby's race, and the location of the circumcision (hospital vs clinic) had no effect on the complication rate. Babies with hypospadias had a very high complication rate. Babies who had a circumcision with a moegen had double the incidence of complications. During this time there were no immediate complications, e.g. bleeding or injury to the penis. 1.4% of patients were referred to urology for

potential complications. 0.3% of patients required revision surgery. The number of complications requiring surgery decreased when our hospital limited those doctors performing circumcisions by requiring 20 circumcisions per year to maintain privileges.

CONCLUSIONS: Infant male circumcision when performed under 30 days old is a very safe procedure whether performed in the hospital or clinic. Complications can likely be reduced if circumcisions are done by doctors who perform them regularly. Further studies need to be completed to investigate the difference between mogen and gomco clamp outcomes.

Assessing Characteristics of Latino and African American (AA) Patients with SUD in Lomita MAT Clinic

Jonathan Vargas, MD, George Truong, MD, Gloria Sanchez, MD, and Theresa Nevarez, MD
Harbor-UCLA Medical Center

INTRODUCTION: Latinos and AA men carry a disproportionate disease burden regarding substance use disorder as well as increased burden of legal sequelae including incarceration and police violence. Despite the overburden of SUD within AA and Latino communities, their rates for medication assisted treatment (MAT) enrollment are drastically lower relative to their white counterparts. We look to further characterize this cohort to further evaluate for potential areas of investigation to increase adherence and retention to SUD treatment.

METHODS: We performed a retrospective review of all scheduled MAT clinic appointments from January to December 2023 at the Lomita Family Medicine Clinic. We screened for Latino and AA patients who self-identify as men and collected the following demographic and clinical information: 1. Age; 2. ACES Score ; 3. History of incarceration; 4. Hospital admission; 5. History of overdose; 6. Housing status; 7. Insurance status; 8. MAT treatment received: Naltrexone, Suboxone, etc.; 9. Number of MAT clinic appointments: Completed vs. No Show; 10. Preferred language; 11. Race/Ethnicity; 12. Stroke; 14. Number of ED Visits; 15. Substance use history/SUD ICD 10 Codes.

RESULTS: Through our retrospective review 75 of the 150 patients cared for at Lomita MAT clinic in 2023 were eligible for further investigation in characterizing potential barriers in retention to SUD care effecting latino and black male patients. Average age was 44 years with a racial tendency to hispanic relative to black patients. In regards to language, Spanish was listed as predominance language preference. Alcohol was the most commonly abused substance (61%), followed by opioids (17%). History of overdose was relatively high at, 39%, as well as hospital admission, 60%. Nearly half of the patients within the study group were lost to follow up (49%).

CONCLUSIONS: Through evaluation of various characteristics within our cohort provided important areas for improvement and further investigation, such as consistent ACES screening, tailored therapies with an emphasis on alcohol dependence and Spanish competent providers. More broadly, this further supports and provides a more concrete method in understanding community needs including socioeconomics and cultural competency to more effectively serve patients.

Street Medicine Before It Was Called Street Medicine: 35 Years of Lessons Learned

Rebecca Brena (1), Jackie Vu (1), Mary Owens (1), David Kim (1)
(1) David Geffen School of Medicine at UCLA

INTRODUCTION: In 1989, medical students walking on their way to school through Westwood Village, noticed people living in the streets with open wounds, infections, and unattended illness. So they asked their physician

faculty to accompany them back to the streets to provide medical care. This began the UCLA Student Run Homeless Clinics, providing free continuous services to homeless street dwellers throughout Los Angeles. Initially called Wound Walks, key lessons adapted by over 1000 students led to a unique practice style serving more than 17,000 patients.

METHODS: A retrospective, qualitative review of 35 years of student reflections and case reports was performed for trends in common differences from office-based, insured patient settings compared to low-resource street dweller settings where patients are disconnected from regular medical care. These findings were used to develop a specialized curriculum in homeless medicine from real-life cases, primarily to teach adapted interview questions, physical exams, wound care and medical treatment. It was piloted across all levels of learners. Surveys of physician educators compared competency with learning objectives from standard settings. A decade of student learning satisfaction surveys were reviewed.

RESULTS: A table of 8 teaching cases was developed from true student-patient interactions with unique practice adaptations, primarily regarding approach to the patient experiencing homelessness. Cases: sidewalk sleeper, nonlinear talker, very disheveled patient, young woman alone, substance using young man, older man with limp, single mother of 3 children, young man afraid to speak. Physicians expressed 96% satisfaction with the adapted interview style, 94% with the see and treat approach. MS1 were only 56% OK with abbreviated, limited interview questions. MS2-4 averaged 90% learning satisfaction and clinical efficiency with the adapted questions.

CONCLUSIONS: The Lessons Learned follow a see/treat theme for a paucity of diagnostics. Physicians supervising the street team appreciated encouraging empirical skills. Senior students expressed satisfaction with abbreviated, focused interview, while beginners wanted to do detailed medical interviews. Key patient interview questions developed by senior students: Any aches or pains? Where do you sleep? Are you alone? Problems with your feet? They do not necessarily follow the standard medical interview.

CASE REPORTS

Navigating diagnostic challenges: a case of synchronous bilateral torsion in adolescence

Haia Chakoukani, MD

Department of Family Medicine at UCLA

INTRODUCTION: Synchronous bilateral ovarian torsion, or torsion of the bilateral ovaries with parallel temporal onset, is rare. I present the case of a 13-year-old female with a history of bilateral ovarian cysts found to have synchronous bilateral ovarian torsion. This diagnosis presents a significant diagnostic challenge, notably the risk for near-misses, as occurred in this case. The morbidity associated with unrecognized bilateral torsion is amplified, with significant implications for future fertility.

METHODS: A 13-year-old female with a history of bilateral ovarian cysts, reported ovarian torsion and cystectomy of unclear laterality presents to the emergency department with severe left lower quadrant (LLQ) pain. She denied systemic symptoms, vaginal discharge, or trauma. On examination, she was afebrile with stable vitals, although appeared to be in distress. Abdominal exam revealed tenderness to the LLQ without peritoneal signs and non-tender right lower quadrant. Labs were significant for leukocytosis and pregnancy testing was negative. On pelvic ultrasound, the left ovary was not visualized while the right ovary revealed a cyst but confirmed ovarian vascular flow. Gynecology was consulted and deferred surgical intervention. CT imaging revealed a left pelvic cyst, and the Gynecology team recommended a diagnostic laparoscopy where the patient was found to have

bilateral ovarian torsion and underwent bilateral paratubal cystectomy and detorsion with restoration of ovarian flow bilaterally.

DISCUSSION: This case underscores the diagnostic challenges associated with synchronous bilateral ovarian torsion. The initial delay in diagnosis likely resulted from the masking of pain by intravenous opioid medication at the time of examination by the Gynecology team, as well as the initial suboptimal imaging modality in which the left ovary was not visualized. There was low suspicion for right ovarian torsion given right ovarian flow was noted on pelvic US, serving as a reminder that torsion may occur without fully compromising vascular flow. Ultimately, timely intervention led to successful bilateral detorsion with preservation of ovarian function. This case emphasizes the importance of maintaining a high index of suspicion for ovarian torsion especially in patients with a reported prior history.

Twists of Fate: Sigmoid Volvulus Unraveled in a 31-year-old Female

Jan Giang L. Nguyen, MD; Philip Feliciano, MD; Arash K. Afshar, DO

Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Sigmoid volvulus is more common in older men over age 60 and is a medical emergency with a high mortality rate of 7% [1]. Our case is a 31-year-old female with hypothyroidism and cesarean section who presented to ED with constipation for 1 week. There is little known about the relationship between hypothyroidism or cesarean sections as risk factors for sigmoid volvulus [2]. This case is unique as our patient presented with both hypothyroidism and prior abdominal surgeries.

METHODS: 31-year-old female with PMH of congenital hypothyroidism came to ED for abdominal pain rated 9/10 with distension, lower back pain, difficulty ambulating due to fatigue, and constipation for 1 week. She reports daily adherence to levothyroxine since infancy. In the ED patient is afebrile, BP 95/65, HR 59, RR 22, saturating 96% on room air. Unremarkable chem panel. CBC with leukocytosis 18.3. Lactate 2.6. TSH 51.22, free T4 0.86. lipase normal. UA: +nitrite, +2urobilinogen, trace LE, pyuria, packed field bacteria. CT AP noncontrast: Twisting of mesentery at the level of the sigmoid colon, sigmoid colon situated in the RLQ and marked dilatation of proximal colonic bowel loops. No evidence of free fluid free or intraperitoneal air. Code sepsis was called. Medications administered were: IV fluids, IV analgesic, Zofran, Zosyn, and vancomycin. Patient was admitted for further evaluation and management of sepsis due to sigmoid volvulus versus acute UTI with pending evaluation from GI.

DISCUSSION: The presence of a redundant sigmoid colon is crucial for the occurrence of sigmoid volvulus, but a specific mechanism is necessary for the twisting to occur. Factors such as advanced age, reduced physical activity, and constipation can lead to dilation of the sigmoid colon, increasing the likelihood [5]. We hypothesize that certain chronic diseases, such as congenital hypothyroidism, can contribute to decreased bowel motility [6], predisposing individuals to sigmoid volvulus even at a younger age. Additionally, the incidence of sigmoid volvulus after c-sections is relatively low and not well-documented [7]. This case highlights the importance of considering sigmoid volvulus in the differential diagnosis of acute abdominal pain, even in young females.

Use of Subdermal Contraceptive Implant Long After FDA-Approved Duration: A Case Series

Karen Olmos, MD MPH (1), Sarah Nazarkhan, MD (1)

(1) Harbor-UCLA Department of Family Medicine

INTRODUCTION: In the U.S., the only FDA-approved subdermal contraceptive implant is Nexplanon (Manufacturer: Organon). Nexplanon is approved for up to 3 years of continuous use for the prevention of pregnancy and is over 99% effective (1). Outside of the U.S. other subdermal contraceptive implants are also available and are effective for up to 5 years and 3 years (2). Here, we present the case of two patients who successfully used the Nexplanon implant as contraception for 5 years and 7 years.

METHODS: One patient was a 38yo G4P3013 female who presented to our clinic to establish care. She reported having Nexplanon placed at an outside clinic 7 years ago following the birth of her last child. After placement she had no menses for 7 years, until 1 month prior to her visit in our clinic. She was sexually active with one male partner and used no additional form of contraception. She desired replacement of the Nexplanon, which she underwent after a negative pregnancy test. Our second patient was a 32 year old G3P3 female who also presented to our clinic to establish care. She had the Nexplanon placed following the birth of her last child, 5 years before presenting to our clinic. She had frequent but tolerable vaginal spotting since Nexplanon placement, with her last menstrual period being 2 weeks prior to her clinic visit. She also reported unprotected sexual activity with a male partner since Nexplanon placement, and requested removal of the implant in order to try to conceive.

DISCUSSION: These cases highlight the variability in duration of efficacy observed with the Nexplanon subdermal contraceptive implant beyond the 3 years approved by the FDA. Studies have shown that Nexplanon effectively prevents pregnancy for up to 5 years (3,4). In our cases, a serum etonogestrel level would have been helpful to determine if the Nexplanon was still effective by comparing these with the serum concentration seen in pharmacokinetic studies at 36 months of use (5), but this lab is not available in our system. These cases provide support for the growing number of organizations that counsel patients that the Nexplanon implant is effective for up to 5 years with typical use, as well as the growing evidence to support expansion of FDA approval from 3 years to 5 years.

From Room Air to ICU: A Case of Aspergillus, Pseudomonas, and Coccidioidomycosis

Lovedip Kooner, MD (1), Ejodakeme Okojie, MD (1), Funmilayo Idemudia, MD (1), Ralph Garcia-Pacheco, MD, (2), Royce Johnson, MD (3), Jacqueline Uy, MD (1)

(1) Rio Bravo Family Medicine Program at Clinica Sierra Vista; (2) Department of Pulmonology at Kern Medical; (3) Department of Infectious Disease at Kern Medical.

INTRODUCTION: The frequency of endemic mycoses is increasing and underscores the importance of timely diagnosis and treatment. Among these fungal infections, coccidioidomycosis poses a significant challenge due to its ability to mimic common respiratory illnesses. We present a case with evolving images of a 49-year-old woman initially diagnosed with a viral illness in an urgent care, bacterial illness, and aspergillus infection but progressed to ICU admission for serologic negative coccidioidomycosis.

METHODS: A 49-year-old female, with type 2 diabetes, hypertension, and ESRD on hemodialysis, presented with fatigue,odynophagia, nausea, and cough. Initially diagnosed with a viral illness at an urgent care, her symptoms worsened over six days, prompting an ED visit. Admission revealed hypertension, tachycardia, fever, nonproductive cough, and abnormal lung sounds. Lab findings: leukocytosis, hyperglycemia, elevated procalcitonin. With imaging, cavitary pneumonia was diagnosed. Empirical treatment with antibiotics and fluconazole was started. Initially coccidioidal serology was negative; throat culture: Pseudomonas positive; blood test: aspergillus antigen positive. Rapid deterioration required ICU admission and mechanical ventilation. Bronchoscopy confirmed pulmonary coccidioidomycosis. Treatment adjusted to IV amphotericin B and

methylprednisolone, improving the patient. On day ten coccidioid serology was reactive. Follow-up planned with improved imaging and continued antifungal therapy.

DISCUSSION: This case highlights the importance of considering fungal infections in patients with pneumonia presentations, especially in endemic regions and in patients with predisposing factors such as uncontrolled diabetes and hemodialysis. Animal models have shown that the inhalation of one spore can lead to coccidioidomycosis. Imaging studies play a crucial role in identifying characteristic findings of coccidioidomycosis, such as pulmonary nodules and cavitary lesions. However, serological tests may initially be falsely negative and may take six weeks for a positive result, necessitating further diagnostic modalities such as bronchoscopy for definitive diagnosis. Once diagnosed, prompt initiation of appropriate antifungal therapy is paramount to prevent disease progression and dissemination.

Recognition and Treatment of Nivolumab-induced Fulminant Myocarditis

Lynn M. Utley, MD (1) and Chellammal Sakthi, MD FACC (2)

(1) Kaiser Permanente Woodland Hills Family Medicine Residency Program; (2) Kaiser Permanente Woodland Hills Department of Cardiology

INTRODUCTION: Immune checkpoint inhibitors (ICIs) can lead to off-target autoimmune-like reactions known as immune-related adverse events (irAEs). Notably, irAEs rarely affect the cardiovascular system, and thus evidence-based treatment guidelines have not yet been elucidated. Herein, we present a 71-year-old male with invasive esophageal adenocarcinoma who presented with dyspnea, was diagnosed with ICI-induced fulminant myocarditis, and treated with a combination of high dose steroids, IVIG, and abatacept.

METHODS: The patient completed nivolumab infusions 25 and 11 days prior to arrival. Physical exam was unremarkable. Labs revealed a troponin of 19,000 and EKG with new LBBB. Cardiac catheterization showed no significant CAD and EF of 30-35%. Telemetry revealed VT and high-grade AV dissociation. Treatment for nivolumab-induced myocarditis was then initiated with pulse steroids. Subsequent echocardiogram (TTE) showed basal hypokinesis (EF 55-60%) with severe diastolic dysfunction. Prednisone at 1 mg/kg/day was continued. Troponin decreased then plateaued in the mid-7,000s. Empiric treatment was initiated with shared decision making. IVIG (60, 20, then 5g) was given, decreasing troponin to 2,000. Two daily doses of abatacept 1g were then given, bringing the troponin to 1,700. Cardiomyopathy and wall motion abnormality resolved on repeat TTE. The patient was discharged with prednisone taper and a plan for two additional outpatient abatacept infusions. Troponin was down to 146 at two week follow up.

DISCUSSION: This is a case of nivolumab-induced myocarditis treated with high dose steroids, IVIG, and abatacept infusions. This case presented the challenge of identifying and treating a rare condition in which guidelines are limited. There should be suspicion for ICI-induced cardiovascular events in patients with cancer presenting with clinical concern for ACS or new arrhythmia. If past ICI infusion is identified on history or medication review, myocarditis and other cardiovascular irAEs may be included in the differential diagnosis. Once ACS is ruled out, prompt recognition and treatment of myocarditis is critical. If the patient's condition is refractory to steroids alone, additional agents can be considered. In this case, the combination of steroids, IVIG, and abatacept provided a good outcome.

Stop, drop and drag

Myra A. Gutierrez, D.O.; Argin Haritounian D.O.; Bernadette Pendergraph, MD

INTRODUCTION: A 19 y/o M with h/o R ACL reconstruction presented for evaluation of lateral left knee pain that began one week ago during football practice. He is an offensive lineman at a local college. On Monday afternoon during practice, he was doing a blocking maneuver when he sidestepped and landed on his teammate's foot causing him to hyperextend and varus stress his knee. Immediately after, he felt lateral knee pain. He was able to bear weight but endorsed weakness with walking and a new limp.

METHODS: Left Knee: No swelling/effusion. Tenderness to palpation of the lateral joint line and LCL. Range of Motion -5 to 140 degrees. Specialty tests: positive McMurray with internal rotation, mild opening with varus stress but good endpoint. Negative Lachman, anterior/posterior drawer, and patellar apprehension. Decreased sensation of the lateral knee, anterior shin and dorsal aspect of left foot. Left ankle: Weakness with ankle dorsiflexion and eversion. Gait: Left foot did not dorsiflex enough to clear the floor. Left knee X-ray identified no fracture with probable joint effusion. MRI: Suspect for ACL tear. Increased signal with thickening of femoral attachment LCL complex supporting PLC injury with LCL tear. Cortical defect proximal fibular epiphysis supporting acute- subacute fracture fibular head. Popliteus and medial gastrocnemius muscle partial tears. Final diagnosis of Common peroneal nerve palsy with posterior lateral corner injury and fibular head fracture.

DISCUSSION: This case presents a unique mechanism of injury for a classic presentation of peroneal nerve palsy. Identifying a peroneal nerve palsy reinforces the importance of a complete MSK exam including strength, sensation and gait. These injuries are usually expected after direct trauma to the knee such as knee dislocations, lacerations, compression or traction injuries. This case highlights that non-direct contact injuries involving extension and varus stress of the knee also lead to peroneal nerve palsies and can have detrimental outcomes for athletes. In addition, it emphasizes the anatomical relationship between the posterior lateral corner, the fibular head and peroneal nerve. Preliminary treatment involved immobilization in a hinge knee brace and modified activities, no surgical intervention.

MOJAVE

ABSTRACTS

A Virtual Training Module for Medical Students to Rehearse Delivering Difficult News: Telling a Patient They Have an Abnormal Mammogram

A. Sugarman (1), Y.-M. Huang (2), D. Weisman (3), L. Gelberg (4), P.A. Ganz (5), W.S. Comulada (6)

(1) University of California, Los Angeles, David Geffen School of Medicine, Los Angeles, United States; (2) University of California, Los Angeles, Anesthesiology and Perioperative Medicine, Los Angeles, United States; (3) University of California, Los Angeles, Simulation Center, Los Angeles, United States; (4) University of California, Los Angeles, Family Medicine and Health Policy and Management, Los Angeles, United States; (5) University of California, Los Angeles, Medicine and Health Policy and Management, Los Angeles, United States; (6) University of California, Los Angeles, Psychiatry and Biobehavioral Sciences and Health Policy and Management, Los Angeles, United States

INTRODUCTION: It is difficult for physicians to break bad news to patients. Communication guidelines exist, but training is limited. Standardized patient (SP) programs provide active learning opportunities but are resource intensive. We are developing a virtual module for medical students with a simulated patient and coach, integrating GPT4 and natural language processing to mimic real-life conversations. Our first objective involves

conveying information about an abnormal mammogram to a patient, a common and challenging scenario in breast cancer diagnosis.

