

LEADERSHIP



QUARTERLY NEWSLETTER • WINTER 2008 -09

President's Message

Thinking Ahead, Not Looking Back



Roman Kownacki, MD

As we are now officially experiencing a recession, there is no better time to be a WOEMA member and connect to your professional network. Few things are as effective in

surviving the economic downturn as creating a broad and deep network of professional connections.

WOEMA is your professional "family," a network of colleagues who support you, share (and request) knowledge and contacts with/ from you, and help you. It is built up from many connections, and based on similar interests in occupational medicine. The WOEMA network enables you to extend your reach and expand your opportunities, not to mention, a fun group of friends to hang out with at conferences.

First, a community of colleagues will open up an equally extensive range of potential job and/or project opportunities. The more people who know you're interested in a certain type of work or a specific job, the more people who can potentially help you with contacts, information, referrals, and advice. Also, if many people are aware of your skills,

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WOHC 2008 Brought Record Attendance to Napa

For the 52nd annual meeting of the Western Occupational Health Conference held in Napa, the meeting and exhibit rooms were packed to capacity. Taking advantage of the tight quarters, members used the increased opportunity to rub elbows and make valuable connections with colleagues. WOHC "Making it Work: Tools for Success in Occupational Medicine," also provided up to 22 hours of CME credit to help members achieve successful outcomes with patients, employers and clients. There was the broad offering of courses from which to choose: musculoskeletal updates, practical guidance on improving communications skills, and a host of other topics that combined high-quality education, with some of the most beautiful venues in the region. It was the perfect mix of business, education, and pleasure.

WOEMA thanks the 2008 WOHC planning committee who made it all come together:

Dennis Pockay, MD
WOHC 2008 Conference Chair
 Roman Kownacki, MD
WOEMA President
 Susan Barnard, MD
 Robert Blink, MD, MPH
 Bryce Breitenstein, MD, MPH
 Craig Conlon, MD
 Rupali Das, MD, MPH
 Jerry Gerst, MD
 Linda Gourley, PhD, PA
 Bill Hopper, MD
 Pamela Hymel, MD

Warner Hudson, MD
 Leslie Israel, DO
 Jim Lessenger, MD
 Walter Newman, Jr., MD
 Paul Papanek, MD
 Alan Randle, MD
 Jonathan Rutchik, MD
 Steve Schumann, MD
 Jim Seward, MD
 Gregg Sorensen, MD
 Kon Zaharoff, MD
 Hong Zhang, MD, MPH, MS

WOHC 2008 Highlights

“Making it Work: Tools for Success in Occupational Medicine”



James Seward, MD, MPP, Medical Director, UC's Lawrence Livermore National Lab, completed his term as WOEMA Chair of the Board and was presented with a fleece jacket from the WOEMA Board of Directors.



Constantine Gean, MD, Regional Medical Director, Liberty Mutual, received the Jean Spencer Felton Award for Scientific Writing. The award is presented annually to a member who has contributed significantly to the body of knowledge in the field of occupational and environmental medicine.



WOHC 2008 Conference Chairman Dennis Pocekay, MD, Kaiser, Petaluma, CA pictured with WOEMA Board member Sarah Jewell, MD.



WOEMA leaders welcomed 10 residents who attended WOHC 2008 on scholarships provided by WOEMA.



Robert Orford, MD, Mayo Clinic, Scottsdale, (shown here, left, with his wife, Dale) was the recipient of the Rutherford T. Johnstone Memorial Lecture Award presented annually to a current or past member of the WOEMA who has contributed significantly to the furthering of occupational and environmental medicine. The award provides a \$500 honorarium to the recipient.



The "WOHC Brothers" made an appearance at the welcome reception of WOHC 2008 in Napa. Pictured from left are: Constantine Gean, MD, Warner Hudson, MD, Paul Papanek, MD, Walt Newman, MD and Peter Swann, MD.



Back-up singers to the WOHC Brothers were the "WOHC-ettes": (from left) Pam Hymel, MD, Leslie Israel, DO, and Ellyn McIntosh, MD.



The WOHC golf tournament at Eagle Vines Golf Club took place prior to the start of the conference and 18 golfers participated.



The grand finale of WOHC was an elegant gourmet dinner in the historic stone cellar of Markham Vineyards Winery.

Reinventing the Patient Experience

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At Concentra, one of the largest providers of health care services in the nation, we're reinventing the health care experience, reshaping it, and making it what it should be – for our patients and our physicians. Here, we believe that our patients should expect more and our people deserve the same – a welcoming and respectful environment where their individual talents, skills, and abilities are always recognized and rewarded. It's good practice and it makes for a great practice for our physicians. We are currently seeking BE/BC physicians with the appropriate state license. Occupational Medicine, Family Practice, Internal Medicine or Urgent Care experience is preferred.

Center Medical Directors

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treated right

WOEMA Utilization Review Guide: Instructive Cases

BY PETER SWANN, MD, NEWSLETTER EDITOR

What follows is a hypothetical case meant to illustrate the real world of utilization review; the application of Evidence-Based Medicine. It will hopefully guide you toward better use of medical techniques and technologies while pointing out office procedures that are critical if your requests are to be approved in a utilization review environment.

The cases that follow use the following format:

1. Request from the physician is stated.
2. Clinical history that is pertinent to the request, as obtained from the submitted records, is summarized.
3. Recommendation of the reviewer.
4. Rationale of the reviewer is given.
5. Guidelines used by the reviewer in reaching a decision are given.
6. WOEMA Newsletter Editor's UR commentary is given.

Test Requested: Semmes-Weinstein monofilament test of the left hand.

Clinical history:

According to the Qualified Medical Evaluation Report of 10/23/2007, the



patient has an injury dating back to 01/24/2005 consisting of gradual onset of intermittent pain of the left thumb radiating into the forearm with numbness and tingling of the left hand and fingers. Over the ensuing time she has been treated with anti-inflammatory medications, multiple wrist steroid injections and physical therapy. Physical exam of the left upper extremity on that date revealed normal elbows, forearms, hands and fingers. Specialized testing of the wrist revealed a negative Phalen's, but a positive Tinel's and wrist compression. Finkelstein's test was negative. Examining physician felt that, based on symptoms and physical exam, mild carpal tunnel syndrome was probable and further diagnostic testing, including Semmes-Weinstein monofilament test, was requested.

Of note, on page 11 of the report the examining physician opines "the patient's bilateral carpal tunnel syndrome is not work-related."

Reviewer Recommendation:

The proposed Semmes-Weinstein monofilament test is medically reasonable/necessary and consistent with the parameters of the ACOEM Guidelines. However, it should be noted that, based on the information outlined above, it does not appear that the proposed test is warranted or appropriate as part of

the accepted Workers' Comp claim. Pursuant to the Simmons decision, a determination regarding causation is beyond the purview of the UR determination. This issue is referred to the claims examiner for a decision whether further administrative action on this issue is necessary.

Rationale:

ACOEM Guidelines, page 261, notes that Semmes-Weinstein monofilament testing can be a useful part of the evaluation of carpal tunnel syndrome, as noted below.

Guidelines Utilized:

ACOEM Guidelines, 2nd Ed., 2004, Electronic Version, Chapter(s) 11. Work Loss Data Institute, Official Disability Guidelines, 9th Ed., 2004, Electronic Version.

ACOEM Forearm, Wrist and Hand Chapter:

Several traditional findings of carpal tunnel syndrome (CTS) have limited specific diagnostic value. The various tests for CTS show a broad range of sensitivity, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be an abnormal Katz hand diagram, abnormal sensibility by Semmes-Weinstein testing, and night discomfort.

Carpal Tunnel Syndrome:

CTS does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general

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WOEMA Newsletter Available On-Line

Current and past issues of the WOEMA newsletter can be found on the WOEMA website. If you would prefer to receive this newsletter electronically, visit www.woema.org and provide us with your name and email address.

Utilization Review Guide



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population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electro-physiologic testing.

Clinical testing may include:

Performing the Semmes-Weinstein: A test involving nylon monofilaments that collapse at specific amounts of force when pushed perpendicularly against the palm or fingers. A positive test results when a filament of greater than normal size is required in order for its application to be perceived by the patient.