METHODS: We conducted in-depth interviews with primary care physicians, medical students, and breast cancer survivors to identify ways for physicians to better communicate with patients and help them navigate medical diagnostic and treatment processes. Next, we will develop the training scenario and pilot test it with 10 medical students to evaluate its feasibility, acceptability, and usability.

RESULTS: All interviewees identified a need for additional communication skills training. Medical students indicated that they participate in group sessions with SPs but are often observing and only sometimes directly role-playing with the SP. Physicians helped us refine the learning objectives, training scenario (e.g., focusing on the instance where there is a suspicious lesion), and the modality of training (through a simulated telephone call) to reflect how the news would likely be delivered during a telephone conversation.

CONCLUSIONS: Asynchronous virtual simulation modules can provide medical students with more opportunities to practice strategies for relaying difficult news to patients, improving rapport for patient-centered care.

Uncovering Microbial Modifiers of Antidepressant Responses During Pregnancy

Alonso J. Iniguez, MS (1), Sarah Hong (2), Elena J.L. Coley (2), Elaine Y. Hsiao, PhD (2)

(1) David Geffen School of Medicine, University of California, Los Angeles, CA, USA; (2) Department of Integrative Biology and Physiology, University of California, Los Angeles, CA, USA

INTRODUCTION: Perinatal depression is a growing public health crisis that impacts up to 20% of pregnant persons leading to adverse effects on maternal-fetal health. First-line treatment selective serotonin inhibitors (SSRIs) remain an enigma with a myriad of outcomes and potential adverse effects on fetal development. With evidence highlighting the interactions between the gut microbiome and host-responses to SSRIs, we will characterize the underlying microbial modulators of the most commonly prescribed SSRIs: fluoxetine, sertraline, and escitalopram.

METHODS: 5-7 week old specific pathogen-free and germ-free Swiss Webster female mice were acclimated for two weeks prior to timed-matings. Daily plug checks performed and administration of Fluoxetine (10mg/kg), Sertraline (10mg/kg), Escitalopram (15mg/kg) or Vehicle via oral gavage was started at E7.5. Fecal samples were collected at E4.5, E7.5, E11.5, E14.5, and E18.5. On E18.5, dams were sacrificed, tissue collection included: maternal brain, colon, small intestine, placenta, fetal brain, whole embryos, maternal and fetal serum. We performed 16S sequencing, and will explore alterations in the fetal brain transcriptome using RNA sequencing and synaptic organization via immunohistochemical analysis.

RESULTS: SSRIs did not impact gestational weight gain in SPF or GF dams. Litter sizes were not altered in SPF mice, but were significantly decreased in GF escitalopram mice. SPF mean embryo, placenta, and fetal brain weight were not impacted by SSRIs, but mean embryo weight was significantly reduced in GF escitalopram mice. No distinct effect noted on neuronal proliferation in SPF fetal brains. Alpha diversity was significantly impacted by sertraline and escitalopram across the pregnancy. No distinct global effect was noted in beta-diversity. Treatment with SSRIs was found to significantly increase the relative abundance of bacteria from the lachnospiraceae, clostridia, and ruminococcaceae families.

CONCLUSIONS: The underlying mechanisms of gut microbiome-SSRI interactions and their potential influences on patient responses to SSRI treatment, particularly in the context of maternal depression during pregnancy, remain unknown. Highlighting the distinct impacts of the most commonly prescribed SSRIs is the first step to transform interventional strategies for treating symptoms of maternal depression and limiting adverse consequences of SSRIs on fetal development during pregnancy.

Sinonasal Symptoms Within the Black Community of Los Angeles

Christian Wooten, BA (1), Amina Khan, BS (2), Melodyanne Cheng, MS (1), Kevin Hur, MD (3)

(1) David Geffen School of Medicine at the University of California, Los Angeles; (2) Keck School of Medicine of the University of Southern California; (3) Caruso Department of Otolaryngology-Head and Neck Surgery, Keck School of Medicine of University of Southern California

INTRODUCTION: While sinonasal symptoms are prevalent in the general population, there is a notable gap in research concerning their prevalence in minoritized communities. The study aims to assess the severity of sinonasal disease symptoms in the Black community of Los Angeles and evaluate their accessibility to healthcare services.

METHODS: Our cohort comprised a convenient sample of self-identified Black or African-American individuals within Los Angeles County who completed an English or Spanish survey between January 2023 and 2024. The survey, distributed in public settings, encompassed demographic information, validated SNOT-22 and NOSE-5 scales to assess sinonasal symptom severity, and health access questions. Descriptive statistics were performed using GraphPad, with continuous variables expressed as means and standard deviations and categorical variables as percentages.

RESULTS: Men comprised a majority (63.6%) of our cohort of 79 respondents, with most individuals (51%) having at least a college degree education and about half (47.1%) of participants earning less than \$50,000 annually. The mean NOSE scale score was 29.27 +/- SD 19.48, while the mean SNOT-22 was 22.6 +/- SD 7.84. Most respondents (52.6%) did not receive medical care for their symptoms. Despite 90.2% of participants having medical insurance and a similar majority (89.5%) noting it was easy to access medical care at a doctor's office or hospital, over half (60.5%) of individuals reported needing to experience fairly bad to severe sinonasal symptoms before seeing a doctor.

CONCLUSIONS: Black and African American individuals surveyed reported, on average, moderate subjective measures of sinonasal symptoms. A significant proportion did not seek medical care, potentially driven by the perception that their symptoms do not warrant a physician visit due to their perceived severity.

Increasing Bystander CPR Training in Latino Communities

Citlali Perez (2), Alberto Romo Valenzuela (2,3), Erika Nguyen (1), Sofia Garza (1), Rose Diaz, MD, MPH (1,3)

(1) University of California, Los Angeles (UCLA); (2) David Geffen School of Medicine at UCLA Program in Medical Education - Leadership and Advocacy (PRIME-LA); (3) Department of Emergency Medicine, David Geffen School of Medicine at UCLA

INTRODUCTION: Latinos in Los Angeles receive bystander Cardiopulmonary Resuscitation (CPR) at approximately half the rate of White Angelinos. Multiple studies have found that Latino patients are less likely to receive

bystander CPR, despite its critical role in cardiac arrest survival. We aimed to assess CPR knowledge and utilization in the local Latino community by surveying respondents at health fairs held in predominantly Latino neighborhoods.

METHODS: The research was conducted at two locations: the Vision y Compromiso conference, a prominent meeting of promotoras nationwide, and the Latino Student Health Project (LSHP) Health Fair in Pacoima. Participants were community members who attended one of these health education events. A structured thirty-question survey assessed CPR knowledge and identified barriers to learning and performing CPR. Descriptive statistics were employed to analyze the data, focusing on key indicators such as CPR knowledge and identifying barriers to learning CPR and performing CPR. Stratification analysis was conducted to explore variations in responses to demographic variables, such as age, education, and income.

RESULTS: A total of 82 individuals combined participated in the survey, providing insights specific to the Latino community. Our results demonstrated that 77.3% of survey respondents were aware of the purpose of CPR. Although 88.9% had some knowledge about CPR, only 58.0% felt comfortable demonstrating CPR techniques. Despite 74.4% having attended a CPR course, only 45.3% held an active certification. Reported barriers to certification included cost (39.3%) and language accessibility (25.0%). Reported barriers to performing CPR were language barriers in emergency situations (75.0%), fear of legal issues (53.2%), and uncertainty about when to perform CPR (41.6%).

CONCLUSIONS: Latino community members understand the purpose of CPR but are hesitant to demonstrate CPR in public settings. Barriers to taking CPR courses included cost and availability of classes in Spanish. Reported barriers to performing CPR include language barriers, fear of lawsuit, and inability to recognize cardiac arrest. To improve CPR education in the Latino community, classes should incorporate an overview of Good Samaritan laws and instructions about how to quickly recognize cardiac arrest.

Skin Deep: Illuminating Dermatologic Challenges in Street Medicine

Geena Conde BS (1), Gerardo Moreno MD (2)

(1) David Geffen School of Medicine at UCLA; (2) Department of Family Medicine at UCLA

INTRODUCTION: The Mobile Clinic Project (MCP) is a student-run clinic that offers free medical services directly on the streets, reaching those who may face barriers to accessing traditional healthcare facilities. Dermatologic issues can pose significant challenges for this population, as they are exposed to environmental factors that may exacerbate skin conditions, such as harsh weather conditions and limited access to healthcare. This study aims to evaluate the prevalence of skin conditions and treatments to develop tailored quality improvement strategies.

METHODS: We performed a retrospective medical chart review using data from January 1, 2022, to February 28, 2024. The study included patients at least 18 years of age, and who were treated at MCP for dermatologic concerns. Five patients were excluded due to being under 18 years old. Demographic and clinical data were summarized using descriptive statistics and measures of central tendency.

RESULTS: Out of 437 medical visits, 35.8% sought treatment for dermatologic concerns. The median age was 51.6 years, with a male (67.8%) and Latinx (26.0%) demographic predominance. Common dermatologic diagnoses included cellulitis, abscesses, atopic dermatitis, fungal infection, rash, open wound, scabies, and unspecified pruritus. Tinea pedis and onychomycosis were frequently observed. Treatment modalities were primarily over-the-counter medication with hydrocortisone cream being the most heavily prescribed medication in the clinic.

Permethrin cream 5% and oral antibiotics including doxycycline, cephalexin, and trimethoprim/sulfamethoxazole were most commonly picked up from the local pharmacy.

CONCLUSIONS: This study emphasizes the demand for equitable dermatologic care among persons experiencing homelessness. The prevalence of skin infections underscores the need for sufficient resources, particularly antibiotics and wound care supplies, to address the ongoing health needs of our patients. Recognizing the burden of foot-related conditions, we partnered with a podiatry student-run clinic to provide specialized services, furthering our commitment to comprehensive and tailored healthcare delivery.

Understanding geospatial patterns of suspected strokes in Los Angeles County: A geospatial analysis of neighborhood socioeconomic status, access, and transit times

Hanin Sheikh BS(1), Stefanie Vassar MS (2), Arleen Brown M.D Ph.D (2)(3), Jeffrey Saver M.D (4), May Nour M.D PhD (4)

(1) UCLA DGSOM (2) UCLA CTSI (3) UCLA Department of Medicine (4) UCLA Department of Neurology

INTRODUCTION: Stroke is a leading cause of death and disability in the US and disproportionately affects racial and ethnic minority, lower income, and less educated patients Nationwide, 64% of stroke patients utilize Emergency Medical Services (EMS) transport which is associated with more rapid evaluation and treatment of strokes. Lower use of EMS, longer symptom-to-hospital arrival times, and lower rates of thrombolysis or thrombectomy have been observed among racial and ethnic minority patients. Neighborhood of residence may contribute to this disparity.

METHODS: This retrospective study used geocoded data from LAC EMS (2019-2022) linked to US Census data. NSES was defined as median income in the residential neighborhood. Prehospital care was assessed using mean EMS response time and symptom-onset to arrival time of \leq one hour, a crucial time frame for stroke care. Multivariable regression models adjusted for age and gender were used to estimate differences in transit times between lowest and highest median household income quartiles.

RESULTS: For 26,129 EMS unique stroke calls, mean EMS response time was 8.94 (SD 4.73) minutes in the highest NSES income quartile, compared to 7.86 (SD 4.34) minutes for the lowest quartile of median household income, $P < 0.001$. In adjusted models, EMS response was longer in patients from the highest NSES quartile $\hat{\beta} = 1.07$ (95% CI 0.69-1.4X, $P < 0.001$) compared to the lowest quartile. In contrast, residents of communities in the highest NSES quartile had higher odds than those in the lowest quartile of arriving at the hospital within 1 hour of symptoms OR=1.3 (95% CI 1.01-1.39).

CONCLUSIONS: Compared to patients with stroke from low NSES communities, those from communities with a higher NSES had longer EMS response times but also had higher likelihood of hospital arrival within one hour of symptom onset. The disparity in early hospital arrival may be associated with delays in care that result in worse clinical outcomes.

Optimizing Utilization of Next Day Clinic at Olive View-UCLA Medical Center

Irvin Garcia Real (1), Paul Salama, MD (2)

Olive View Medical Center Department of Medicine (1), David Geffen School of Medicine (2)

INTRODUCTION: The Next Day Clinic (NDC) at Olive View-UCLA Medical Center is an outpatient resource that offers services that traditionally are rendered within the hospital exclusively and offers expedited access to outpatient tests and procedures. This inpatient alternative aims to reduce ED hospitalizations and shorten inpatient stays. Given the resource limitations in a safety net hospital, using NDC serves as an innovative tool that could lead to improvements in healthcare delivery, but its benefits are hindered by underutilization.

METHODS: Based off a thorough root cause analysis, we identified several factors that contribute to poor referral rates across different providers. From these identified factors we are designing an intervention to address the root causes. Our first intervention will be to create a precise and concise informational video that we will be distributing across all hospital groups that are eligible to make NDC referrals. Throughout this process we will be measuring the number of referrals made by individual attendings, plotting the referral rates on a run chart, and we will then be assessing the effectiveness of our intervention and the need for further change concepts.

RESULTS: At this moment, results are still pending, but we hypothesize that our intervention will result in increased referral rates to the Next Day Clinic.

CONCLUSIONS: The NDC presents a pioneering care model with potential to curtail healthcare costs, alleviate strain on hospital resources including the ED, and enhance care quality for underserved populations. Emphasizing utilization of these services and endeavoring to boost referral rates to NDC is paramount for optimizing healthcare delivery.

Studying the Association of Adverse Mental Health Outcomes and Alopecia Areata in Racial and Ethnic Groups

Michael Freddy, BS (1), and Carolyn Goh, MD (2)

(1) David Geffen School of Medicine at University of California, Los Angeles; (2) UCLA Health

INTRODUCTION: Alopecia Areata (AA) is an autoimmune disease characterized by the loss of hair; ranging from a patchy distribution to complete hair loss. Studies have shown that women face greater challenges when dealing with hair loss than their male counterparts. We are studying the association of a concurrent AA diagnosis and adverse mental health diagnosis in patients who come from different racial and ethnic groups. We aim to identify if this occurs in some groups more than others and pursue further research/intervention to improve the disparity.

METHODS: This is a Quantitative research study of the National Institute of Health's All of Us database with over 750,000 Participants across the United States. In total, 11,259 patients were identified that had a diagnosis of AA who were then further analyzed as having AA and a concurrent diagnosis of depression and anxiety. Of the 58,617 patients with depression and anxiety, 4,275 were found to have related depression and anxiety. These 4,275 patients were then separated by race and ethnicity to extrapolate data pertaining to our study. The data is currently being collected and will be submitted to a statistician to help develop the significance of the findings

RESULTS: Pending final data collection

CONCLUSIONS: Based on preliminary data, the three groups with the highest association of an adverse mental health outcome with a AA are White, Hispanic or Latino, and Black or African American patients. It is hypothesized that further analysis of the data will show that marginalized communities face a higher association. The results will help educate providers to have a lower threshold to connect patients with higher associations to psychotherapy, psychiatry, and group support.

Center-Level Variation in the Development of Acute Kidney Injury Following Cardiac Operations

Troy N Coaston BS(1), Joanna Curry BA(1), Amulya Vadlakonda BS(1), Saad Mallick MD(1), Giselle Porter BS(1), Corynn Branche(1), Nguyen Le MS (1), Peyman Benharash MD(1,2)

(1)Cardiovascular Outcomes Research Laboratories (CORELAB), David Geffen School of Medicine at University of California, Los Angeles, CA 90024; (2)Division of Cardiac Surgery, Department of Surgery, David Geffen School of Medicine at University of California, Los Angeles, CA 90024

INTRODUCTION: Acute kidney injury (AKI) is a frequent complication following cardiac surgery and is associated with significant morbidity and mortality. Racial disparities in the development of AKI have garnered much attention given the recent transition away from race-based assessments of glomerular filtration rate. Additionally, center-level factors associated with AKI remain poorly understood. In this national study, we evaluated center-level variation in the incidence of AKI after elective cardiac surgery.

METHODS: Adult patients undergoing elective coronary artery bypass graft or valve operations were identified in the 2010-2020 National Inpatient Sample. The adjusted Wald test, Pearson's χ^2 , and Mann-Whitney U tests were employed to assess intergroup differences, as appropriate. Multilevel mixed-effects models were utilized to rank hospitals based on the estimated rate of AKI. The interclass coefficient (ICC) was used to estimate variation attributable to hospital factors. High AKI centers (HAC) were defined as those within the top 10% of the estimated AKI rate. The association between HAC status, mortality, perioperative complications, length of stay, and hospitalization costs were further analyzed.

RESULTS: Of 1,324,083 hospitalizations, 4.9% were at HACs. Compared to Non-HAC, HAC had lower annual cardiac case volume (62[40-115] vs 145[80-265]; $p < 0.001$) and served a larger proportion of non-White patients (20.0 vs 15.1%; $p < 0.001$). On adjustment, compared to White patients, Black (Adjusted Odds Ratio [AOR] 1.87, 95% Confidence Interval [CI] 1.76-1.98), Hispanic (AOR 1.31, 95%CI 1.23-1.40), and Asian (AOR 1.33, 95%CI 1.22-1.45) patients had higher odds of AKI. HAC patients had increased odds of respiratory (AOR 1.72, 95%CI 1.57-1.90), infectious (AOR 1.57, 95%CI 1.40-1.76), and cardiac complications (AOR 1.27, 95%CI 1.18-1.36) as well as higher hospitalization costs ($\hat{\tau}^2 + \$4151$, 95%CI \$2305-\$5997).

CONCLUSIONS: There exists significant variance in the incidence of AKI between facilities. HAC had on average a lower volume indicating decreased center experience may be related to the observed variance. Additionally, minority patients more often received care at HAC, contributing to, but not entirely explaining, racial disparities in outcomes. In closing, AKI rate is a valuable quality measure and thorough review of institutional practices is required to reduce the incidence of AKI at HAC.

CASE REPORTS

Anterior tibial cortex stress fracture in a 14yo sprinter

Aimee Steen, MS III (1,2), Gagan Kooner, MD (1), Alex Casey, DO, Harnek Singh, MD (1)

(1) Rio Bravo Family Medicine Residency Program, (2) Western University College of Osteopathic Medicine of the Pacific

INTRODUCTION: Anterior tibial cortex stress (ATCS) fractures are relatively rare, making up approximately 2.4% of all stress fractures and 4.6% of tibial stress fractures. In contrast to posteromedial tibial stress fractures, anterior

tibial stress fractures are considered high risk and can be difficult to treat. Conservative management is often prolonged, uncertain, and requires eventual referral to an orthopedic surgeon. Here we present a case of anterior tibial stress fracture in a 14 year old sprinter.

METHODS: A fourteen year old track and field athlete presents for focal tenderness on the anterior aspect of his right tibia for the past two months. The pain is worse with activity, better with rest. The patient has been using Biofreeze daily with a little improvement of his symptoms. On physical exam, there are no gross lower extremity deformities. There is focal tenderness over the anterior mid-tibia diaphysis with a small 1 x 1cm area of palpable bony abnormality noted. Gait is normal. Hop test is positive. AP and lateral view radiographs of the right tibia/fibula showed cortical thickening of the tibia and fibula especially of the anterior tibial cortex with no identifiable fracture line present. Follow up MRI was recommended and ordered for further assessment. The patient was referred to physical therapy, extensively counseled on strict activity modification, and advised to take OTC acetaminophen for analgesia with close follow up in 3 weeks.

DISCUSSION: ATCS fractures are rare, high risk, and must be differentiated from their posteromedial counterparts due to the need for more aggressive treatment measures. Healing ATCS fractures is complicated by constant muscular strain and poor vascularity of the region leading to high rates of delayed union and nonunion. Currently there are no specific guidelines for managing ATCS fractures, though a trial of conservative management including activity modification and PT is typically appropriate. Acetaminophen for analgesia is preferred, though it should not be used to facilitate pain-free activity due to increased risk of re-fracture or nonunion. Consider referral for surgical management if quicker return to sport is required or if there are signs of nonunion with trial of conservative therapy.

Successful spontaneous pregnancy and normal reproductive outcome in adequately treated Classical Congenital Adrenal Hyperplasia patient with 21 OH Deficiency- a Case Report

Anna Bjarvin, MSIII (1), Sudha Ranganathan, MD (1)

Department of Family Medicine, Rio Bravo/Clinica Sierra Vista

INTRODUCTION: Patient is a 49 year old G2P2 with PMH significant for CAH who was able to become pregnant twice without reproductive assistance. Many patients with classical and non-classical CAH are unable to naturally conceive; as they have abnormal menstrual cycles and impaired fertility. Patients with a surgical history of vaginoplasty who successfully become pregnant are advised to undergo C-section to avoid damage to the surgically created vagina.

METHODS: Patient presented to the family medicine clinic for routine examination and management of postmenopausal symptoms after a hysteroscopy and polypectomy in 2022 for a 10 mm endometrial polyp. The patient had a history of 21-hydroxylase deficiency resulting in congenital adrenal hyperplasia, however she was able to become pregnant without reproductive assistance and had experienced regular menses up age 47 when she began to enter menopause. She delivered both her children via Cesarean section at term. Her daily medications included hydrocortisone, and other pertinent history included HTN, HLD, osteoarthritis, osteoporosis and class I obesity managed with semaglutide. She has been on long-term glucocorticoid replacement and had vaginoplasty with clitoral reduction at age 17, she had also taken fludrocortisone daily for years but this was eventually discontinued as it was not medically necessary for maintenance of her disorder.

DISCUSSION: Classical CAH resulting from 21-hydroxylase deficiency is known for impairing fertility due to excess production of adrenal androgens which can lead to virilization and irregular menses. A study in Sweden showed

that only 8.1% of patients with salt-wasting classical CAH were able to conceive biological children, compared to a fertility rate of 40.1% in simple virilizing CAH. Another study of 93 Korean adults menstrual irregularities were common, with a prevalence of 57.1%. Menstrual irregularities correlated to shorter stature and higher DHEAS level. In this case report, we demonstrate a patient with CAH who was successfully treated with glucocorticoids and was able to achieve regular menses and conceive her children without reproductive assistance.

A Rare Case of Biatrial Myxoma in a Young Male Presenting with Cerebrovascular Accident

Joseph Soliman, MS (1), Dr. Harnek Singh, MD (2), Dr. Tana Parker, MD (3)

Rio Bravo Family Medicine Residency Program

INTRODUCTION: Cardiac myxomas are the most common primary neoplasms found in the heart and most commonly arise in the left atrium. Biatrial myxomas on the other hand are extremely rare. This case describes a healthy 23yo male who presented with unilateral weakness and was admitted for an ischemic stroke, secondary to biatrial myxomas that were incidentally found. Given their rarity, early cardiac evaluations for young adults presenting with cardio and/or neurologic symptoms may be crucial for proper treatment.

METHODS: A 23-year-old male with no significant medical history presented to the ED with new onset right-side weakness for one hour prior to arrival. Stroke code was activated which included an echocardiogram and imaging. CT imaging showed a Left MCA segment thrombus formation. MRI head/brain showed multifocal regions of acute ischemia within the Left MCA territory. Echo showed a large mobile mass in the left atrium and a smaller mass in the right atrium. The patient was admitted for an acute cerebrovascular accident. Due to the biatrial myxomas found incidentally on the echo, cardiothoracic surgery was consulted and evaluated for possible intervention. The patient was immediately transferred for resection of the atrial mass. His neurologic symptoms stabilized before he underwent bypass surgery for resection of the mass. A 4x6cm left atrial and a 1x2cm right atrial mass were excised and sent to pathology for confirmation. The patient had a swift recovery and was discharged home within the week.

DISCUSSION: Though mostly benign in nature, myxomas are not without complications. There is evidence that suggests myxomas can lead to cardiovascular and neurologic complications such as occurred in this case. Consequently, the presence of multiple myxomas may lead to a higher risk of developing an embolization event such as a stroke. Although myxomas occur most commonly in adults ages 30 to 60, the patient was a 23-year-old healthy male. Myxomas are mostly sporadic and thought to arise from a combination of genetic and environmental factors with a small incidence of familial correlation. For adults, there are no current screening methods for myxomas. Consequently, myxomas, although rare, are an important differential to have for young adults presenting with neurologic and/or cardiovascular symptoms.

High on the Hog: Atypical presentation of hamstring rupture

Matthew Tan, OMS-III(1), Isabelo Bustamante, MD (2), Gagan Kooner, MD (2) Harnek Singh, MD (2)

(1) Western University of health Sciences.; (2) Rio Bravo Family Medicine

INTRODUCTION: Hamstring injuries are a common injury seen among athletes involved in sports pertaining to high speed running or stretching to extreme lengths (1). There are many risk factors for a hamstring injury including age, ethnicity, body mass and height. Among these risks are the type of sport played(1). Here we present

a case of a patient that suffered a near complete rupture of the hamstring while playing basketball. Although hamstring injuries are common in basketball, a near complete tear is rare.

METHODS: Patient is a 32 year old male with no significant PMH presented after experiencing posterior leg pain while playing basketball. The patient states he was playing basketball when he felt sharp pain in his hamstring causing him to fall to the ground. The patient rose on his own and limped off the court moments afterwards. No erythema or swelling noted on the hamstring on the left thigh, tender to palpation at the proximal hamstring, no limit in active or passive ROM but movement noted to be very slow and cautious in comparison to contralateral leg. Left Leg MRI: Near complete rupture of the proximal biceps femoris myotendinous junction with distal tendon retraction and mild soft tissue hemorrhage. Tendon gap of approximately 2.7 cm located approximately 6.9 cm below ischial tuberosity. Patient was maintained on conservative management of RICE. Patient was continued on conservative management of physical therapy and was slowly transitioned back to sports activities 6 months later.

DISCUSSION: Most high risk of the North American sports were men's baseball, soccer, and track and field (3). Although basketball players commonly have hamstring injuries, complete rupture is rare in comparison to other sports. The most common mechanism of injury of the hamstring amongst athletes occurs during the late swing phase before heel striking in the running gait cycle. This movement causes the hamstrings to undergo eccentric contractions while the hips are flexed and the knee extended(4) Actions that involve this movement include sprinting, high intensity running, stopping, starting, quick changes of direction and kicking (5). This case shows that even with minimal findings upon initial exam, sometimes it may be necessary to include hamstring rupture in the differential.

The Complexity of the TFCC: Ulnar-sided Wrist Pain in a Collegiate Baseball Player

Simon P. Lalehzarian, MHA MS (1, 2), Leopoldo Hartmann Manrique, MD (1), Abigail Moore, ATC (3), Harnek Singh, MD (1)

(1) UCLA-Rio Bravo Family Medicine Residency Program; (2) American University of the Caribbean School of Medicine; (3) California State University, Bakersfield

INTRODUCTION: The ulnar side of the wrist is a "black box" due to its intricate anatomy, complex differentials, and varied treatment outcomes. In athletes who routinely perform pronation/supination, radial/ulnar deviation, and axial loading of the forearm and wrist, ulnar-sided wrist pain affecting the triangular fibrocartilage complex (TFCC) is common. Here, we present a case of a left wrist TFCC tear associated with an extensor carpi ulnaris (ECU) subsheath tear in a collegiate baseball player.

METHODS: A 22-year-old right-hand dominant male collegiate baseball player presented with ulnar-sided left wrist pain five days after swinging a baseball bat and feeling a painful "pop". Patient states this has happened before while playing baseball and was treated nonoperatively. On examination, he had mild swelling and tenderness to palpation at the hamate, triquetrum, ECU, and ulnar styloid. Additionally, pain was elicited on the ulnar fovea sign test, ECU synergy test, and ECU subluxation test. X-rays of the left wrist showed minimal ulnar positive variance. An MRI of the left wrist showed ulnar-sided soft tissue edema, moderate tendinosis with partial tear of the ECU, and partial central tearing of the TFCC. He was diagnosed with a left wrist TFCC tear associated with an ECU subsheath tear. Treatment options were discussed and patient decided to undergo temporary splint/cast immobilization with non-steroidal anti-inflammatory drugs (NSAID) for three weeks followed by surgical repair.

DISCUSSION: The workup of ulnar-sided wrist pain can be complex. With athletes, physicians should focus on elements of the history that can occur in conjunction with individual sports. Additionally, for TFCC injuries, physicians should utilize special tests such as the ulnar fovea sign test which has a 95% sensitivity for foveal disruptions of the TFCC (Tay et al., 2007). MRI imaging is useful as a preliminary diagnostic tool with arthroscopy being the diagnostic gold standard. Following diagnosis, physicians should discuss conservative therapies, corticosteroid injections, and referral to a hand surgeon for operative management if necessary. The best outcomes with TFCC injuries will occur with prompt initiation of conservative treatment followed by a surgical consultation in a timely manner.

LECTERN SESSION 1

(1:40 – 2:25pm)

Practice Management- Improving Patient Handoff in the Athletic Training Room

Alexandra Abbott, MD (1), Basil Ike, DO (1), and Marissa Vasquez, MD MBA

(1) Department of Family Medicine at UCLA

INTRODUCTION: The transition and initiation of care for a new patient within the clinical setting is often communicated with standardized handoffs [1-4]. This is particularly critical in the emergency and hospital settings, where inadequacy poses risk for medical errors. In our athletic training facility, athletes arrange physician care through athletic trainers, who serve as liaisons for scheduling and communication. Our project sought to standardize handoff practices in a training room setting.

METHODS: Physicians recorded the number of patients scheduled for their training room clinic and the number of notifications received about the appointments. This data was recorded from November-December 2023. After this pre-implementation period, the athletics team of trainers and physicians developed a standardized handoff protocol, adapting the IPASS model settings for the care of athletes in the training room. Additionally, scheduling patients included a new prompt to remind the trainer to communicate with the physician. Physicians recorded post-intervention data similarly to pre-intervention measurements following this education, from January-March 2024.

RESULTS: During the two-month pre-intervention recording period, approximately 24% of scheduled patients were associated with communication from the athletic trainer to the physician being seen prior to the appointment (15/64). Following education regarding handoff implementation, communication improved to 91% (63/69) over the following two months.

CONCLUSIONS: This quality improvement (QI) project aimed to optimize patient handoff in the athletic training room at a Division I university, emphasizing communication strategies to improve efficiency and quality of patient care. The QI initiative in our athletic training room contributes a model for patient handoff processes that demonstrated rapid implementation and quality improvement. Our initial rate of 24% of patient appointments associated with physician communication improved to 91%.

Meditation as an Adjunctive Nonpharmacologic Treatment for Hypertension

Dr. Ashley K. Anderson, DO; Dr. Lucy Lee, MD

Dignity Health Family Medicine Residency Program at Northridge

INTRODUCTION: Hypertension is a fairly easily treatable prevalent chronic disease diagnosis that affects approximately 32% of all adults in the United States. Blood pressure is affected by several factors including autonomic function. Meditation has been widely proposed as a tool to lower stress levels and therefore blood pressure levels. More research about the quantitative amount meditation has on blood pressure reductions is needed. This study looks at blood pressure reductions in the office setting in a control versus a meditation group.

METHODS: This is a prospective un-blinded randomized control study. Study subjects were patients already being seen in the primary investigator's (PI) clinic. If patients qualified, PI obtained verbal consent to participate in this study. Patients were then randomized by placing every other patient in the control or meditation group, respectively. For control subjects, initial vitals were taken then re-taken 5 minutes later and a survey given. The study group had initial vitals taken, provided a 5 minute self-guided meditation via an ipad. before repeating the vitals and the survey.

RESULTS: Based on preliminary data of 18 participants (9 in each group), the control group had a mean systolic blood pressure (SBP) increase of 1.625 mm Hg (0.211, P-value < 0.05) and a mean diastolic BP (DBP) increase of 1.375 mm Hg (0.217). The meditation group had a mean SBP decrease of 6.125 mm Hg (0.211) and mean DBP decrease of 1.25 mm Hg (0.217). The results were statistically significant. In the meditation group, there was also an improvement in mood (0.005) and higher likelihood of considering meditation in the future (0.014) but these results were not statistically significant using a P-value of 0.05.

CONCLUSIONS: Analysis of preliminary data showed a statistically significant lowering of blood pressure in the meditation group compared to the control. The meditation group also on average showed more of an improvement in mood and had a higher likelihood of considering meditation as a possible way to improve blood pressure. However, these results were not statistically significant. Meditation may prove to be a useful adjunctive therapy that could be incorporated into the office setting.

Resident Connect: Fostering Well-being and Community in Decentralized Medical Training among Charles R. Drew Family Medicine Residents

Melanie Chan Cowes, MD; Frances Leung, MD, MPH; Jennifer Le MD; Kirin Escher, MD; Sarah Motahdi, MD; Yomi Adeyemi, MD; Walter Anazonwu, MD; Nahal Torabi, MD

Charles R. Drew University of Medicine and Science

INTRODUCTION: Family Medicine physicians face higher burnout rates than other specialties, at 57% and 50% respectively. Residents experience 23% depression compared to 8% in the general population. Wellness is a challenge for residency programs. This project targets burnout in Charles R. Drew University's decentralized residency program. 24 residents serve SPA 6, rotating across 5 sites with limited peer interaction. Interventions promoting well-being, camaraderie, and community are crucial. Goals: reduce average burnout scores by 20% in 10 months.

METHODS: Interventions include teaching burnout mitigation strategies, organizing social events including annual residency retreats and reinforcing the existing peer support system. We administer the Maslach Burnout Inventory (MBI) to residents every 3 months to measure the impact of interventions. We calculated the scores for emotional exhaustion (EE) which range from 0-17 for low, 18-29 for moderate, 30 and above for high burnout; and scores for depersonalization (DP) from 0-5 for low burnout, 6-11 moderate, 12 and above for high burnout.

RESULTS: The first MBI cycle was implemented September 2023: N = 18: 8(45%) interns, 6(33%) PGY-2 and 4(22%) PGY-3. The mean score for EE was 20.3, 16.5 and 29 respectively. The mean score for DP was 12.1, 14.3 and 24 respectively. The second MBI cycle was implemented December 2023, N = 16: 6(38%) PGY-1, 5(31%) PGY-2 and 5(31%) PGY-3. The mean score for EE was 19.2, 25.8 and 26.8 respectively. The mean score for DP was 11.8, 15.6 and 20.4 respectively. The third MBI cycle was implemented March, 2024, N = 16: 4(25%) PGY-1, 7 (44%) PGY-2 and

5 (31%) PGY-3. The mean score for EE was 22.8, 24.3 and 24.2 respectively. The mean score for DP was 13, 15 and 17.2 respectively.

CONCLUSIONS: PGY-1s' EE and DP scores remained stable. PGY-2s' scores peaked, then plateaued. Both groups showed statistically similar burnout levels. PGY-3s' EE decreased by 16.6%, DP by 28.4%. Residents faced challenges like COVID-19's impact on training, Gaza-Israel conflict, and internal leadership changes affecting the sense of stability. Our interventions likely positively impacted and reduced burnout.

Comparing the Effect of Implementing the Clinic First Model on Pediatric Continuity in Two Los-Angeles based Family Medicine Residency Programs

Kristian James, MD (1), Karamjit Chela, MD (2), Sarah Nazarkhan, MD (3), Tasha Dixon, MD, MPH (4), Matthew Yu, DO, MPH (5)

(1) Department of Family Medicine at Charles Drew University, (2) Harbor-UCLA Medical Center Department of Family Medicine

INTRODUCTION: Patient continuity is a core family medicine value supported in the 2023 ACGME revision. This presents a curricular challenge to residency programs where the needs of inpatient services and rotation learning opportunities are weighed against predictable "Clinic-First" continuity scheduling.

METHODS: Over two 6-month intervals, spanning July to December in both 2022 and 2023, a total of 636 Pediatric visits occurred in two family medicine teaching programs, involving 39 residents. Both programs, part of the same urban safety-net health system in LA County, shared similar patient demographics and both were patient-centered medical homes. The intervention group adopted a "Clinic-First" model, prioritizing predictable resident clinic sessions (4 hours weekly) for 10 of 13 rotation blocks starting July 2023, while the control group maintained resident clinic scheduling based on rotation. Continuity percentages were defined as empaneled patients seen divided by patient's seen.

RESULTS: Continuity of care showed a larger improvement and net % change over time, in the intervention group (+13% vs -5% First-year, -4% vs +1% Second-year). The control group had higher overall patient continuity percentages at across time periods.

CONCLUSIONS: Redesigning the family medicine residency continuity clinic to emphasize a "Clinic-first" model with predictable resident schedules improved resident continuity among the pediatric population for the PGY-1†' PGY-2 cohort but continuity did not improve over time for either PGY-2†' PGY- 3 groups.

POSTER SESSION 2

(2:25 – 3:05pm)

Throughout the 40-minute Poster Session, we encourage attendees to visit all three break-out rooms to view all abstract and case report posters and ask questions of the authors. At 2:35PM and 2:50PM those presenting abstracts will provide 60-second oral summaries of their projects in each breakout room. This year all medical student posters are in Mojave.

CABRILLO

ABSTRACTS

HPV Vaccine Hesitancy: Vaccine Information Sheet Effectiveness

Daniel L. Quan DO, Cindy Yang MD

Dignity Health Medical Group Northridge Family Medicine

INTRODUCTION: HPV vaccination rates nationally and in our clinic fall short of the CDC established goal of 80% by 2030 [CDC 2024]. One contributor may be vaccine hesitancy that is present worldwide including Los Angeles [Szilagyi 2020, Tsui 2023]. One CDC strategy to improve the rate of national vaccination is providing more educational information. Our aim was to identify HPV vaccine hesitancy in our clinic's population and quantify the degree of impact Vaccine Information Sheet (VIS) from Immunize.org has on addressing HPV vaccine hesitancy.