ODG CTS Chapter:

Semmes-Weinstein monofilament test: Recommended as a diagnostic test for CTS. Meta-analysis of combined studies indicates sensitivity of 83% and specificity of 59%. Several traditional findings of carpal tunnel syndrome have limited specific diagnostic value.

There is a broad range of sensitivity in the various tests for carpal tunnel syndrome, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be 1) an abnormal Katz hand diagram, 2) abnormal sensibility by Semmes-Weinstein testing, 3) a positive Durkan's test, and 4) night pain. Hypalgesia and thumb abduction strength testing have also been found to be helpful in establishing the diagnosis of CTS, as has the "flick sign" (patients report that shaking the symptomatic hand lessens paresthesias when symptoms are at their worst).

WOEMA Newsletter Editor UR Commentary:

This case points out several illustrative points:

1. The requesting physician's office supplied physician progress notes

that clearly explained the clinical situation and the rationale for the requested test. This "critical first step" is often missing, leading to an unnecessary utilization review denial.

2. The Evidence-Based Guidelines cited support the requested test; authorization is appropriately recommended.
3. Based on the medical records supplied, there is a question in the mind of the reviewer concerning whether the medical condition being evaluated is work related. Utilization Review, however, does not concern itself with issues of causation; it addresses only the issue of medical necessity. The reviewer, therefore, appropriately recommends approval while referring the issue of causation back to the claims examiner. ♦

Welcome New Members!

Eugene Allen, DO - Paramount, CA
Lydell K. Anderson, MD - Fairfield, CA
Jason T. Atienza, MD - Modesto, CA
Wayne K. Cheng, MD - Loma Linda, CA
Glenda J. Dalby, MD - Visalia, CA
Christian P. Erickson, MD, MPH, MRO - Los Angeles, CA
Steven A. Gest, MD - Alamo, CA
Mark A. Goldstein, DO - Los Angeles, CA
William W. Griffin, Jr, DC - Palm Springs, CA
Hui Han, MD - Stockton, CA
Norris Hollie, MD, AS - Oakland, CA
Sherman Jew, DO - San Francisco, CA
Stefan Kaiser, MD - Loma Linda, CA
Michael Karagiozis, DO - Henderson, NV
Julie Knox-Woodward, NP - Las Vegas, NV

Richard A. Lind, Jr, MD, DC - Modesto, CA
David S. McCaffrey, MD - Ewa Beach, HI
Thomas Mowery, MPH, MD - Sacramento, CA
Atonis Pax, DO - Mira Loma, CA
Denise Provost, MD - Palo Alto, CA
Toufan Razi, MD - San Leandro, CA
MaryRose Reaston, PhD - Las Vegas, NV
Clark H. Robbins, MD - Rowland Heights, CA
Carol A. Rogala, DO - Yucaipa, CA
Rae H Sharp, DC - San Bernardino, CA
Deborah J. Spitz, PA - Oakland, CA
Simone Tramma, MD - Orange, CA
Grant P. Williams, MD - Santa Barbara, CA
Stephen J. Williams, PhD - Beverly Hills, CA

News You Can Use from the Literature

COMPILED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM
MEDICAL DIRECTOR, LIBERTY MUTUAL



MRI may be inaccurate in assessing containment status of lumbar disc herniations in 30% of cases. MRI's of 50

consecutive patients undergoing open lumbar microdiscectomy were prospectively evaluated for disc containment by a neuroradiologist and senior spinal surgeon using criteria available in the literature and the classification of Macnab/McCulloch. An independent surgeon then performed the surgery and documented the actual containment status using the same methods. Intra-operative pathology of disc protrusion was documented in 13 cases, subannular extrusions in 16 cases, transannular extrusions in 17 cases, and sequestrations in four cases and were grouped into contained (protrusion, subannular) and non-contained (transannular, sequestration) as surgical decisions regarding indirect techniques of discectomy would be based upon these two broad categories. MR imaging in these 50 patients produced eight false negative and 21 true positive diagnoses of containment. Statistical evaluation indicated MRI was found to be 72% sensitive, 68% specific, and 70% accurate in detecting containment status of lumbar herniated discs. *Journal of Orthopaedic Surgery and Research* 2008, 3:46.