METHODS: Potential participants were identified using Health Registries in our electronic medical record. Inclusion criteria: incomplete HPV vaccination, patients age 11-17 years, and parents/guardians with English literacy. Exclusion criteria: patients age >17 or <11 years, patients missing all vaccination records, and parents/guardians without English literacy. Parents/guardians were called to obtain verbal consent to receive the link for anonymous electronic surveys and VIS. The pre- and post-VIS surveys (adapted from a previous study) included questions of barriers to vaccination and demographics, with responses given on a 4-point scale: strongly agree, agree, disagree, strongly disagree [Tsui].

RESULTS: Pending final data. The pre- and post-VIS survey responses will be compared by paired T-test, with 95% confidence intervals.

CONCLUSIONS: Prominent contributors to low HPV vaccination may be concerns of "side effects," "safety," and "too many vaccines in a short time" since these factors have been noted for other vaccines, stemming from concerns for autism. Our study predicts that the concerns most alleviated by VIS will be "importance" and "benefit." However, given that these forms have been available and HPV vaccination rate is still below goal, our study suggests the VIS may need to be updated to decrease vaccine hesitancy.

An Assessment of "Alendronate" Treatment Duration for Patients Diagnosed with Osteoporosis/Osteopenia in a Primary Care setting - A Retrospective Study at KP Woodland Hills

Fanny Chan, MD (1), Monique George, MD (1), Shobana Gandhi Ramaswamy (2)

(1) Kaiser Permanente Woodland Hills Family Medicine Residency Program; (2) Decision Support Services, Kaiser Permanente Woodland Hills Medical Center

INTRODUCTION: Bisphosphonates, particularly alendronate, has been one of the first line treatments for Osteoporosis. Currently, guidelines recommend a maximum of 10 years of total use with a reassessment at 3-5 years for a drug holiday due to side effects. However, without a notification system, patients can potentially be placed on alendronate beyond the recommended duration. This retrospective study aims to determine the average duration of alendronate therapy in patients aged 65 years and older with Osteoporosis or Osteopenia at KP Woodland Hills.

METHODS: Electronic health records of patients diagnosed with Osteoporosis that are prescribed Alendronate (Fosamax) either in the solution or tab form will be assessed. Cohort inclusion criteria: Kaiser members who are under KP Woodland Hills Family Medicine provider patient panel, age 65 years and up with the diagnosis of osteoporosis or osteopenia. Data extraction will focus on alendronate prescriptions that are ordered/dispensed in terms of duration and interruptions (denoted as a prescription gap for more than 6 months). Data will be analyzed to calculate the episodes of uninterrupted duration of treatment and the average total duration. Patients on non-standard doses were excluded from study.

RESULTS: 1801 Kaiser Permanente members aged 65 years and above treated with at least one alendronate prescription for the diagnosis of osteoporosis or osteopenia were analyzed. The age range was 65 - 104 years. The range of treatment was 3 months to ___ months (___ years). The average number of episodes of uninterrupted treatment was __. The average duration of an uninterrupted treatment episode was __ years. The total duration per patient was ___ years. Of all patients assessed __% received more than 10 years total duration of treatment. Analyzing each episode demonstrated that __ % were more than 5 years in duration. Results pending week of 04/15/24.

CONCLUSIONS: Alendronate is widely used in the treatment of Osteoporosis to prevent fractures, but has safety concerns limiting its use to 10 years. This study sheds light on real world use of alendronate in a setting where physicians are not alerted to treatment durations. Tracking complexity is also complicated by the need for interval drug holiday assessments. This study identifies patterns of prolonged therapy and reveals the need for more quality improvement studies to enhance drug monitoring.

Self-Employment, Health Behaviors and Health Outcomes Among Latinx Women

Frederick Ferguson, MD (1,2,3,5), Lisette Collins (3,4), and Kimberly Narain, MD, PhD, MPH (2,3)

(1) Department of Family Medicine at UCLA (2) Division of Internal Medicine and Health Services Research, Department of Medicine, Los Angeles, CA (3) The Iris Cantor-UCLA Women's Health Center, Los Angeles, CA, (4) David Geffen School of Medicine, UCLA, Los Angeles, CA, (5) National Clinician Scholars Program, David Geffen School of Medicine, UCLA, Los Angeles, CA

INTRODUCTION: Relative to most other racial and ethnic subgroups of women, Latinx women experience more heart disease-related morbidity and mortality. Elements of work structure such as the level of autonomy and flexibility may influence heart disease risk directly through impacting psychosocial stress and indirectly by influencing health-related behaviors (e.g. exercise); however, few studies have explored this relationship among Latinx women. We aim to examine the association between self-employment, health behaviors and health outcomes among Latinx women.

METHODS: Using data from the Behavioral Risk Factor Surveillance System (2003-2022) and linear regression models, we conducted a weighted pooled cross-sectional analysis to explore the association between self-employment, and several outcomes including risk factors for heart disease (hypertension, obesity and diabetes), poor-health and health-related behaviors (smoking, binge drinking and exercise) among Latinx women. Statistical models were adjusted for demographics, socioeconomic status, family structure and insurance coverage as well as state and year-fixed effects.

RESULTS: Relative to working for wages or salary, self-employment was associated with a statistically significant (p -value <0.05) 1.6, 3.2, 6.0, 2.6 and 1.9 percentage-point decline in the probability of reporting diabetes, hypertension, obesity, poor health and binge drinking, respectively as well as an 8.6 percentage-point increase in the probability of reporting any exercise.

CONCLUSIONS: Among Latinx women, self-employment was associated with fewer heart disease risk factors and a more favorable health profile, relative to work for wages or salary. The structure of work may have important implications for the risk of cardiovascular disease among Latinx women.

Physical Activity Vital Sign (PAVS) and Chronic Disease in Underserved Communities

Authors: Jason Lee, DO (1), Emily Nguyen, MD (1), Leland Wong, DO (1), Jane Kang, DO (1), Sarah Duan, DO (1, 2), Bishoy Zachary, MPH (3).

(1) RUHS/UCR Family Medicine Residency; (2) RUHS/UCR Sports Medicine Fellowship; (3) RUHS CECORC

INTRODUCTION: Physical activity has been shown to be a powerful tool in the treatment and prevention of chronic disease, and for lowering mortality rates. Some clinics have used this idea to assess a patient's physical activity as a vital sign (PAVS) similar to documenting blood pressure every visit. Our study aims to correlate the relationship of PAVS with the demographic and clinical characteristics, such as Charlson comorbidity index and common chronic diseases, of patients seen at Riverside University Health System Community Health Centers.

METHODS: 779 patients were stratified into cohorts based on their calculated Charlson comorbidity Index scores. A score of 0 indicated no comorbidities, 1-2 mild, 3-4 moderate, 5+ severe. Categorical analysis was conducted using Chi-squared test with Bonferonni corrections to analyze inter-group differences. Kruskal Wallis tests were utilized to examine differences within continuous variables such as PAVS score, age, and BMI among the different cohorts.

RESULTS: 257 patients were classified as having 0 Charlson Comorbidity Index (CCI), 306 were deemed mild with CCI scores of 1-2; 161 moderate with CCI scores of 3-4; and 55 severe with CCI scores ≥ 5 . There were significantly more female patients in the mild CCI cohort ($p=0.048$) and moderate CCI ($p=0.028$) cohort than the non-comorbid cohort. There were no significant differences among the cohorts within race or ethnicity. Additionally, BMI was lower for patients with non-comorbid CCI than mild CCI cohort ($p=.003$). There were no significant differences between moderate and severe CCI cohorts ($p=0.99$) in terms of BMI, but each were respectively higher in BMI than non-comorbid CCI patients.

CONCLUSIONS: Based on our results, we found no significant correlation between PAVS score and CCI. We did however, find a significant inverse correlation between BMI and CCI. Despite the lack of relationship between PAVS score and CCI, we believe that there is still utility in implementing PAVS score into clinical care due to the significant relationship between BMI and CCI. Since physical activity has been shown to help with weight loss, we may be able to indirectly lower CCI for patients by decreasing BMI.

Naloxone Access Project

Amy Richards MD, Marissa Silverman MD MSPH

UCLA Department of Family Medicine

INTRODUCTION: Drug overdoses driven by the opioid epidemic have continued to climb nationally to unprecedented rates. Deaths in the US due to drug overdose reached 106,000 in 2021, with opioid-related deaths accounting for over 80%, totaling 80,411 in that same year. Synthetic opioids such as fentanyl accounted for more than half (59%) of all alcohol and drug-related overdose deaths in Los Angeles County in 2022, and emergency department (ED) presentations for fentanyl overdose rose 621% from 133 in 2016 to 959 in 2021.

METHODS: Naloxone is a life-saving medication that can reverse the harmful effects of opioids, including fentanyl, when administered in time. Unfortunately, naloxone distribution remains low when compared to prevalence of opioid prescriptions: naloxone was prescribed at a rate of 0.5 naloxone prescriptions dispensed per 100 persons in 2022, as compared to 39.5 opioid prescriptions per 100 persons.³ Naloxone is also available over-the-counter at many large retail pharmacies, but at a cost that may be prohibitive for many individuals. This project investigates the prevalence of opioid-overdose presentations at UCLA Santa Monica (UCLA SM) hospital over a five-year period (01/01/2019 - 12/22/2023).

RESULTS: A majority of patients who presented to the UCLA SM hospital during this period were discharged from the ED, and without naloxone.

CONCLUSIONS: Making naloxone available to the UCLA SM ED for those who present with opioid overdose and for those who are at risk of overdose, could have a significant impact on public health in LA County.

A Friendly Workplace Competition to Boost Portal Sign-up Rates

Kristin Coleman-Woodson, MD (1), Tamar Garcia, MD (1), Meng Shi, MD (1), Choo Phei Wee, MS (2)

(1) Department of Family Medicine at Harbor-UCLA; (2) National Center for Advancing Translational Science (NCATS) of the U.S. National Institutes of Health

INTRODUCTION: Patient portals have emerged as valuable tools in facilitating engagement within healthcare. Research has shown that patients who are actively involved in their care report improved health outcomes and heightened satisfaction. A systematic review explored the impact of initiatives on enhancing portal enrollment, including a competition-based approach as a novel way to increase awareness and enrollment. We hypothesize that hosting a friendly workplace competition in our community clinic will lead to significantly enhanced portal sign up rates.

METHODS: We trained all clinic staff at Lomita clinic on how to send portal sign-up invitations to patients and tracked the number of invitations sent by each individual from July through October. The top three staff with the most portal invitations in September received a gift card and clinic-wide recognition. The data was analyzed using a segmented mixed-effects negative binomial regression to evaluate the effect of our clinic contest on the rate of portal invitations sent and the difference in rate of invitations sent between before and after the clinic contest. The association between rate of enrolled and rate of invitations was also built into this model.

RESULTS: In total, 62 clinic personnel participated in the study. This included front office staff (55%), residents (23%), attendings (13%) and nurses (10%). We found a significant increase in the rate of invitations sent

immediately after the clinic contest (IRR = 3.25, 95% CI = 1.29 to 8.21, p=0.012). However, the invitation rate assessed one month after the contest showed a marginally significant decrease (IRR = 0.58, 95% CI = 0.34 to 1.00, p = 0.05). Overall, the rate of invitations sent was found to be significantly associated with the rate of enrollment (adjusted p<0.0001).

CONCLUSIONS: Our friendly workplace competition significantly increased the number of patient portal invitations sent immediately after the contest. The number of patients enrolled was also significantly associated with the number of invitations sent after taking in account for the trajectories before and after the clinic contest. However, we also found that invitation rates declined one month following the contest. Further efforts to increase the longevity of this effect should be explored.

CASE REPORTS

Baffling Bilateral Foot Pain In An Athlete

Argin Haritounian, DO (1), Bernadette Pendegraph, MD(1), Carol Frey, MD(2)

(1) Department of Family Medicine (Sports Medicine) Harbor-UCLA; (2) West Coast Sports Medicine Foundation

INTRODUCTION: 16-year-old basketball player presented with persistent bilateral foot pain, initially diagnosis was navicular stress fractures. However, despite treatment, symptoms persisted, prompting further evaluation. Imaging revealed sclerosis and cystic changes in navicular bones. Following comprehensive assessments, the diagnosis was revised to "Atypical Kohler's disease." This case highlights the importance of reevaluation and flexibility in diagnosis and treatment in orthopedic cases

METHODS: A 16-year-old basketball player presented with a persistent bilateral foot pain that had troubled him for nearly two years, occurring intermittently. Patient had no previous history of trauma to his feet. The pain was centered around the top of the foot where navicular bones were. Pain was exacerbated with running and jumping. Exam was only notable for tenderness to palpation on navicular bones. Patient initially was treated for navicular stress fracture with casting up to 8 weeks. However, symptoms persisted, which led to further investigation with MRI of the feet. MRI showed sclerosis of the navicular bones and no dreaded black line through navicular bones. After nearly a year of intermittent immobilization treatment, the patient's symptoms resolved. Custom orthotics were prescribed to alleviate navicular bone stress. Eventually, the patient became pain-free and resumed playing basketball with minimal discomfort.

DISCUSSION: The initial diagnosis of bilateral stress fractures was in line with the athlete's age and X-ray findings, given the repetitive strain experienced in basketball. However, persistent symptoms despite standard care led to further investigation, including MRI scans. The failure of the condition to resolve despite placing the patient in a cast for eight weeks, absence of a dreaded black line, provides compelling evidence against the initial diagnosis of a stress fracture.

Lack of healing progress, MRI findings, and an atypical clinical course prompted a shift in diagnosis to delayed-onset Kohler's disease. This highlights the diagnostic complexities in orthopedics, emphasizing the need for reevaluation and flexible treatment approaches when clinical presentations diverges from expectation.

Who is Guilty? The Illicit Drug? The Atypical Antipsychotic? Or the Bacteria?

Divya Manivannan, MD; Liliana Diaz Bustamante, MD; Arghavan Jafarijzani, MD; Brian Wi, MS3; Heidi Pang, DO

Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Toxic epidermal necrolysis (TEN) is a rare, acute, and life-threatening condition causing widespread epidermal necrosis and sloughing of the skin with more than 30% body surface involvement. With 1.9 cases per million adults annually in the United States, the mortality ranges from under 1% to more than 30-40%, depending on the degree of skin involvement. We present a case of TEN in a patient with multiple risk factors such as methamphetamine use, bacteremia, and treatment with antipsychotics.

METHODS: A 45-year-old Hispanic male with a history of chronic hepatitis C, cirrhosis, schizoaffective disorder, and polysubstance use disorder was admitted for heart failure exacerbation with Streptococcus Equisimilis bacteremia. On hospital day 6, the patient was tachypneic, anxious, and in severe pain. Physical examination showed hyperemic conjunctiva with blisters over bilateral inguinal regions, several bullae on the buttocks, elbows, and left shoulder. Later in the afternoon, he presented with oral ulcers, and the lesions over the buttocks and shoulders began to slough off. Due to rapid progression involving 27% of the body's surface area, empiric treatment of TEN-SJS overlap was initiated. Aripiprazole, as the presumptive cause, was discontinued. IV methylprednisolone 1000 mg and diphenhydramine 50 mg were administered. Progression of excoriations stopped within 24 hours of treatment and his wound continued to improve with minimal scarring.

DISCUSSION: We report a rare case of TEN possibly triggered by multiple factors. Only one prior case of dose-dependent aripiprazole-induced TEN exists, similar to ours. Starting at 5 mg BID and escalating to 15 mg daily within two days, lesions appeared two days post-dose increase. No reports link bacteremia or methamphetamine to TEN with aripiprazole use. Group C strep bacteremia with early toxic shock syndrome signs might predispose type III/IV hypersensitivity reactions to aripiprazole, as both involve T cell mediation. Chronic amphetamine use may induce neuronal apoptosis, upregulating the Fas cell death pathway, facilitating keratinocyte apoptosis via Fas cell death receptor and ligand interactions. Further research is crucial due to the high mortality rates tied to both TEN and amphetamine use.

Chronic Shoulder Pain In A 25 Year-Old CrossFit Coach

Singh, Harnek MD; Casey, Alex DO; Avila, Carol MD; Bustamante, Isabelo MD

Rio Bravo Family Medicine

INTRODUCTION: 25 year old Crossfit gym coach presented with a persistent, mild, and dull ache in his left shoulder, left latissimus dorsi, and left serratus anterior. The onset of symptoms dates back to approximately 6 months ago, coinciding with a period of rehabilitation for left biceps tendonitis. The pain intensifies during abduction and overhead flexion of the shoulder, and the patient experiences difficulty activating his core while engaging in abdominal exercises and rows. These symptoms abate at rest.

METHODS: Pertinent physical exam findings: Mild tenderness left clavicle, Mild left tenderness acromion and greater tuberosity. Positive Speeds Yergason'. Some scapular dyskinesis noted on wall pushup. XRAY Left shoulder: Impression: The X-ray of the left shoulder demonstrates normal bony structures without evidence of dislocation, subluxation, fractures, or significant arthritic changes. The glenohumeral joint, AC joint, clavicle, and humerus all appear to be within normal limits. Bony structures do not appear to be contributing to the patient's symptoms. The patient demonstrated significant improvement in pain and functional capacity following an eight-week physical therapy program. A reevaluation revealed enhanced scapular stability, restored range of motion, and improved exercise performance, ultimately enabling the resumption of regular weightlifting activities without discomfort. Continued monitoring for long-term progress is planned.

DISCUSSION: This case emphasizes the diagnostic complexity of Sick Scapula Syndrome, particularly in a young, active patient. Despite an extensive evaluation, the exact cause of the patient's symptoms remains unclear. Negative X-ray findings ruled out structural abnormalities. The case underscores the importance of early recognition, accurate diagnosis, and multidisciplinary care involving tailored physical therapy. This unique presentation highlights the challenges in diagnosing Sick Scapula Syndrome and underscores the need for ongoing research to improve management strategies in family medicine.

Lingering Leg Pain

Marissa Vasquez, MD, MBA

UCLA Departments of Family Medicine & Orthopaedics, Division of Sports Medicine

INTRODUCTION: 56 y/o female with history of disordered eating, and osteopenia and presenting with left lateral knee pain associated with tingling. Symptoms started acutely about 6 weeks prior to presentation. There was no acute injury or trauma. Reports increased numbness and tingling down the lateral aspect of left leg into the foot (plantar and dorsal aspects). Tried rest and self-mobilization with no improvement. Activities include walking, home exercise program and calisthenics.

METHODS: Exam - Antalgic gait:negative. Skin:nl. Effusion:none. Range of motion:nl. Palpation:Positive focal tenderness lateral distal biceps at the proximal distal fibula. Positive Tinel's at peroneal nerve over proximal fibula. Meniscal Testing: Medial/Lateral joint line tenderness, McMurray, Thessaly-negative. Ligament Testing: Lachman, Posterior Drawer, Valgus/Varus laxity-negative. Strength/Function:5/5 flexion/extension. Neuro: Sensation intact over L2-5 dermatomes. Tests/Studies - XR L Knee Bilateral-Stable chondrocalcinosis and small patellofemoral osteophytes

Small knee effusion. MRI L Knee-small increased T2 signal within the peroneal nerve as it travels posterior to the fibular head without perineural edema. Medial and lateral meniscus tears, Tri-compartment osteoarthritis. MCL sprain. EMG-ABNORMAL Showing left peroneal motor demyelinating neuropathy around fibular head. Differential Dx - Degenerative Joint. Meniscal injury. Impingement. Superficial peroneal nerve entrapment (Final Dx). Tendonitis. Neuritis.

DISCUSSION: Lower extremity peripheral nerve syndromes should be considered when evaluating lower leg pain. Compression commonly affects neuronal structures in the lower extremities. Mild compression presents with intermittent symptoms often due to positioning causing reversible nerve ischemia. If demyelination occurs, symptoms become consistent and chronic with increased pain and weakness. Initially, this patient was treated with conservative management including physical therapy focusing on biomechanics and nerve flossing. A diagnostic and therapeutic injection provided temporary relief. However, due to demyelination noted on electromyography (EMG), a surgical consult was initiated. The patient elected to undergo peroneal decompression surgery and has demonstrates positive recovery.

Out of sight, out of mind: Blindness, amnesia, and a case of Anton syndrome

Phillip C. Feliciano, MD, Giang Nguyen, MD, Arashi Karimi Afshar, DO, Barbara Ackerman, PhD

Mission Community Hospital Family Medicine

INTRODUCTION: Anton syndrome is a rare neurological disorder caused by severe occipital stroke. It is characterized by cortical blindness, confabulation, and visual anosognosia (denial of loss of vision). We present

the case of a 68 year-old woman, PH, who was found down by her neighbor. When she presented to our hospital she complained of blindness, did not know her name, nor where she was, and she had an expressive aphasia. There have only been 28 known cases of Anton syndrome between 1965 and 2016.

METHODS: A 68 year-old woman with a history of atrial fibrillation presented by EMS to Mission Community Hospital ER after being found down. In the field she was hypotensive and tachycardic with her EKG demonstrating SVT. Imaging in the ER did not demonstrate evidence of acute infarction. Exam revealed total blindness, amnesia, an expressive aphasia, and confabulation. PH was admitted to the ICU for SVT and BP management. On hospital day 2, an MRI was performed which demonstrated multiple areas of acute vs subacute infarctions, primarily in the right medial occipital lobe, left cerebellum, and left posterior watershed area. Cardiology and neurology were consulted. The patient slowly began to remember her name, date of birth, and some of her medical history. PH lives alone without family in the area. Her vision and aphasia slowly improved during the first week of her admission. She now only has a deficit of her left visual field and is awaiting admission to a neurological rehabilitation center.

DISCUSSION: The case of PH is notable because of her chief complaints of blindness and memory loss. Her case is unusual because her visual deficits do not match the infarcted regions of her brain. Interestingly, upon literature review her constellation of symptoms resemble Anton syndrome. This syndrome consists of blindness associated with confabulation due to the disruption of the visual area of the brain from the language area. PH suffered blindness, memory loss, and hallucinations. Anton syndrome is very rare. PH does not fit the exact description since her occipital stroke was unilateral. She was also never in denial regarding her blindness, a key feature of Anton syndrome. However, this "incomplete Anton syndrome" presented with blindness, preserved insight, memory loss, and hallucinations.

Granulicatella adiacens Bacteremia Leading to Septic Arthritis and Hemorrhagic Stroke: A Case Report

Shi Tang

Dignity Health Northridge Medical Center

INTRODUCTION: *Granulicatella adiacens*, a bacterium that can rarely cause endocarditis and bacteremia and better known to be associated with breast implant infection, is infrequently implicated in other serious conditions. This case report describes a rare presentation of *G. adiacens* bacteremia in a 66-year-old male, leading to septic arthritis and possibly a mycotic aneurysm leading to a hemorrhagic stroke. This case highlights the importance of considering atypical pathogens in unusual clinical presentations.

METHODS: A 66-year-old male with a medical history of hypertension, gout, and a congenital mitral valve defect presented with acute neurological symptoms and elevated blood pressure. Neurological assessment revealed subarachnoid hemorrhage, though no aneurysm or arteriovenous malformations were found. Additionally, he was found to be septic from bacteremia, with blood cultures identifying *Granulicatella adiacens*. Cardiac evaluation showed mitral valve thickening, but the nature of the changes remained uncertain. The patient also experienced right knee pain, initially thought to be gout but later diagnosed as septic arthritis. Treatment included blood pressure management, seizure prophylaxis, pain relief, joint washout, and appropriate antibiotics. He showed improvement with no bacterial growth in subsequent blood cultures, opting for discharge with IV antibiotics for presumed endocarditis and declining further invasive studies due to hospitalization anxiety.

DISCUSSION: This case exemplifies a rare and complex presentation of *G. adiacens* infection. The bacterium, while known for endocarditis and breast implant infection, is seldom associated with septic arthritis and

hemorrhagic stroke. The patient presented initially with a hemorrhagic stroke of which he did not have common risk factors, such as hypertension and substance abuse. The potential pathophysiological mechanisms linking G. adiacens infection to these serious conditions are explored, including the possibility of a mycotic aneurysm leading to hemorrhagic stroke. It is also worth noting that the patient did not have any common symptoms of sepsis and bacteremia before he developed the stroke, besides right knee pain likely caused by septic arthritis.

CATALINA

ABSTRACTS

A Study of Whether Academic-Community Partnerships Improve Acute Traumatic Brain Injury Management for Individuals 18 Years Old and Younger

Alexander Kertzner

Dignity Health Family Medicine Residency Northridge Hospital

INTRODUCTION: In recent decades, the American public and medical profession have increasingly recognized traumatic brain injury (TBI) as a leading national health problem. Medical professionals have simultaneously raised concerns about the risks of exposing children to ionizing radiation when it is not clinically indicated. This study seeks to help to inform whether academic-community partnerships are a model for improving CT scan usage for children and young adults with TBI who are initially evaluated in the community hospital.

METHODS: On October 4, 2010, Northridge Hospital, a not-for-profit community hospital, was designated a pediatric trauma center (PTC), which initiated a relationship with UCLA. This retrospective study compares data collected from January 1, 2009 to October 4, 2010 (before PTC designation) with data from October 4, 2010 to December 31, 2022 (after PTC designation) to see if there was any improvement in CT usage according to the PECARN rule following PTC designation. PECARN takes into consideration several factors, including patient's age and Glasgow Coma Scale, and has been externally validated for excluding CT imaging for patients under 18 years old at low risk of having clinically important TBI.

RESULTS: My study is in the analysis phase and I am in the process of compiling my results.

CONCLUSIONS: Based on my analysis of my results so far, I anticipate that my research will provide insights into whether the academic-community collaborative model may be a means of enabling TBI patients to access a high standard of care in community hospital settings.

Adapt or Die: Are We Ready for the Artificial Intelligence Revolution?

Alexandra Rabotin, MD (1), Christina Pedro, MD (1), and Heidi Pang, DO (1)

(1) Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Since 2018, more than 600 artificial intelligence (AI) based medical devices have received FDA approval. AI-based tools hold promises for transforming and enhancing medical care. However, they also pose risks and require specialized knowledge that is not routinely provided in current medical education. This research

evaluated the self-perceived AI competency and attitudes among family medicine and psychiatry faculty members and residents, hypothesizing that the majority will feel incompetent in using AI-based tools.

METHODS: We developed an online survey to assess three self-perceived AI core competencies "foundational knowledge, critical appraisal, and unintended consequences" as outlined by Liaw et al. (2022). The survey also assessed attitudes toward AI, focusing on concerns about AI replacing physicians, dependency fears, and trust in AI tools. We collected responses using a 4-point Likert scale and included questions on basic AI knowledge, tech-savviness, and future learning plans. We distributed this anonymous voluntary survey to family medicine and psychiatry faculty members and residents. We used an Exact Binomial Test for analysis, setting the significance threshold at $p < 0.05$.

RESULTS: Of the 27 respondents (69% response rate, 56% female, median age 35 and interquartile range [31, 38.5]), 67% identified as tech-savvy, 74% claimed to possess basic AI knowledge rather than formal education or merely hearing of AI, and 74% expressed a desire to acquire additional knowledge even if not required. Most felt incompetent in all three AI competencies, but only "critical appraisal" was statistically significant ($p < 0.001$). The majority (82%) disagreed that AI would make medical professionals redundant ($p < 0.01$). Among the groups, only family medicine residents agreed that AI would make medical professionals redundant; they also expressed fear of becoming dependent on AI.

CONCLUSIONS: Our study suggests the potential importance of AI training in medical education. Participants noted possible competency gaps, particularly in critical appraisal skills. However, the majority expressed a tentative willingness to learn, indicating a possible acknowledgment of AI's importance. Tailored educational programs may be essential for ensuring the safe and effective utilization of AI-based tools among primary care physicians.

Evaluating Clinician Applications of the Cognitive Health Assessment Tool in A Los Angeles Family Medicine Residency Clinic

Kristian James, MD (1), Malisa, Jessica (2), Tokumitsu, Sayaka MD, MPH (3), Segal-Gidan, Freddi, PA, PhD (4)

(1) Department of Family Medicine at Charles Drew University (2) Los Angeles County Medical Center (LAC+USC)

INTRODUCTION: While Medicare has operationalized routine cognitive screenings in Medicare Wellness visits, no equivalent exists for MediCal recipients, further widening the gap for detection of dementia. The Cognitive Health Assessment (CHA) is a screening tool designed to detect cognitive decline in patients over 65 years. Currently, no streamlined process exists when clinicians garner a positive result. Streamlining this process for clinicians may encourage increased utilization of the tool and allow at-risk patients to be identified and treated earlier.

METHODS: A retrospective study was conducted to assess the value of the CHA tool in prompting interventions by clinicians for patients demonstrating cognitive decline. The charts of 27 patients, without a history of dementia, who screened positive from 4/12-10/25/23 were evaluated for steps clinicians took after patients tested positive using the CHA screening tool.

RESULTS: Advance care planning discussions were initiated for 92% of patients with positive CHA results. Clinicians ordered labs and imaging as a part of the workup for secondary causes of cognitive impairment in 77.7% and 51.8% of patients studied. Patients with underlying or inadequately treated depression (18.5%) and cognitive impairment (18.5%) were identified. Of those with positive screens, 14.8% were found to have depression and started on pharmacologic therapy and 51.8% of patients are still undergoing further workup.

CONCLUSIONS: The CHA tool facilitates a process where clinicians initiate a clinical workup utilizing labs and imaging that allows for the early identification of dementia, differentiation of alternative causes of cognitive decline such as depression and facilitates the initiation of advance care planning and appropriate medications for management of cognitive decline.

Effect of Exercise on Preventing Progression from Prediabetes to Diabetes

Martin Nguyen, DO, Jacqueline Sandoval, DO, Po-Yin Samuel Huang, MD

Department of Family Medicine at Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: Per the CDC, 11.3% of the US population has diabetes and 38.0% has prediabetes. The Diabetes Prevention Program demonstrated that lifestyle intervention (including at least 150 minutes of physical activity per week) decreased the incidence rate of diabetes by 58% versus 31% for the metformin group. We inquired about the extent of the impact of exercise on preventing progression from prediabetes to diabetes among Kaiser Permanente Southern California patients.

METHODS: This study was designed as a retrospective cohort study using KP Health Connect data. We gathered data on 153,456 newly diagnosed prediabetic nonpregnant adults (age 18-75) in 2016 with a documented exercise vital sign within 30 days of the A1c date. The study population had a mean age of 53, was predominantly female (59%) and Hispanic (39%), and had a mean body mass index of 29.9. We then followed the patient over a four year period through December 2020 to determine the effect of that initial level of exercise on A1c. We also analyzed the effect of gender, race, BMI, income, tobacco smoking, and alcohol on A1c and the development of diabetes. Data were analyzed using a Cox model.

RESULTS: Our study showed that the initial exercise level is inversely correlated to the risk of developing diabetes over the period studied. As initial exercise level increased by 1 minute, the risk of developing diabetes is decreased by 0.03% ($p < 0.001$). Other important factors that increased the risk of diabetes included tobacco smoking (36.4%, p -value < 0.001), hypertension (44.1%, p -value < 0.001), and obesity (17.6%, p -value < 0.001).

CONCLUSIONS: Higher initial exercise level led to statistically significant lower risk of diabetes among Kaiser Permanente Southern California prediabetic patients.

Let's Get Suturing: Implementing Hands-on Workshops in LA County High Schools to Inspire URiM Students to Consider Healthcare Careers

Meron Abreham MD, Andrea Banuelos Mota MD MPH, Orly Bell MD MPH, Christal M Clemens MD, Kathy Gomez MD, Alexandria Thomas MD MS, S. Janae Van Buren MD, Phillip Brown MD

Department of Family Medicine, University of California, Los Angeles

INTRODUCTION: Despite an increasingly diverse population in the United States, diversity of the physician workforce remains unrepresentative of patients we serve. Bridging the Gap partners UCLA Family Medicine residents with high schools to spark interest in medicine through delivery of medical education, including a novel hands-on suturing workshop. Through pre- and post-surveys, we aimed to characterize student demographics, assess interest in science and careers in medicine, and understand the impact of educational sessions including the new workshop.

METHODS: Two high schools in Van Nuys, CA were selected for participation, where UCLA Family Medicine Residency maintains a multi-year partnership with mentorship/education. Anonymous pre-participation surveys were administered via Qualtrics to students at Van Nuys High School (N=26) and Robert Fulton High School (N=45). Surveys included five demographic questions, and 14 career-related questions, utilizing Likert Scale, 'yes or no', and 'free response' options. Data was analyzed via frequency tables and paired t-tests. Post-participation surveys will be administered after the hands-on workshops are completed to assess changes in attitudes and interest in science and medical professions.

RESULTS: Pre-participation data showed the largest racial/ethnic group among students was Hispanic (69%). Less than 3% identified as Black/African-American (AA). Most students' parents completed "some college or less" (82.6%) and about 7% of parents were in school through 5th grade. About 11% of students were currently working to provide for their families and an additional 20% preferred not to share. Most students felt a career in medicine may be exciting and that a workshop may increase their interest in medicine. Many students reported financial concerns as a barrier for pursuing a career in medicine. Post-participation data will be collected after the suture workshops in May 2024.

CONCLUSIONS: Student participants are from underrepresented groups seen in the physician workforce. However, few identify as Black/AA, meaning an underrepresented group among physicians are not reached. Many students support their families and finances were noted as perceived barriers to pursuing medicine, underscoring key considerations for outreach and education. While the project is still underway, student interest in medicine shows promise for the impact of this community engagement strategy.

Improving efficacy in primary care sports medicine clinic, utilizing a pre-appointment self-administered questionnaire

Tiana Woolridge, Danielle Bartlett, Nicholas Gonzalez, Marissa Vasquez

UCLA Department of Family Medicine, Division of Primary Care Sports Medicine

INTRODUCTION: The aim of this quality improvement project is to increase patient completion rates of a pre-visit questionnaire before appointments at the UCLA Westwood Sports Medicine Clinic. These questionnaires offer a comprehensive overview of the patient's medical history, current health status, and any pertinent concerns. Obtaining this data in advance, enables physicians to allocate time to explore specific issues, fostering a concentrated, efficient, and productive discussion.

METHODS: This project implemented a multifaceted approach to increase patient engagement and prompt completion of the pre-visit questionnaire via MyChart patient portals. Chart review was conducted to determine the pre-intervention questionnaire completion rates. Subsequently, clinic staff was trained to identify patients who had incomplete questionnaires on the day prior to their clinic visit. Email and text reminders were sent to patients that had not completed the questionnaire. These reminders highlighted the questionnaire's importance in facilitating a more efficient and tailored healthcare experience. This project aimed for a 30% increase in questionnaire completion rates.

RESULTS: The data collected on pre-visit questionnaire completion rates for new patients visiting the UCLA Westwood Sports Medicine Clinic for evaluation by a primary care sports medicine physician in December 2023 demonstrated that, on average 50.9% (27 out of 53 new patients) completed the electronic survey prior to the

scheduled appointment time. In the subsequent two weeks after the intervention, implemented in January 2024, the completion rate rose to 60% (48 out of 80 new patients), marking an overall increase of 9.1%.

CONCLUSIONS: By implementing chart review, staff training, and enhanced patient outreach, this quality improvement project successfully increased questionnaire completion rates. However, the anticipated increase of 30% was not achieved, which suggests additional barriers to completing the pre-visit questionnaire. Further quality improvement projects should explore these barriers to employ a more comprehensive approach.

Pediatric Progress: A Leap forward in clinic accessibility by partnering with local hospitals

Yomi Adeyemi, Matthew Yu, Tasha Dixon

Charles R. Drew University, Family Medicine Residency

INTRODUCTION: Urban family medicine residencies can face the challenge of health systems prioritizing scheduling of pediatric patients with pediatricians, disregarding the appropriate scope of family medicine. Providing care in the postnatal period not only fosters patient continuity but contributes to needed pediatric visit volume. Residencies in their initial accreditation struggling with outpatient pediatric volume may need creative approaches to improve patient access and ease of scheduling for local hospital newborn nurseries.

METHODS: Faced with low pediatric resident encounter volume, a root cause analysis identified the need for streamlining the appointment process and reducing manual scheduling workarounds. As part of a quality improvement project, a Plan-Do-See-Act cycle was attempted to revise scheduling instructions at Harbor-UCLA Medical Center for the Family Medicine patient-centered medical home at MLK Outpatient Center. Secondary pediatric patient visit monthly volume was assessed from July 2020 to June 2023 with the new scheduling implemented October to December 2021. A 15 question quantitative survey of residents with optional free response feedback was conducted July 2023 to assess perceived impact.

RESULTS: Increased communication between facilities and improving ease of discharge visit scheduling led to a notable 82% increase in monthly pediatric patients [average 51 to 93 monthly visits]. Feedback from residents (71.4% response rate) highlighted improvements in the quality of care and identified ongoing scheduling concerns and resource needs.

CONCLUSIONS: Strategic changes in appointment scheduling and increasing hospital-clinic inter-facility care coordination can significantly enhance pediatric patient access. The findings have important implications for practice by providing a replicable model for other clinics facing similar challenges, for policy by informing health care administrators about effective strategies for patient access improvement, and for further research in streamlining healthcare services.

CASE REPORTS

Acute Unilateral Numbness and Weakness in A Professional Basketball Player

Anthony Loffredo MD MPH, Rabiah Fresco, MD, Nadeem Albadawi, DO, Jesse Cheung, MD, Jeff Ijadi, MD

Department of Family Medicine at Pomona Valley Medical Center

INTRODUCTION: This case seeks to investigate a 25-year-old male professional basketball player with no past medical history presenting to the emergency department for concern of acute onset numbness and weakness of right upper and lower extremities after a spin move. Approximately 46% of young patients with cryptogenic strokes are found to have PFOs. Standard workup includes a trans thoracic echocardiogram, but sensitivity of this test is low at 45.1%. However, sensitivity of TransCranial Doppler is 96.1%.

METHODS: 25-year-old male professional basketball player with no past medical history presenting to the emergency department for concern of acute onset numbness and weakness of right upper and lower extremities after a spin move.