■ **People's happiness depends on the happiness of others with whom they are connected** per a study of 4,739 individuals followed over 20 years (1983-2003) in the Framingham Heart Study. People who are sur-

rounded by many happy people and those who are central in the network are more likely to become happy in the future. Longitudinal statistical models suggest that clusters of happiness result from the spread of happiness and not just a tendency for people to associate with similar individuals. A friend who lives within a mile who becomes happy increases the probability that a person is happy by 25%; similar effects are seen in co-resident spouses (8%), siblings who live within a mile (14%), and next door neighbors (34%). Effects are not seen between coworkers. The effect decays with time and with geographical separation. Happiness was measured with a validated four-item scale; the relationship between people's happiness extends up to three degrees of separation (for example, to the friends of one's friends' friends). *BMJ* 2008;337:a2338.

■ **Having low serum vitamin D has been linked to an increased risk of first cardiovascular (CV) events.** Per a 5.4 year prospective study of 1,739 Framingham offspring (mean=59y/o, 55% female) without prior CV disease assessed by 25-dihydroxyvitamin D (25-OH D) levels; 28% had levels <15 ng/mL, and 9% had levels <10 ng/mL. 120 developed a first CV event and adjusted hazard ratio (HR) =1.53 for 25-OH D levels 10 to <15 ng/mL and HR =1.80 for levels <10 ng/mL. *Circulation*. 2008;117:503-511.

■ **Intakes of low-fat dairy products, calcium, and vitamin D were each inversely associated with risk of hypertension in women aged >=45 years** per a study of incident cases of

hypertension (n=8710) identified in a prospective cohort of 28,886 US women over a 10-year period. The risk of hypertension decreased in the higher quintiles of dietary calcium (RR in highest quintile = 0.87) and dietary vitamin D (RR in highest quintile = 0.95), but did not change with calcium or vitamin D supplements. *Hypertension* 2008 Apr;51(4):1073-9. *Epub* 2008 Feb 7.

■ **About half (46-58%) of 679 US physicians (internists and rheumatologists) surveyed reported prescribing placebo treatments on a regular basis** (variance dependant on how the question was phrased). 62% believed the practice to be ethically permissible. Within the past year, specific placebos used were reported in proportions as follows: OTC analgesics (41% of the time), vitamins (38%), antibiotics (13%), sedatives (13%), saline (3%) or sugar pills (2%). 68% of physicians told patients the placebo treatments were a potentially beneficial medicine not typically used for their condition (only 5% described them as placebos). *BMJ* 2008;337:a193823, October 2008, doi:10.1136/bmj.a1938.

■ **Higher neighborhood greenness was significantly associated with lower BMI in children aged 3-16 years** (OR=0.87). 3,831 US children with 24 consecutive months' residence (1996 to 2002) received well-child care from an Indiana clinic. Multiple linear regression assessed age- and gender-specific BMI z-scores in Year 2, residential density, and a satellite-derived measure of greenness [normalized difference

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Western Occupational & Environmental Medical Association WOEMA Board Election Results Are In!

In accordance with the WOEMA Bylaws, members received a ballot to vote for the 2009 officers and directors. The votes were tallied and the 2009 WOEMA Board is presented below:



Chairman of the Board

Roman Kownacki, MD, MPH
Kaiser Richmond Medical Center
Richmond, CA



President

Steven Schumann, MD
Doctors on Duty/Salinas Urgent Care
Salinas, CA



President-Elect

Paul Papanek, Jr., MD, MPH
Kaiser Permanente
Los Angeles, CA



First Vice President

Roger Belcourt, MD, MPH, FACOEM
Concentra
Reno, NV



Second Vice President

Walter Newman, Jr., MD
Newman Medical Group
San Jose, CA



Secretary/Newsletter Editor

Peter Swann, MD, FAAFP
Concentra
Walnut Creek, CA



Treasurer

Dinesh Govindarao, MD, MPH, FACOEM
Concentra
Oakland, CA



Board of Directors:

Leslie Israel, DO, MPH
UC Irvine
Irvine, CA



Sarah Jewell, MD, MPH
UCSF
San Francisco, CA



Paula Lenny, MD, MPH
Kaiser Permanente
Paia, HI



Dennis Pocekay, MD, MPH
The Permanente Medical Group
Petaluma, CA



Ramon Terrazas, MD, MPH
San Francisco Fire Department
San Francisco, CA



Patrick Luedtke, MD, MPH
Utah Department of Health
Sandy City, UT

WOEMA thanks the following
Board Members who are completing their service
on the WOEMA Board:

James Seward, MD, MPP, FACOEM, *Chair of the Board*

Alan Randle, MD, FACOEM, *Treasurer*

Ellyn McIntosh, MD, MPH, FACOEM, *Director*

News You Can Use

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vegetation index (NDVI)]. Higher greenness was also associated with lower odds of the children increasing their BMI over 2 years. *Am J Prev Med.* 2008 Dec;35(6):547-53.

■ **Lower-fat products might be higher in sodium (Na) which is sometimes used to compensate for flavor when fat is taken out of full-fat foods** was an hypothesis from an analysis of 37 common supermarket items done by Consumers Union. Heart Healthy V8 vegetable juice (1 cup) has 480 mg of Na; Kellogg's Raisin Brain cereal (1 cup) contains 350 mg; a half-cup of Friendship 1% low-fat cottage cheese has 360 mg; Pepperidge Farm Whole Grain White Bagel (one) has 440 mg; Twizzlers Black Licorice Twists (4 strands) had 200 mg; Prego Heart Smart Traditional Italian Sauce (half cup; AHA logo on the label) had 430 mg; Aunt Jemima Original Pancake and Waffle Mix had 200 mg Na/pancake. The current NHLBI recommendation is to eat less than 2,400 mg of Na/day (this equals ~6 gms, or 1 tsp, of NaCl/day). Per the AMA, a 50% reduction in US dietary sodium intake could save 150,000 lives a year. *Consumer Reports, January '09 issue*; <http://pressroom.consumerreports.org/pressroom/2008/12/consumer-reports-identifies-foods-with-surprisingly-high-levels-of-sodium.html>.

■ **High-dose B vitamin supplements does not slow cognitive decline in individuals with mild to moderate Alzheimer disease (AD)** per a randomized, double-blind trial of high-dose vitamins (5 mg/d folate, 25 mg/d B(6), and 1 mg/d B(12)) of 409 patients

with mild to moderate AD treated for 18 months. Vitamin supplement reduced homocysteine levels in the treated vs. placebo group but had no beneficial effect on the rate of change in ADAS-cog score during 18 months or on any secondary measures. In the treated group, more adverse events involving depression were seen. *JAMA.* 2008 Oct 15;300(15):1774-83.

■ **Estradiol appears to be a useful treatment for women with schizophrenia** per a randomized, double-blind study of 102 pre-menopausal women with schizophrenia given either 100 microg of transdermal estradiol (n = 56) or transdermal placebo (n = 46) for 28 days. Positive and general psychopathological symptoms were significantly improved in the estradiol-treated group. *Arch Gen Psychiatry.* 2008 Aug;65(8):955-60.

■ **Compared with living in the Western U.S., rheumatoid arthritis (RA) risk was higher in the Eastern U.S. for women** assessed periodically as part of a prospective cohort (Nurses' Health Study). In 1992, 83,546 women gave state of residence at birth, 15, 30 and at baseline in 1976 (i.e., when age= 30-55 yrs). 706 incident RA cases from 1/1/76, to 5/31/04, were confirmed. Women in New England had a 37% to 45% elevated risk of RA (RR=1.42); living in the Midwest was associated with RR=1.47. *Arch Intern Med.* 2008 Aug 11;168(15):1664-70.

■ **Opioid-dependence disorder (ODD) prior to interdisciplinary rehabilitation program was associated with significantly poorer**

treatment outcomes in patients with occupational injuries per this prospective outcomes study involving patients with chronic disabling occupational spinal disorders diagnosed with (n = 199) or without (n = 1124) post-injury ODD. ODD patients were 1.7 times less likely to return to work, 2 times less likely to retain work at the 1-year interview, and 1.7 times more likely to engage in healthcare utilization from new providers, compared with non-opioid-dependent patients. *Spine.* 2008 Sep 15;33(20):2219-27.