EKG with sinus bradycardia and left ventricular hypertrophy. Troponin negative. BNP normal. B12 normal. CBC and CMP were unremarkable. Lumbar puncture negative. MRA of brain/neck: Unremarkable. MRI brain: Unremarkable

Echocardiogram: Normal LVSF, EF 55-60%. US of RUE/RLE: Negative for DVT. MRI of cervical/thoracic/lumbar spine: Mild developmental central canal narrowing at the L4-5 and L5-S1 levels. TTE Impressions: Normal LVSF, EF 55-60%. Bubble study: Small PFO. Assessment: Cerebrovascular accident (CVA) in the setting of PFO. Transcranial doppler noted likely cause of CVA was indeed embolism via PFO. Plan was for aspirin 81 mg daily for long term treatment and patient was advised to surgically close PFO during the offseason.

DISCUSSION: When searching for PFO it is important to understand that TTEs are low sensitivity. Consider transcranial doppler TCD when there is high suspicion for PFO as the cause for TIA in otherwise healthy patients. In the detection of PFOs TCD is more sensitive but less specific than a TEE. It is important to consider TIA in the setting of a PFO in an athlete that presents with acute weakness and sensory symptoms. Patients with TIA/CVA due to PFO should undergo cardiovascular risk reduction strategies which include hyperlipidemia control with statins, blood pressure control, and lifestyle modification.

Don't Forget About The Hamate In A Baseball Player

Bernadette Pendergraph, MD (1), Christol McDonald, ATC (2), Shenali Silva, ATC (2)

(1) Department of Family Medicine at Harbor-UCLA, (2) Los Angeles Harbor College

INTRODUCTION: An accurate diagnosis of hand pain in baseball players is crucial and dictates return to play decisions. Although our baseball player had palmar pain without a particular injury, our clinical exam placed injury to the hamate high on our differential diagnoses list leading us to perform advance imaging. Hamate fractures account for less than two percent of all carpal fractures.

METHODS: 19-year-old-year male right hand dominant baseball pitcher presented with radial sided right-hand pain for 2 weeks that worsened with wrist ulnar deviation, batting, and squeezing his glove. Radiographs of his wrist in urgent care were negative. Our exam in the training room showed mild soft tissue swelling of the palm, normal range of motion of the wrist, non-tender radial sided structures, but tenderness over pisiform and hamate region. Ulnar deviation of the wrist reproduced palmar pain. Repeat wrist radiographs with carpal tunnel view were negative. Given our differential diagnoses included injury to the pisiform, hook of the hamate, and base of 4th and 5th metacarpals, an MRI was performed that showed a nondisplaced fracture of the hamate body. The athlete was treated in a short arm cast.

DISCUSSION: Hamate fractures are rare carpal fractures, often associated with 4th or 5th metacarpal fractures. They often occur from direct trauma such as direct impact against a hard surface with a clenched fist. In the case of our athlete, trauma from holding the bat when hitting or catching the ball can be a common mechanism of

injury. Hamate fractures may be seen on wrist radiographs, most often on the oblique external rotation view. If radiographs are negative and suspicion is high for fracture, such as in this case, CT or MRI may be needed to diagnosis. Accurate diagnosis is needed as most hamate fractures are intra-articular and require open reduction internal fixation.

Chronic Atraumatic Hand Pain In a 40 Year Old Housekeeper

Daniel Malkhassian DO, Michael Fong MD

Kaiser Permanente Los Angeles Sports Medicine

INTRODUCTION: This is a 40 year old RHD female with a history of right subacromial bursitis who presents with over one year of left-hand pain. She works in housekeeping at a hotel. She reports pain at the base of her left thumb with repetitive pushing of bed mattresses and with moving of heavy beds. Pain has worsened over time while using her left hand more often due to previously existing right shoulder pain.

METHODS: She denies any known trauma with the exception of loading her left thumb with pushing bed mattresses and heavy furniture. She endorses left thumb pain with gripping, lifting objects and opening bottles, and reports improvement at rest. She denies numbness, tingling, significant left upper extremity weakness, bruising, loss of sensation, or swelling. With repetitive loading of the thumb and chronic pain over a year, Orthopedics hand surgery recommended immobilization with thumb spica brace for 6 weeks. Two ultrasound guided 1st CMC corticosteroid injections were given 5 months apart, each with only 2-3 weeks of relief respectively. Work modification was provided. With persistent pain 1st CMC joint pain, hand surgery recommended trapeziectomy.

DISCUSSION: Trapezium dislocations are rare with less than 20 known cases described in literature. Most are commonly reported to occur with axial load and hyperflexion of the first ray. They are often anatomically described in the dorsoradial and volar directions, with these also being the most common dislocation patterns. No formal trapezium dislocation classification schema exists at this time. If a carpal injury is suspected, a 3-view x-ray of the hand and wrist is recommended with consideration for an additional Robert's view. Early detection is important to avoid unnecessary interventions and adverse outcomes. Management may include closed or open reduction, splinting, pinning and/or trapeziectomy.

Revolutionizing Diagnosis: A case report on Gestational Trophoblastic Diseases diagnosed through Point-of-Care-Transvaginal Ultrasound

Ejodakeme Okojie, MD; Verna Marquez, MD

Rio Bravo Family Medicine Residency Program

INTRODUCTION: Gestational trophoblastic disease is a group of disorders related to pregnancy. They originate from the placenta trophoblast and can have serious complications including but not limited to malignancy. Revolutionizing the diagnosis using a point of care transvaginal ultrasound is pivotal for early diagnosis and better outcomes. This case describes the use of Transvaginal Point of Care Ultrasound (POCUS) in the clinic setting for early diagnosis of gestational trophoblastic disease.

METHODS: We describe a 23-year-old primigravida (G1P0), 7 weeks pregnant who presented to the clinic with complaints of vaginal spotting. Vital signs and physical examination were unremarkable. A quantitative serum

beta human chorionic gonadotropin (hCG) test was elevated at 97,377 mIU/mL and transvaginal point-of-care ultrasound (POCUS) was highly suggestive of a molar pregnancy. A formal transabdominal and transvaginal ultrasound was done, and it revealed an abnormal thickening of the endometrial lining with a cystic pattern most consistent with a molar pregnancy. The patient was promptly referred to a gynecologist for further evaluation and management and was diagnosed with a hydatidiform mole. A suction dilatation and curettage (D&C) were performed, however post-D&C, patient continued to have persistently increased hCG and was diagnosed with a Molar Gestational Trophoblastic Neoplasm. The patient was then initiated on Methotrexate, and hCG was monitored until it became negative.

DISCUSSION: The utilization of point-of-care transvaginal ultrasound at the clinic facilitated the timely diagnosis of gestational trophoblastic disease which prompted early specialist evaluation. Early detection of Gestational trophoblastic disease is crucial, especially in cases with malignant potential. Diagnosis and early treatment can be delayed when patients have to traditionally wait for scheduled appointments in order to get an ultrasound done. Studies have reported better patient outcomes with early diagnosis and appropriate treatment. Integrating point-of-care transvaginal ultrasound into clinical practice is pivotal in the early diagnosis, prompt referral for a formal ultrasound, expedited referral to a specialist, timely initiation of treatment and better treatment outcomes.

Postpartum Preeclampsia and Lupus Nephritis as New-Onset of Systemic Lupus Erythematosus

Francine Choi, MD (1), Eric Gama, MD (1) and William Yang, MD (1)

(1)Department of Family Medicine at Dignity Health Northridge

INTRODUCTION: Systemic Lupus Erythematosus (SLE) is a complex disease very often difficult to diagnose. We present the case of a 35-year-old woman in her puerperium, initially suspected of preeclampsia due hypertension, proteinuria, and leg swelling. Although rare, postpartum preeclampsia can occur and coexist with Lupus Nephritis. This case highlights the unexpected manifestation of an undiagnosed SLE on postpartum, leading to perilous cardiorenal complications and the importance of a multidisciplinary team.

METHODS: A 35-year-old woman (G2,P2) with a remote and unspecified history of fatigue and joint pain, uncomplicated first gestation, and second complicated by GDMA1. Two weeks after uneventful vaginal delivery she developed fluid overload with lower extremity swelling and pleuritic chest pain, also upon laying flat. Exam notable for mild bibasilar crackles and bilateral axillary adenopathy. Initial blood work-up: Ur protein/creat 5.76, Hb 10.7, BUN 32, Cr 1.32, Troponin 0.041, ESR 24, CRP 5.84. CXR revealed cardiomegaly, patchy left lower lung infiltrates, and a small pleural effusion. CT Angio showed no signs of pulmonary embolism. Echo EF of 60%, mild left ventricular hypertrophy, and a small pericardial effusion. Autoimmune tests:ANA+, dsDNA 1:2560, C3 56, and C4 14, warranting renal biopsy which showed class IV Lupus nephritis without crescents. Solumedrol 1g IV x3 days followed by Prednisone 60 mg was started, then CellCept 500mg and Plaquenil 200mg, reaching normal GFR by end of treatment.

DISCUSSION: This case is unique due to the unexpected manifestation of undiagnosed SLE postpartum, leading to significant cardiorenal complications. Initial preeclampsia treatment with MgSO₄, Nifedipine, and Labetalol controlled the blood pressure. Timely intervention led to finding the pericarditis, raising SLE concerns. Biopsy on day 2 confirmed Lupus Nephritis, and treatment initiated promptly. Active SLE nephritis increases obstetric complication risk, with preeclampsia incidence reaching 66%. SLE nephritis diagnosis relies on C3&C4 levels decrease, dsDNA antibody increase, proteinuria, and hypertension. A thorough medical history, a wide differential diagnosis, and a prompt multidisciplinary action facilitated rapid diagnosis and effective treatment, restoring the patient's normal kidney function.

A Rare Glimpse into Extramammary Paget Disease of the Scrotum

Jane Kang, DO (1), Jose Correa-Gonzalez (1), MD, Muhannad Alsyouf, MD (2)

(1) Department of Family Medicine, Riverside University Health System, University of California, Riverside; (2) Department of Urology, Riverside University Health System, University of California, Riverside.

INTRODUCTION: Extramammary Paget disease of the scrotum is a rare malignant cancer, representing only 6.5% of all Paget's cases, with unclear pathogenesis and clinical features. Its invasive growth, high recurrence rate, and metastatic risk pose significant challenges in management.

METHODS: A 47-year-old ex-smoker with prediabetes and prior testosterone supplement use noticed a painless left scrotal mass in 2013 that gradually grew visible by 2018, prompting PCP consultation. Family history included skin cysts, breast masses in his mother, and prostate cancer. Physical exam found a <1 cm nodular mass. Lab tests, including germ cell tumor markers, were normal. Scrotum ultrasound revealed a 0.9 x 0.8 x 0.9 cm hypervascular mass. Excisional biopsy suggested neuroendocrine origin, favoring primary scrotal gland cancer after re-excision due to positive margins. Further investigations showed no malignancies except for a hypermetabolic focus in the prostate on Ga 68 Dotatate PET/CT. Subsequent PET scan confirmed hypermetabolic inguinal lymph nodes, while HER2 assessment showed mild positivity. He is currently undergoing adjuvant chemo and radiation based on multidisciplinary tumor board decision, with follow-up in three months.

DISCUSSION: Extramammary Paget scrotal disease is a very rare diagnosis and aggressive condition. This case underscores the importance of promptly excising growing scrotal lesions and aggressively treating extramammary Paget disease. This unusual presentation of a malignant scrotal lesion contributes to our understanding of the complexities surrounding it.

Pseudo Cushing's Syndrome- The Tail Wagging the Dog!: A patient with Cushing's Syndrome by laboratory tests without classical clinical findings

Leland Wong, DO (1), Venus Esquivel, MD (1), Uziel Saucedo, MD (1), Anthony Fireck, MD (2), Almira Yang, MD (2)

(1) RUHS/UCR Family Medicine Residency; (2) Department of Endocrinology at RUHS

INTRODUCTION: Endogenous Cushing's syndrome (CS) either from a lesion in the adrenal or pituitary gland is rare and serious. Physical findings and medical conditions of CS such as obesity, hypertension, and diabetes are common. Recommended laboratory testing can be confounded by pre-existing medications and mental conditions. Here we report a complex case where multiple factors challenged the ability to make the diagnosis. This case reinforces the need to let clinical findings drive laboratory evaluation.

METHODS: A 32 year-old female with history of generalized anxiety disorder, on oral contraception, was evaluated by her PCP for insomnia, anxiety, and a self-obtained cortisol level, which was elevated at 42 mcg/dL. Physical examination showed a tearful patient with BMI of 26.94 kg/m², thin white striae, and minor bruising. Initial tests showed abnormal 24-hr urinary cortisol levels of 79.8 mcg/dL and equivocal low-dose Dex suppression test resulting in AM cortisol levels of 2.4 mcg/dL. Repeated 24-hr urine cortisol evaluation showed persistently elevated levels of 68.7 mcg, 83.2 mcg, and 22.4 mcg. She had normal AM ACTH levels of 19 pg/mL and 25 pg/mL with elevated cortisol levels of 32.0 mcg/dL and 40.7 mcg/dL. Late night salivary cortisol levels were mildly elevated at 0.10 mcg/dL and 0.14 mcg/dL. 2 weeks after she was instructed to discontinue her OCP, 48-hr Dex suppression test revealed suppressed levels of AM ACTH <5 pg/mL AM cortisol 1.5 mcg/dL, and 24-hr urine free cortisol 2.2 mcg.

DISCUSSION: Following the detection of abnormal free cortisol levels in the 24-hr urine and 1 mg overnight Dexamethasone suppression tests, full work up was pursued to confirm these abnormalities. Ultimately Cushing syndrome was ruled out. Her presentation was likely multifactorial from her psychiatric illnesses, use of OCP, insomnia, and elevated BMI. Cushing's Syndrome is known to elicit psychiatric changes in patients. However, it can be difficult to assess the primary disease process in patients with long-standing anxiety and confounding comorbidities. With a diagnosis of Pseudo Cushing's Syndrome, clinical evaluation and interdisciplinary treatment is crucial to successful symptom management.

MOJAVE

ABSTRACTS

Paving the Way: Exploring Career Pathways of Latina OBGYNs

Alejandra Lopez Macha(1), Gerardo Moreno MD (2)

(1) David Geffen School of Medicine at UCLA; (2) David Geffen School of Medicine at UCLA, Department Chair, Department of Family Medicine, UCLA

INTRODUCTION: Despite a rise in female representation in Obstetrics and Gynecology (OBGYN), the inclusion of underrepresented minorities (URIM) like Latinas has remained stagnant. This study examines the journey of Latina OBGYN physicians toward becoming surgeons, aiming to uncover barriers, challenges, and strategies for success. Through qualitative interviews, insights are gained into navigating medical training, surgical practice, imposter syndrome, and stereotype threat, informing interventions to enhance diversity in OBGYN.

METHODS: Qualitative study with semi-structured interviews with practicing Latina OBGYN physicians and residents (n=20). Interviews will be transcribed verbatim, and analyzed for common themes. Qualitative analysis is guided by grounded theory methodology, identifying emergent themes and barriers faced by participants.

RESULTS: The data collection and interviews are in progress. To date, we have obtained IRB approval, developed the interview guide, and have started recruiting. We anticipate that we will find themes around structural barriers including challenges during medical school, board examinations, and residency training, while perceptual barriers encompassed psychosocial stressors, imposter syndrome, and stereotype threat. Participants demonstrated resilience, highlighting the need for tailored support and interventions.

CONCLUSIONS: This study will shed light on the experiences of Latina OBGYN physicians and the barriers they face in their career paths. By amplifying their voices, this research informs interventions that support and empower Latina women in OBGYN. Efforts should focus on addressing structural and perceptual barriers to enhance diversity and inclusion within the field.

Demographic Characteristics of Individuals with Glaucoma Surgery in a Los Angeles County Safety Net Eye Clinic

Alexis Ivan Aleman (1), Allan I. Puran (1), Tim Banh (1), Anne L. Coleman (1), Jayanth Sridhar (1,2), Victoria L. Tseng (1,2)

(1) David Geffen School of Medicine at UCLA, Los Angeles, CA; (2) Olive View UCLA Medical Center, Sylmar, CA

INTRODUCTION: Glaucoma is an optic neuropathy which if left untreated, can lead to permanent irreversible vision loss. Despite extensive research on disparities in glaucoma care, there is a need for further understanding of the characteristics of glaucoma patients in safety net systems. This study aims to examine the demographic characteristics of individuals with glaucoma surgery in a Los Angeles County safety net eye clinic.

METHODS: A retrospective chart review of patients seen between September 2022 and September 2023 at the Olive View-UCLA glaucoma clinic. Patients were included if they were seen by an ophthalmologist at the clinic with a confirmed diagnosis of glaucoma in the provider notes. Variables examined included glaucoma, patient age, gender, race/ethnicity, and the patient's primary language. Descriptive statistics were used to describe all patients with glaucoma and those who received glaucoma surgery. A multivariable logistic regression model was used to examine associations between age, gender, race/ethnicity, and primary language with the occurrence of glaucoma surgery.

RESULTS: There were 356 patients included in the study. The mean age \pm SD of the cohort was 60.97 \pm 13.22 years old. A total of 286/356 (80.3%) identified as Hispanic, 31/356 (8.7%) identified as Asian, 20/356 (5.6%) identified as Non-Hispanic White, 18 (5.1%) identified as Black. There were 253/356 (68.2%) who indicated Spanish as their primary language, 106/356 (28.6%) who selected English. A total of 75/356 (23.6%) patients received glaucoma surgery during the study period with the largest proportion identified as Hispanic (62/75 [82.7%]). There were no statistically significant associations between any of the variables with the odds of glaucoma surgery in multivariable logistic regression analyses.

CONCLUSIONS: Preliminary results from our study found that in patients with glaucoma in a safety net eye clinic, the largest proportion who receive surgery identify as Hispanic and speak Spanish as a primary language. Increased efforts to provide culturally sensitive patient care and education in patients' primary language in the safety net system may be beneficial to improve outcomes for individuals with glaucoma in the safety net system.

Breaking Barriers, Building Health: A Comprehensive Evaluation of Client Medical Needs at the Mobile Clinic Project

Corinne Allas (1), Mary Marfisee, MD, MPH (2)

(1) Charles R. Drew/ UCLA David Geffen School of Medicine, (2) Department of Family Medicine at UCLA

INTRODUCTION: In 2023, an estimated 75,518 people in Los Angeles County were experiencing homelessness on any given night(1). People experiencing homelessness (PEH) often meet barriers to accessing medical services. Outreach clinics, such as the Mobile Clinic Project at UCLA (MCP), provide PEH with direct access to care. However, there is limited data describing the prevalence of medical conditions and interventions provided. The objective of this review is to examine the medical conditions diagnosed at MCP and use this data to better inform treatment.

METHODS: MCP is a student-run outreach clinic that serves PEH within the greater Hollywood area. At each clinic, medical students conduct a SOAP model visit, which is then presented to an attending physician and a treatment plan is created. A thorough retrospective chart review of approximately 500 medical visits from December 2020 - March 2024 was conducted that examined chief complaints, past medical and social history, vital signs, diagnosis, and treatment. Additionally, the review examines the rate of transfers to the emergency department and referrals to primary care. Demographic and clinical data are summarized using descriptive statistics and measures of central tendency.

RESULTS: Age range: 2 to 80 yrs, most common group: 51-60 yrs. In 20% of visits, patients reported a PMH of hypertension but in 29% of visits, were found to be hypertensive. Upon review of social history, 19% reported alcohol use, 28% reported tobacco use, and 26% reported substance use. Dermatologic (e.g. abscesses, cellulitis) and musculoskeletal conditions (e.g. muscle pain, arthritis) were the most common diagnoses, comprising 36% and 33% of visits respectively. 12% received antibiotics/anti-parasitics, 41% received OTC pain medications. 3% were referred to the ER to rule out emergent concerns (e.g. DVT and CHF exacerbation), 11% of visits were plugged into primary care at a local FQHC.

CONCLUSIONS: This chart review highlights the most up-to-date needs and concerns of the patients that present to MCP. Clinics like MCP are becoming increasingly important for medical care for PEH. Patients present with a variety of acute and chronic concerns, some of which can be adequately managed with over-the-counter/prescription medications and community partnerships. Although these clinics have limitations, this review can inform more effective treatment and follow up plans tailored specifically to PEH.

Evaluation of Contingency Management (CM) to Facilitate Retention in Supportive Housing in Los Angeles

Denise Guzman Naranjo (1), Grace Yi (2) , Steven Shoptaw, PhD (3)

(1) Program In Medical Education-Los Angeles at David Geffen School of Medicine at UCLA (2) David Geffen School of Medicine at UCLA (3) Department of Family Medicine at UCLA

INTRODUCTION: Roughly 30% of the ~47,000 people experiencing homelessness in Los Angeles County report substance use disorder which can lead to behaviors that further jeopardize housing. Contingency management, an evidence-based Stimulant Use Disorder treatment, rewards target behaviors reinforcing change. The Los Angeles County Department of Health Services initiated a novel CM intervention for those in supportive housing to address problem behaviors. This study evaluates perceptions of CM implementation in Los Angeles County-supportive housing.

METHODS: Twenty structured qualitative interviews are being conducted with residents of Los Angeles County-supported housing enrolled in the CM intervention to document program perception and self-perceived behavioral changes, including substance use and disruptive living behaviors. Ten structured interviews are being conducted with staff operating the CM intervention to discuss program perceptions, fidelity, implementation barriers, and perceived resident changes. Interviews will be transcribed, coded, and analyzed for recurring themes. We expect to find data and extensive markers of perceptions by staff and residents to document and improve program implementation with fidelity.

RESULTS: 18 interviews are completed. Data from interviews are being transcribed and coded. Initial findings on CM program perception include mixed understanding of CM objectives, mixed desires for behavioral change, and varying experiences by staff and residents. One resident is now abstinent and leading therapeutic groups; another reported no change nor desire to change substance use behaviors. Initial findings on program intervention reveal unstandardized enrollment, potential for trauma-informed and CM administration staff support, and extension of resident support following CM program completion. Interviews are currently being continued. Further findings will be integrated with existing results.

CONCLUSIONS: This evaluation showed that the CM program as implemented could benefit from added training on CM for staff and residents. It was perceived as positive and feasible, demonstrating the potential to preserve residents' housing status thus aiding their health. These findings will be essential to guide refinements to

implementing a CM program in cities seeking to interrupt the cycle of housed to unhoused status amongst those in subsidized units who engage comorbid stimulant and poly-substance use.

La Cosecha: Harvesting Farmworker Health Through Collaboration with Medical Student Led Organization

Denise Jimenez-Tapia, Erica Escalera

PRIME-LA; UIM-COE; La Cosecha

INTRODUCTION: California has 800,000 farmworkers producing a third of the US vegetables and two-thirds of fruits and nuts. Farmworkers experience occupational health hazards, lack of access (>85% being uninsured, 53% undocumented), low health literacy, and poorer health outcomes. Despite California's growing farmworker population, only 2 of its 18 medical schools have programs and curriculum that train future healthcare professionals to address farmworker health disparities. La Cosecha, a medical student-led initiative, aims to address this gap at UCLA.

METHODS: La Cosecha established a community partnership with The Celebration Nation Foundation who built trust with the Oxnard farmworker community through their monthly food distributions. We integrate health education workshops into these events, offering pre-tests to gauge knowledge/health literacy and post-tests to measure effectiveness of the workshop in increasing farmworker health literacy. Each participant is provided with personal protective equipment (hats with face ventilation, sunscreen, and cooling bandanas) to help decrease exposure to work related environmental hazards and negative health impacts amongst farmworkers.

RESULTS: Our inaugural health education workshop on preventing heat-related illness utilized interactive classes with visuals and pamphlets, proving highly effective. Of the 94 farmworkers aged 20-75 who attended, 26 opted for screenings, revealing concerning trends: 50% had elevated systolic blood pressure, 33% had elevated diastolic blood pressure, and 4 out of 15 had A1C screenings that were abnormal. In our medical student curriculum, post-tests revealed a decrease in "unsure" responses when compared to pre-tests, reflecting increased awareness in regards to health disparities impacting farmworker health resulting from our medical education endeavors.

CONCLUSIONS: Given our growing farmworker population, medical/health professional schools need to expand their curriculum to include farmworker health. Understanding the multifaceted barriers, hazards, and socioeconomic determinants is vital for providing farmworkers with the care and patient education they deserve. Language barriers continue to prevent access to reliable health information. Social media helps bring farmworker health awareness to future providers and organizations supporting farmworker health.

Ambient Artificial Intelligence Scribe Pilot on Reducing Electronic Health Record Documentation Burden in a Large Federally Qualified Health Center

Efren Aguilar (1,2), Jeffrey Arroyo, MD (3), Christina Jung, MD (3,4)

(1) David Geffen School of Medicine at UCLA; (2) Charles R. Drew University of Medicine & Science; (3) AltaMed Health Services; (4) Children's Hospital Los Angeles

INTRODUCTION: Rising electronic health record (EHR) documentation and patient care demands have escalated physician burnout, notably in Federally Qualified Health Centers (FQHC) tasked at servicing underserved populations, where burnout is exacerbating staff turnover at a higher rate and affecting healthcare delivery.

Implementing ambient AI scribes for direct EHR transcription of doctor-patient dialogues could lessen provider burnout, enhance workflow, improve patient outcomes, and reduce staff turnover, sustaining community healthcare service quality.

METHODS: N=30 physicians and PA/NP from Family/Internal Medicine, Pediatrics, and OBGYN, at FQHCs in Orange County and Los Angeles, will be recruited. Selections are based on Epic's Opportunity Score, evaluating after-hours charting, same-day visit closures, and manual note-typing. Scores closer to 3 suggest benefit from AI scribe workflow augmentation. Baseline and 8-week surveys will measure burnout, task load, time savings, note accuracy, and usability. Experiences will be qualitatively reviewed at two and eight weeks. Quantitative data will be examined with paired t-tests. Signal data will undergo a difference-in-difference analysis. Qualitative data from interviews will be coded using CFIR model.

RESULTS: Before the pilot could commence, IT and FQHC leadership required detailed information on the vendor's security protocols, inter-departmental endorsements, and anticipated return on investment. They also called for a preliminary trial with clinician informaticists (CIs) to evaluate the AI scribe efficacy and garner initial feedback. Interviews with three CIs flagged concerns about the initial setup process, but reported high accuracy of notes in English and Spanish consultations. They noted the ambient notes' subjective content as most useful for incorporating into patients' EHRs, instead of the objective and assessment/plan sections.

CONCLUSIONS: The pilot underscores FQHC approval challenges for AI-EHR uptake. Necessary are IT security clearances, strong inter-departmental backing, comprehensive baseline data supporting smooth AI scribe integration, and predicting return on investments. Crucial for scalable adoption, these steps reduce costs and redirect funds to vital services, enhancing care in underserved communities, fostering provider well-being, and improving patient-provider interactions.

Impact of Methamphetamine Use and Smoking on Mortality Among Men who have Sex with Men (MSM) Affected by HIV: A Longitudinal Cohort Study

Grace Yi, MSPH (1), Marjan Javanbakht, PhD, MPH (2), Pamina Gorbach, DrPH (2), Steven Shoptaw, PhD (1, 3)

(1) David Geffen School of Medicine at UCLA; (2) Fielding School of Public Health, Department of Epidemiology; (3) Department of Family Medicine at UCLA

INTRODUCTION: MSM are disproportionately affected by HIV in the United States, particularly among racial and ethnic minorities. Methamphetamine use is prevalent in this population and is associated with increased HIV transmission and poor health outcomes. The objective of this study was to characterize the relationship between methamphetamine use, smoking, and all-cause mortality among this cohort of MSM, half of whom live with HIV.

METHODS: This longitudinal cohort study involved N=541 MSM in Los Angeles enrolled from August 2014 to December 2023. Data on demographics, substance use, and health outcomes were collected biannually through surveys and clinical review. Death records were identified through the Los Angeles Medical Examiner's Database. Survival analysis was conducted to examine the impact of methamphetamine use and smoking on mortality, using Cox proportional hazards models adjusted for demographic and behavioral factors.

RESULTS: The standardized mortality ratio among this sample was 3.11, indicating that the observed number of deaths in our cohort (N=22) was over three times higher than the expected mortality rate among a general population with similar demographic attributes. In Cox models, daily methamphetamine use (adjusted hazard ratio [aHR] 3.01, 95% CI 1.13-8.03) and smoking more than ½ pack per day (aHR 3.08, 95% CI 1.11-8.53) were

significantly and independently associated with a three-fold increased risk of mortality, even after adjusting for age.

CONCLUSIONS: Results demonstrate elevated mortality in our cohort compared with the general population, particularly from drug-related causes. Findings detail several modifiable drug-related behaviors and present strong points for targeted interventions that could improve health outcomes and reduce mortality in this population. Altogether, this analysis confirms critical links between high-risk behaviors and increased mortality among minority MSM and emphasizes the urgent need for targeted interventions for substance use and infectious disease.

Community Survey of the Goals, Priorities, and Experiences of Trans and Gender-Expansive People Seeking Gender-Affirming Hormones Therapies with Testosterone (GAHT-T)

Kandace Fung, BA (1,2), Kristen C. Williams MA (4), Shira Grock, MD (2-4), Reema Patel, MD (2,3,5), and Stanley Korenman, MD (2-4)

(1) Charles R. Drew University of Medicine and Science; (2) University of California Los Angeles, David Geffen School of Medicine; (3) Division of Endocrinology, Diabetes, and Metabolism at UCLA; (4) UCLA Gender Health Program; (5) Division of Endocrinology, Diabetes and Metabolism, VA Greater Los Angeles Healthcare System

INTRODUCTION: The World Professional Association for Transgender Health provides practice standards for GAHT-T, but empirical evidence remains scarce regarding the efficacies of diverse testosterone regimens, especially considering the diverse goals of the patients. These guidelines offer limited direction on individualized treatment, often prescribing a uniform approach for a population with varied gender transition goals. Our study aims to address this gap by understanding patients' goals and experiences, ultimately informing tailored treatment regimens.

METHODS: Our team developed a comprehensive survey, drawing from extensive clinical experience. These questions are currently being reviewed by the UCLA Gender Health Program's Community Advisory Board in an effort to maximize inclusivity and accuracy of language for a community so frequently excluded from both common and medical conversations. The survey will be distributed primarily through social networks designed for gender-expansive individuals seeking treatment with testosterone. Data analysis will begin once data collection is completed. The analysis of the data generated in this study will be primarily descriptive, but basic cross-tabs, t-tests, and other exploratory comparisons will be used.

RESULTS: This exploratory survey covers essential themes, including demographics, transition history, barriers to access, treatment goals and priorities, experiences with various birth control methods, and future research priorities. The questionnaire will determine the extent to which a wide variance is seen in goals and transition experiences, particularly in testosterone treatment goals. Demonstration of variance will serve as the foundation for further research into tailoring and ultimately improving the efficacy of gender-affirming treatments using testosterone.

CONCLUSIONS: Our study delves into the multifaceted landscape of gender-affirming hormone therapies with testosterone. By understanding patients' goals and experiences, we seek to enhance their access to and utilization of these therapies. We hope our findings will elucidate any differences in experiences within racial/ethnic groups, guide provider counseling when patients are navigating GAHT-T, and highlight essential research questions grounded in the needs and priorities of community stakeholders.

Centering Pregnancy: A Group-based Approach to Prenatal Care in Obstetrics and Gynecology

Shami-Iyabo Mitchell, MS(1), Chelsea Ferrell, MD(1)

(1) Department of Family Medicine at UCLA (2) UMMA Clinic (3)UIM-COE Discovery Year Program Charles R. Drew Medical School (4) David Geffen School of Medicine

INTRODUCTION: In 2021, 1,205 women died of maternal causes in the United States compared with 861 in 2020 and 754 in 2019. Today's prenatal care model is riddled with inefficiencies and at times lacks appropriate time for connecting with patients, especially socially and medically complex patients. Centering Pregnancy, a group prenatal care model, allows for providers to spend more time (roughly 1.5-2hrs) with their patients, patients can ask more questions, learn from the experiences of other birthing people, and receive high quality health care.

METHODS: Utilizing HPI protected Microsoft Excel, patient data from the electronic medical record of 113 patients at UMMA Clinic which services a majority Medicaid-insured, Hispanic patient population was collected to determine if group prenatal care compared to the individualized prenatal care model: improved breastfeeding, rates immediately after and up to 4 months post-delivery, decreased preterm labor, decreased low birth weight, rates of vaginal and cesarean section deliveries.

We compared the average means, t-test and z-test to determine the statistical significance of the data collected. Patients that did not receive at least 1 prenatal visit at UMMA clinic were excluded from this study.

RESULTS: UMMA clinic services a majority 61% Hispanic and 22% Black population of patients. On average, group prenatal care patients attended more prenatal care visits(8) than the individualized care patients(6). Centering patients presented at earlier gestational ages for their initial prenatal visit (average GA: 12wks1d) as compared to individualized care (18wk2d), had higher proportion of breastfeeding noted at hospital discharge (.78) as compared to individual(.74), higher proportion of vaginal deliveries (.79) as compared to individual (.76), and a higher proportion of patients continuing to Breastfeed into the 4 month postpartum period.

CONCLUSIONS: Centering Pregnancy has been shown in larger cohort studies to decrease maternal morbidity, mortality and improve fetal outcomes. This was similarly reflected in the adaptation of this program at a Community Clinic in Los Angeles. A higher proportion of centering patients are not only attending more prenatal visits on average but are also following up 6 weeks postpartum which are major moments to diagnose and treat postpartum depression. This program increases the visibility of our patients with

CASE REPORTS

Moyamoya syndrome in a Hispanic male presenting with cerebellar infarction

Anna Bjarvin, MS III (1), Harnek Singh, MD (1), Lovedip Kooner, MD (1), Janpreet Bhandohal, MD (2)

(1) Rio Bravo Department of Family Medicine/Clinica Sierra Vista, (2) Kern Medical

INTRODUCTION: Moyamoya is a rare disorder caused by progressive stenosis of the carotid arteries; unilateral internal carotid artery occlusion results in Moyamoya syndrome, bilateral occlusion is termed Moyamoya disease. It is more common in females and in patients of East Asian descent. It is diagnosed by the "puff of smoke" sign,

angiography reveals abnormal collateral formation around the occlusion. The patient is a 37 y/o Hispanic male presenting with left cerebellar stroke and Moyamoya syndrome.

METHODS: A 37-year-old Hispanic male with history of HTN presented to the ER with headache and left sided gait unsteadiness after experiencing vertigo and intermittent spells of dizziness. Non-contrast CT head revealed a left sided cerebellar infarct, CT angiogram of the brain/head with contrast further revealed multifocal occlusion of the left vertebral artery and left PICA, and occlusion of the right M1 segment of the MCA with collateral vessels consistent with underlying Moyamoya syndrome. Medical management included aspirin, clopidogrel and atorvastatin. The patient continued to complain of gait unsteadiness with leftward leaning. Repeat CT on day 4 showed evolving left cerebellar infarction with mass effect on the brainstem and 4th ventricle, IV mannitol was given and the patient was transferred to the DOU to monitor for the development of obstructive hydrocephalus. The patient's imaging improved, and he was downgraded to the medical floor and discharged on day seven of hospitalization.

DISCUSSION: While both anterior and posterior cerebral circulation strokes have been reported in Moyamoya, it has not been associated with cerebellar infarctions. The ICA and MCA are involved in 84-89% of cases. Here we report a 37 year old Hispanic male with radiographically diagnosed Moyamoya syndrome presenting with a left-sided cerebellar infarction, a highly unusual manifestation. Surgical intervention via cerebrovascular bypass stands as the primary treatment modality, as medical therapies have shown limited efficacy in halting disease progression. However, even with intervention the disease causes significant disability. Further studies are warranted to elucidate the underlying mechanisms of Moyamoya disease and syndrome, ultimately guiding therapeutic approaches and improving patient outcomes.

Failure of Anticoagulation in a Patient with Remote Roux-en-Y Gastric Bypass Resulting in Stroke

Brandon Nguyen MS III (1), Harnek Singh MD (1), Lovedip Kooner MD (1), Janpreet Bhandohal MD (2), Anna Bjarvin MS III (1)

(1) Rio Bravo/Clinica Sierra Vista; (2) Kern Medical

INTRODUCTION: Direct oral anticoagulants (DOACs) are first-line for conditions like atrial fibrillation due to fewer side effects and less monitoring requirements than warfarin. However, anti-coagulation failure may occur in patients with malabsorption after bariatric surgery like in Roux-en-Y gastric bypass (RYGB), which affects drug absorption. Decreased absorption of rivaroxaban and dabigatran leading to insufficient anti-coagulation has been noted, though less so with apixaban.

METHODS: A 65-year-old male with a history of atrial fibrillation, recent cerebellar infarction, recurrent TIA, and past Roux-en-Y gastric bypass presented to the emergency department with dizziness, weakness, headache, and nausea/vomiting. His blood pressure was 208/112, leading to admission for hypertensive urgency with CT angiogram showing a left atrial appendage thrombus. At the time the patient was on an anticoagulation regimen of 5 mg apixaban BID due to prior cerebellar infarct noted on past MRI. His history of RYGB 30 years prior and failed anticoagulation in the context of his symptoms prompted reevaluation of the patient's anticoagulation regimen. The decision was ultimately made to bridge the patient to warfarin and monitor him outpatient at the coumadin clinic. The patient was instructed to continue both enoxaparin and warfarin upon discharge. He was closely followed outpatient at the coumadin clinic and reached therapeutic INR on warfarin.

DISCUSSION: Here we present a patient with extensive comorbidities and history of RYGB who presented with TIA and left atrial thrombus after failing anticoagulation with apixaban. Apixaban is generally considered as a safe

choice in those with history of gastric bypass; however, those with history of malabsorption due to bariatric surgery may be at risk for ineffective anticoagulation under DOAC therapy. Warfarin may be preferable in this patient population as they may benefit from the increased surveillance of warfarin therapy which requires close follow-up via INR monitoring. The prevalence of obesity and the increasing use of bariatric surgery underscore the importance of adequate research into anticoagulation in this population.