■ **The U.S. FDA has approved Tapentadol HCL, an immediate-release oral tablet for the relief of moderate to severe acute pain.** Tapentadol, a centrally-acting synthetic analgesic, activates opioid receptors in the brain, spinal cord and GI tract and inhibits the reuptake of brain norepinephrine. (Janssen Ortho, LC) <http://www.fda.gov/bbs/topics/NEWS/2008/NEW01916.html>.

■ **An IOM December 2008 report further restricts resident duty hours to protect patients against fatigue-related errors and to enhance learning for doctors in training.** The report recommends that the ACGME provide better monitoring of duty hour limits and that residency programs set guidelines for residents' patient caseload and provide regular opportunities for sleep each day and each week (e.g., max shift length of 30 hrs - admitting patients for up to 16 hrs, plus 5-hr protected sleep period from 10 p.m. to 8 a.m. and remaining hours for transition and educational activities). <http://www.iom.edu/CMS/3809/48553/60449.aspx>. ♦

Interesting and Useful Web Sites

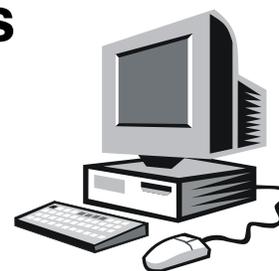
CONTRIBUTED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM
MEDICAL DIRECTOR, LIBERTY MUTUAL

Family Practice Notebook (www.fpnotebook.com)

Looking for POEMS (which stands for: "Patient-Oriented Evidence that Matters") in the medical literature, but no luck? Tired of trying to figure out what research on the location of the VNTR polymorphic site in the 3rd intron of IL-4 gene may mean to YOUR patient? Pointless medical sloggng around the Internet is now at an end with the fabulous Family Practice Notebook.com site. The brainchild of Scott Moses, MD, a practicing, board-certified Family Physician, this site and database, (supported by advertising, and [add-free] subscriptions) subscribes to HonCode principles and the Health on the Net Foundation. It is a very practical site for clinicians and has a collection of medical notes divided into ~5000 topics within 616 chapters and 31 subspecialty books and is intended to "aid primary care providers in their

pursuit of optimal care."

What puts this into the stratosphere is the amazing ease of use – every relevant item (e.g., all differentials, test names, generic treatments like stretching, etc.) is hyperlinked, making access to exactly what you want a breeze. Because the outline format is highly detailed, this ease of access is able to give you immediate transfer to the item you're looking for. This works whether you start (1) with a topic (e.g., Orthopedics Book–which opens to–Ankle Disorders–to–High Ankle Sprain–to–Management) or (2) if you put in an individual search term. Once you get to the last (terminal) outline point, you can see on the left side of the screen hyperlinks to the topics you did not choose, but might want to choose. In the Ankle example, at the (terminal) outline point you could



have jumped to any of the associated ankle sub-heads (9) or their 33 associated full terminal outline points (e.g. if you chose the wrong path, you can immediately jump to the right one.) MESH headings and ICD 9's are included at the most detailed levels and EVERYTHING is referenced.

This is a marvel of organization and likely will be a model for future electronic medical record design. (For this alone it is worth a look!) If you need good medical information, and need it quick, you will be quite pleased.

The Internet Public Library, Health Section (www.ipl.org)

Health Section: (www.ipl.org/div/subject/browse/hea00.00.00)

This fabulous compendium of Web resources sponsored by Sun, Intel, U of FL and several other universities features a Librarian's Internet Index, if you want to hit a lot of high-quality websites, on a University-sized database, this is the place. It is a good place to start big projects needing a wide net.