Pemphigus Vulgaris

Fargol Javaherian (1), Shakti Srivastava, MD (2)

(1) Rio Bravo Family Medicine Residency Program, Bakersfield, California; (2) Ross University School of Medicine, Bridgetown, Barbados; 3. Department of Family Medicine, Kern Medical, Bakersfield, CA, USA

INTRODUCTION: Pemphigus vulgaris (PV) is a form of autoimmune disease occurring in approximately 1 to 5 person(s) in million people each year. PV begins with blisters in the mouth, and then on the skin or genital mucous membranes. Herein, we report a unique case of a 63-year-old male with complex medical history presenting with worsening PV.

METHODS: 63-year-old male with complex medical history presented to clinic due to worsening PV. He had crusting and bullous lesions with various stages of drying. This was to the extent that he could not advance it as the lesions extended to his gluteal region also. On clinical examination, multiple lesions noted throughout the face, scalp, front of chest and trunk as well as the entire back. He was initially started on azathioprine by dermatologist but had not been on it for many months then. He was neither on steroids nor on any immune suppressants or immune modulator medication. The only medication the patient had been using was topical steroids which he had run out of in the last few months. Patient was started on azathioprine at low-dose along with prednisone 40 mg daily with the plan to increase azathioprine and prednisone dose to 100 mg and 60 mg respectively on next visit if the symptoms were not improving. On the Follow up visit, the patient's symptoms gradually improved.

DISCUSSION: PV is a rare immune-mediated disease causing lesions on oral and skin tissues that can widespread to other tissues causing potentially death. Prompt diagnostics and timely treatment are keys to stop worsening PV conditions. Healthcare professionals should watch for painful blisters and sores on the lips and other body parts to address the appropriate treatment. Corticosteroids are usually prescribed as the first line of treatment for mild PV which takes couple weeks to work. Patient's response should be monitored continuously to avoid the prolonged usage complications such as hypertension, diabetes mellitus, and osteoporosis. The dose can be gradually decreased when symptoms are improved to minimize the side effects. Dosing should be increased again if more than three lesions reappear.

Rare Chronic Posterior Shoulder Dislocation in Avid Boxer

Simon P. Lalehzarian, MHA MS (1, 2), Gagan Kooner, MD (1), Harnek Singh, MD (1)

(1) UCLA-Rio Bravo Family Medicine Residency Program; (2) American University of the Caribbean School of Medicine

INTRODUCTION: Posterior shoulder dislocations (PSD) account for less than 5% of all shoulder dislocations. Patients with PSD may have additional injuries such as a reverse Hill-Sachs lesion which is a fracture of the anteromedial portion of the humeral head. These combined injuries are rare and often missed or misdiagnosed,

thus complicating their assessment and treatment. Here, we present a unique case of a PSD with associated reverse Hill-Sachs lesion in a boxer and his recovery.

METHODS: A 40-year-old male boxer presented with right shoulder pain after attempting to hit a punching bag, missing, and feeling a "pull". He reported pain, paresthesias, decreased strength, and decreased range of motion (ROM) particularly with overhead activities. He had a palpable visual defect on the anterior right shoulder and tenderness over the long head of the biceps at the rotator interval. Imaging showed posterior subluxation with a reverse Hill-Sachs lesion, 22mm partial-thickness articular surface posterior labrum tear, and two 3-4mm calcific bodies representing avulsion fragments. He was diagnosed with a right chronic PSD with a large reverse Hill-Sachs deformity. Surgical reduction was achieved through an open reduction with osteochondral allograft transfer system (OATS) procedure to the humeral head. At seven weeks postoperatively, he had an increased ROM compared to preoperative status and was able to begin phase 1 of the shoulder rehabilitation protocol with physical therapy.

DISCUSSION: A PSD associated with a reverse Hill-Sachs lesion is a rare injury and management is often complicated. Additionally, reverse Hill-Sachs deformities are associated with an increased incidence of recurrence and prolonged recovery. Because a PSD associated with a reverse Hill-Sachs lesion is often missed or misdiagnosed, CT and MRI scans are needed to detect the associated bone and soft tissue lesions. Treatment should be individualized taking into account the patient's features as well as bone and soft tissue lesions in both sides of the shoulder joint, humeral head, and glenoid. Proper referral to an orthopedist or specialist in shoulder injury should be ensured to avoid the long-term complications such as osteonecrosis, posttraumatic arthritis, and joint stiffness.

Speedy Return to Play Following Surgical Repair of Thumb UCL Tear with Suture Tape Augmentation

Simon P. Lalehzarian, MHA MS (1, 2), Gagan Kooner, MD (1), Abigail Moore, ATC (3), Harnek Singh, MD (1)

(1) UCLA-Rio Bravo Family Medicine Residency Program; (2) American University of the Caribbean School of Medicine; (3) California State University, Bakersfield

INTRODUCTION: Thumb ulnar collateral ligament (UCL) injuries are quite common in elite athletes as they often occur during activities that force the thumb into extreme abduction or hyperextension. While many UCL injuries are treated nonoperatively, the presence of a Stener lesion which is an avulsion of the distal UCL, requires surgical repair. Here, we present a case of a surgically treated right thumb UCL with internal brace augmentation via suture tape which provided for an expedient return to play (RTP).

METHODS: A 21-year-old right-hand dominant male collegiate baseball player presented with mild, non-radiating, intermittent right thumb pain for ten days following a hyperextension injury while catching a baseball. Patient stated his thumb feels unstable and that it "gives way" with use. On physical examination, there was increased girth at the metacarpophalangeal (MCP) joint and increased laxity with radial stress. There was no tenderness to palpation over the UCL at the MCP joint. He had full range of motion and a negative distal radioulnar joint test. MRI showed a thumb UCL tear at the MCP joint with a Stener lesion. The next day, he underwent repair of the right thumb UCL with internal brace augmentation via suture tape. Ten days later, he was able to range his thumb with minimal to no pain. He was told to wear a thumb comfort cool brace and start occupational therapy. Three weeks after the surgery, he was able to return to training (RTT) and four weeks postoperatively was able to RTP.

DISCUSSION: The primary goal of physicians who treat athletes is to return the athlete to competition as safely and as quickly as possible. When a patient is suspected to have a thumb UCL injury, imaging is necessary to

determine the treatment plan. If a complete tear is identified or a Stener lesion is observed, surgery is recommended as the definitive treatment. A study done by Gibbs et al. mentions that patients with similar injuries typically undergo repair via suture anchor and are expected to RTP between six to eight weeks. In this case, we identified a collegiate athlete who underwent repair via suture tape augmentation and was able to RTP in four weeks. This case study provides evidence that repair of thumb UCL tear with suture tape augmentation can provide a more expedient RTP.

An Unexpected Discovery: Unveiling, Malignant Melanoma

Simon P. Lalehzarian, MHA MS (1, 2), Gagan Kooner, MD (1), Fiona Axelsson, MD (1), Harnek Singh, MD (1)

(1) UCLA-Rio Bravo Family Medicine Residency Program; (2) American University of the Caribbean School of Medicine

INTRODUCTION: Skin cancer is the most commonly diagnosed cancer in the United States. Melanoma, which constitutes 1% of skin cancer, has seen a dramatic rise in incidence worldwide. Despite increased efforts at screening, mortality rates have not appreciably improved. To improve patient outcomes, a thorough examination of the skin is vital in symptomatic individuals. Here, we evaluate the case of a "sebaceous cyst" removal where there were no clinical indicators to suspect melanoma.

METHODS: A 36-year-old woman presented with a subcutaneous "bump" on her left forearm for the last 2 years. She reports enlargement and burning pain at the site with tingling in her left fingers. One year prior, an ultrasound read "probable sebaceous cyst" and recommended removal. A new ultrasound revealed a 6x5x4mm complex mass and read "possible sebaceous cyst". Due to her symptoms, she was scheduled for a cyst removal. An unexpectedly flat, dark, and firm mass was collected and sent to pathology. Although her symptoms improved, pathology results revealed "invasive malignant melanoma with margins involved, unclear if metastatic or primary". On physical exam, she had scattered nevi and a 7cm round, soft, nontender, non-discolored subcutaneous mass of her right upper back that she has had for six years. She also reported an aggressive family history of melanoma in her extended family. Patient was referred to dermatology, medical and surgical oncology for further management.

DISCUSSION: Obtaining a thorough family history in patients can help guide care and screening. A visual examination utilizing the "ABCDE" rule (asymmetry, border irregularity, non-uniform color, diameter > 6mm, and evolution over time) could be of value. In our case, the patient had no skin changes to suggest a primary or metastatic melanoma. Maintaining a broad differential is pivotal in cases where the initial diagnosis differs from the final diagnosis. In one study of clinically benign lesions that were excised, only 0.33% were found to be malignant (Milton, et al. 2021). While most skin lesions are benign, physicians should always consider melanoma. Any lesion that is suggestive of melanoma requires a wide excisional biopsy by a surgeon as tumor thickness will dictate prognosis and treatment.

LECTERN SESSION 2

(3:05 – 3:50pm)

Inpatient Medicine Service Barriers to Fitness and Exercise During Residency Training

Alexandra Cervantes, MD (1), Daniel Gehlbach, MD (1), Alexander Soto, MD (1) and Derjung M. Tarn, MD (1)

(1) Department of Family Medicine at UCLA

INTRODUCTION: Exercise is medicine, yet not practiced by doctors. Physical activity significantly impacts physical and mental health, but less than 1/3 of physicians-in-training meet U.S Department of Health & Human Services physical activity recommendations. Physical activity is particularly sparse during in-patient rotations. Research has shown that "exercise snacks" during work hours can prevent sedentarism in other workplaces. This study evaluates the feasibility of "exercise snacks" during in-patient service and of collecting data to evaluate the effect.

METHODS: Feasibility study examining intervention implementation in the inpatient setting. All UCLA family medicine residents were included. Residents were administered a pre-intervention survey via Qualtrics which contained modified IPAQ (International Physical Activity Questionnaire) questions. The intervention consisted of hourly reminders to do 3-5 minutes of physical activity during regular daily 8-12 work shifts during monthly inpatient rotations. A post-intervention survey will assess the feasibility of this implementation.

RESULTS: Seventeen of 33 residents participated in the study. Baseline survey results showed that 44% of participating residents perform vigorous activity 1-2 days per week. Regarding moderate activity, 56% performed 1-2 days of moderate activity in the past 7 days. Over half walk every day. Almost all state that in-patient rotations greatly impact their physical activity. This work is still in progress, but we have preliminary results from the first month where 5 out of 6 residents on the inpatient service participated in the exercise snacks, of which 3 responded. One third reported participating in exercise 1/2 of the times per day, and the rest less than that. Barriers were stress and lack of time.

CONCLUSIONS: This study demonstrates the feasibility of integrating exercise snacks into resident inpatient service days to increase physical activity. Future studies are needed to investigate strategies for increasing resident participation, to determine the impact of these exercise snacks on resident mental health and burnout during their inpatient service rotations, and to examine whether the exercise snacks could be integrated into other resident rotations.

Screening Threshold for Gestational Diabetes at Kaiser Permanente Southern California with 2 Step Glucose Challenge Test

Gorden Yao, MD (1), Sherin Thomas, DO (1), Bess Estrada, DO (1), Nicole Morris, MD (1)

(1) Kaiser Permanente Southern California

INTRODUCTION: Screening for gestational diabetes mellitus (GDM) follows a two-step protocol: a 1-hour glucose challenge test (GCT), followed by a 3-hour glucose tolerance test (GTT). For the 1-hour GCT, a value between 130-140 mg/dL may be considered abnormal, but controversy exists regarding the optimal cutoff within this range. A

lower cutoff to administer the 3-hour GTT may increase anxiety and healthcare costs to patients. Kaiser Permanente Southern California adopts a threshold of 135, and this study examined the effect of raising the threshold to 140.

METHODS: This retrospective cohort study compared two groups based on 1 hour GCT values: 135-139 and >140 for pregnancies from 2016 to 2019. The primary outcome was diagnosis of GDM (via 3 hour GTT or diagnostic code for GDM), with the sensitivities and specificities compared using receiver-operator characteristic curves (ROC) to determine the best GCT cutoff. The primary outcome was also stratified by maternal ethnicity and pre-pregnancy BMI. Secondary outcomes compared relative risk of pregnancy outcomes of preeclampsia, eclampsia, pre-term delivery, shoulder dystocia, large for gestational age (LGA), cesarian section and vacuum assisted delivery for each group compared to a control group.

RESULTS: Area under the ROC curve was greater for GCT 135-139 (0.8409) than GCT >140 (0.8319), showing a small advantage in the 135 threshold in diagnosing GDM ($p < .0001$). When stratified by race, this difference remained for all groups except for Asians. The relative risk of GDM was higher for patients with increased pre-pregnancy BMI and patients of Asian, Hispanic, and other descent. Blacks did not have an increased RR of GDM compared to Whites. There was increased preeclampsia for GCT >140 (RR 1.40, $p < .0006$) but not for GCT 135. C-section was increased for both groups, GCT 135 (RR 1.12, $p < .0130$) and GCT >140 (RR 1.11, $p < .0001$). There were no differences found for the other s

CONCLUSIONS: The GCT cutoff of 135 is appropriate for our population. Given a known association of GDM with adverse outcomes, we were surprised not to find an increased RR of eclampsia, pre-term delivery, shoulder dystocia, LGA and vacuum assisted delivery for groups with GCT 135-139 and >140 (compared to control) and found only very small differences for preeclampsia and C-section. Differences in these outcomes may be better examined by stratifying patients by type of glucose control (diet vs. medication).

Semaglutide effectiveness on weight loss at MVCHC FQHC

Hei Jun Li, MD; Mimi Hoang, DO; Crystal Fame, DO; Eddie Shum, DO; Esther Zarecki, MD

RUHS/UCR Family Medicine Program

INTRODUCTION: Obesity, recognized as a complex and multifactorial condition, has emerged as a significant global health challenge with far-reaching consequences. Among the various interventions explored, semaglutide, a glucagon-like peptide-1 (GLP-1) analog, has shown promise. GLP-1 receptor agonists have demonstrated glycemic control benefits and notable effects on body weight. Semaglutide has exhibited significant weight loss efficacy in clinical trials. However, its effectiveness within the Moreno Valley FQHC setting remains unexplored.

METHODS: This retrospective cohort study aims to evaluate the efficacy and percent weight change of patients over a 5-7 month period following the continuation of semaglutide therapy in obese patients (BMI above 27 with comorbidities and BMI above 30 without comorbidities) receiving care at a Moreno Valley FQHC. Patients who initiated semaglutide therapy for diabetic and weight loss management between [start date] and [end date], were retrospectively analyzed. Baseline characteristics, including demographics, comorbidities, and medication history, were collected. Percent weight change were assessed at 5-7 months post-initiation.

RESULTS: Our ANOVA analysis revealed a total of 89 eligible patients meeting the inclusion criteria and suggests a significant reduction in mean body weight of 4.6% (p -value 0.000000125) over 5-7 months among patients receiving semaglutide therapy at the Moreno Valley FQHC community health clinics.

CONCLUSIONS: The use of semaglutide within the Moreno Valley FQHC population was not optimized for weight loss when compared to its use in the STEP 5 trial. It showed significantly worse outcomes due to inadequate follow up and titration targeted for weight loss. Further research with larger sample sizes and longer follow-up durations is warranted to validate these findings and optimize patient care.

Dementia Care Aware: Implementing Cognitive Health Screening in an Urban, Underserved Family Medicine Clinic

Matthew Quan MD (1), Ellen Wong MD (2), Kathleen Lo MD (1), Heather Schickedanz MD (1)

(1) Department of Family Medicine, Harbor-UCLA Medical Center, Torrance, CA; (2) Department of Neurology, Harbor-UCLA (Torrance, CA) and Rancho Los Amigos Medical Center (Downy CA)

INTRODUCTION: Californians 65+ with Alzheimer's disease are projected to more than double from 2019 to 2040. Developed in response to SB 48 which expanded Medi-Cal benefits to include an annual cognitive health assessment for those 65+ without Medicare, Dementia Care Aware is a CA state-wide program designed to train PCPs to improve dementia screening. In March 2023, DCA was implemented at Harbor-UCLA Lomita Family Health Center, a family medicine teaching clinic serving an urban, diverse population, many of whom are Medi-Cal beneficiaries.

METHODS: Two interprofessional training sessions were held in February (n=24 participants) and October (n=26) 2023, providing background on the DCA program and cognitive impairment, and training on implementing the cognitive health assessment (CHA) within our clinic workflow. From March-December 2023, project coordinators identified patients with scheduled primary care visits who were 65+ without a dementia diagnosis and not taking dementia medications, and these patients were screened during these visits by their PCP in their primary language using the CHA. The CHA includes the Mini-Cog, a functional assessment, caregiver name and contact, and the AD8 screen. Demographics were obtained from the EMR.

RESULTS: 14 of 65 (21.5%) CHAs administered were positive. 63.1% were Hispanic/Latino and 36.9% were non-Hispanic/Latino. Within the Hispanic/Latino group, 29.3% screened positive as compared to 8.3% in the non-Hispanic/Latino group (p-value 0.04). 41.5% were English, 53.8% were Spanish, and 4.6% were Other. Within the Spanish group, 31.4% screened positive as compared to 11.1% and 0% in the English and Other groups, respectively (p-value 0.05). 41.5% were Medi-Cal, 7.7% were Medicare, 40% were Medi-Medi, and 10.8% were Other. Within the Medi-Cal group, 18.5% screened positive, as compared to 20%, 26.9%, and 14.3% in the Medicare, Medi-Medi, and Other groups, respectively (p-value 0.85).

CONCLUSIONS: Approximately 1 in 5 patients screened positive on the CHA, exceeding the commonly cited 10% prevalence of dementia in U.S. adults 65+. Higher positivity rates among Hispanic/Latino patients highlight the need to improve training and screening workflows in similar diverse, under-resourced settings. This project highlights the feasibility and importance of dementia screening for marginalized patients, including Medi-Cal beneficiaries often overlooked due to lack of Medicare benefits.

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Notes and Acknowledgements

- Please stay for the entirety of the event. **We will be raffling gift cards for three lucky attendees at the very end of Research Day.** You must be present to win, so please stay until the end!
- The Multi-Campus Research Committee expresses deep appreciation to **Dr. Gerardo Moreno** and the **UCLA Department of Family Medicine** for their continued financial support of the Multi-Campus Research Forum.
- We are especially grateful to the **Underrepresented in Medicine Center of Excellence (UIM-COE)** for its financial support of this year's Research Forum.
- The Committee would also like to thank **Damilola Jolayemi, Uyen Kao, Elena Rosenberg-Carlson, and Enrique Sanchez** (UCLA CHIPTS) for their invaluable assistance with event coordination and **Valencia Moody** for her assistance with purchasing matters.
- Lastly, the Committee is thankful to **Laura W. Sheehan**. Laura can sneeze in seven languages simultaneously, bench-press a blue whale for warm-up, and has a brain so sharp it could slice through diamond-coated butter. It is also worth noting that she has been responsible for writing the Acknowledgements section for the last 11 years, and this particular acknowledgement gets progressively more ridiculous each year.



Thank you for joining us, we hope to see you again next year!