A Dermatome Graphic (www.shauhussain.com/my_notebook/topics/dermatomes.png)

I am forever looking for a clear graphic showing dermatomes. This site has one drawn by Netter. Great for those curbside consults when all you've got is your iPhone (or other web phone). ♦

Occupational and Environmental Medicine Department of Medicine University of California San Francisco

The Department of Medicine at the University of California San Francisco seeks applications for a clinical position within the Division of Occupational and Environmental Medicine. The faculty member will serve as an attending physician in one of the nation's largest university-based employee and occupational health medical services under the leadership of a senior occupational medicine specialist. The position also includes attending in a University-based specialty referral practice. There are additional opportunities for collaborative teaching, outside consulting, clinical research, and inpatient medical practice. Candidates must have demonstrated experience in the field and be board certified in Occupational and Environmental Medicine. Concomitant certification in Internal Medicine is preferred. California medical licensure is required.

Please address a CV, with letter of intent, to Paul D. Blanc MD, Chair, Search Committee, Box 0924, UCSF, San Francisco, CA 94143-0924 or to paul.blanc@ucsf.edu. UCSF seeks candidates whose experience, teaching, research, or community service have prepared them to contribute to our commitment to diversity and excellence. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.

WOHC 2009 Resident Scholarship Recipients



Carmen Arriola, MD
University of California Irvine
 carriola@uci.edu

Prior to her residency in Occupational Medicine, Dr. Arriola began practicing medicine as a Family Physician for nearly twenty years working in college student health centers, and as a locum for a wide range of practices in Southern California. Her experience with patient populations is varied, ranging from the affluent, the middle income, the working poor, farm workers and the homeless. She received her undergraduate degree from UC Irvine and her medical school and internship from UC Davis.



John E. Cross, MD
University of California Irvine
Active duty Lieutenant Commander in the U.S. Navy (Medical Officer).
 johncrossmd@hotmail.com

Served as a General Medical officer (GMO) for 7 years, which included being stationed in Japan and deployment to Iraq. Also completed two sea duty tours in the Persian Gulf onboard the aircraft carrier USS Constellation (CV-64). Presently a first year Occupational & Environmental Medicine Resident at University of California, Irvine attending the Program on a Full-Time Outservice (FTOS) Navy Scholarship.



Anne Donohue, MD
University of Utah – RMCOEH
 adonohu@hotmail.com

Dr. Donohue is a resident in Occupational Medicine at the University of Utah Rocky Mountain Center for Occupational and Environmental Medicine in Salt Lake City. She was born and raised in Anchorage, AK and attended Georgetown University School of Medicine. She completed a residency in Family Medicine in 2002 at the University of Utah and was a practicing family physician in Salt Lake City prior to beginning her Occupational Medicine residency.



Julie M. Fuller, MD, MCP
University of California Irvine
 awazetebse@sbcglobal.net

Dr. Fuller is a second year resident in UCI's Occupational and Environmental Medicine Program. After completing her master's degree and 2 years of coursework towards a Ph.D. in City and Regional Planning, Julie decided to pursue a career in medicine. She received her MD from the University of Rochester School of Medicine and completed a residency in Internal Medicine at UC Irvine. Dr. Fuller is also currently writing her master's thesis in toxicology on the effects of the pesticide heptachlor on female reproductive function.



Sandeep Guntur, MD, MPH
University of California San Francisco
 sandeep.guntur@ucsf.edu

Dr. Guntur is in his second year of Occupational and Environmental Medicine fellowship at UCSF. He completed his medical school at Chengalpattu Medical College in India. He developed an interest in occupational medicine during his internal medicine training at Kaiser Hospital in San Francisco. He is board certified in internal medicine and received his MPH in Environmental Health and Sciences from University of California, Berkeley.



Sherman Jew, DO
University of California San Francisco
 jackshermanj@yahoo.com

Dr. Jew graduated from UC Davis with a BS in Biochemistry. After graduation, he worked for a number of years conducting research in peptide chemistry, neurologic diseases, and immunology at both private and public institutions. He then decided to go back to school and earn a DO degree from Kansas City, MO in 2005. Thereafter, he completed his preliminary year in internal medicine at Worcester, MA, followed by finishing his preventive medicine residency (along with an MPH) from Florida in June, 2008. Currently, Dr. Jew is an OEM fellow at UC San Francisco.

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Congratulations to resident poster competition winner Dr. Nancy Williams!

Dr. Williams, a resident from the OEM program at University of Utah was awarded first prize in the resident poster competition held at WOHC. Her poster on "Utah's New Opioid Prescribing Guidelines for Chronic Pain: An Attempt to Reverse a Deadly Trend," was selected by a panel of five judges, and she received a cash prize of \$250.

Congratulations also to second place winner, Dr. Sherman Jew.

Scholarship Recipients

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Nita Kohli, MD, MPH
University of California Los Angeles
nkohli@mednet.ucla.edu

Dr. Kohli is currently a resident in UCLA's Occupational and Environmental Medicine program. Prior to starting residency, she practiced Occupational, Preventive, and Primary Care medicine in various operational and international settings as a Medical Officer in the U.S. Navy. Last year alone, she traveled to 9 different countries and had the opportunity to learn and practice combat medicine, tropical medicine, humanitarian aid and disaster relief skills. Her various experiences have led to her interests in environmental and preventive medicine, national and international health.



Stephen Kumar, MD
University of California Irvine
skumar1@uci.edu

Dr. Stephen Kumar is currently a second year resident in Occupational and Environmental Medicine at the University of California, Irvine. He graduated from Ross University School of Medicine and then completed his internship at The Christ Hospital – University of Cincinnati, Ohio. He finished his residency in Preventive Medicine at Loma Linda University where he also served as Chief Resident. During his residency program he developed a model for the teaching and practice of 'whole-person care' to preventive medicine residents.



Ericka Schwilk, MD
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Simone Tramma, MD
University of California Irvine
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Dr. Tramma grew up in Rio de Janeiro, Brazil. She attended medical school at the Universidade Federal Fluminense. Marriage brought her to the U.S. where she sought a chance to continue her education. Dr. Tramma completed her internship in Internal Medicine at Maricopa Medical Center, in Phoenix, AZ, and one year residency in

Radiology at Loma Linda University Medical Center. Her past research experience with pneumoconiosis back in Brazil led her to pursue a career in Occupational and Environmental Medicine. She is currently a first year Occupational and Environmental Medicine resident at the University of California, Irvine.



Nancy Williams, MD
University of Utah – RMCOEH
nancy.williams@hsc.utah.edu

Nancy Williams is originally from the Bay Area where she earned engineering degrees from UC Berkeley and San Jose State University. While truly enjoying her time as an engineer in Silicon Valley, she longed for a career that would be more people-focused. Her various interests resulted in a move from the Bay Area to Lake Tahoe. Eventually, having developed an interest in public health, she chose to pursue medicine, which resulted in a move to Salt Lake City, where she still resides while completing her Occupational Medicine Residency at the Rocky Mountain Center at the University of Utah. ♦

President's Message

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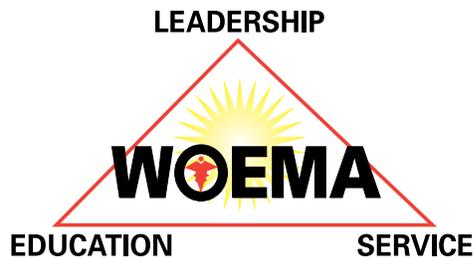
then many will be in a position to suggest you should they hear of a new job opening.

Second, a lot of our work as physicians involves constant learning. One of the benefits of an extensive network is to be able to tap colleagues for their coaching, tutoring, or mentoring, to learn from their skills and expertise through conferences, and other means.

Third, that same community of colleagues can help when what you seek is information, rather than learning. A quick e-mail or phone call to the right person lets us extend the reach of our knowledge "on demand," from sources we know and trust.

The payoff of being a WOEMA Member: You are stronger, smarter, and more capable because of your network, so make the most of what you have right here and get involved! ♦

(Contact Dr. Kownacki at: roman.kownacki@kp.org)



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WINTER 2008-09



There's no stopping WOHC! The 2009 WOHC Planning Committee gathered in Scottsdale, AZ on November 22 to make their choices for speakers and topics for WOHC 2009 which will take place at the FireSky Resort September 10-12. The conference chairman is Peter Vasquez, MD, Medical Director, Intell/TakeCare Health Systems in Chandler, AZ.