

COVER PAGE

Project Title:

***Underserved Community Medicine Curriculum at
Northwell Health-Lenox Hill Hospital
Internal Medicine Residency Program***

Primary Investigator:

Soyoun Im, M.D.

Co-Investigator:

Oki Ishikawa, M.D.

Affiliated Department:

Northwell Health-Lenox Hill Hospital Internal Medicine Residency Program

Section of Focus:

Graduate Medical Education

Contact:

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PROPOSAL ABSTRACT

Problem/Education Issue:

Our Internal Medicine residency program at Northwell Health-Lenox Hill Hospital, which is located in the heart of New York City, where there is an estimated number of 64,000 homeless people,¹ is in need of a formal education experience to equip the trainees with the socioeconomic knowledge and skills, and instill compassion in communicating and working with the vulnerable population. Until 2017, our medical residents have had no or limited encounters in providing outpatient health education to the underserved patients, as most of their encounters with the homeless had been in an acute inpatient setting. Recent volunteer outreach efforts at a local homeless women's shelter--which began as a pilot activity to rekindle our medical residents' compassion for the underserved--have revealed the need to formalize a curriculum to increase the cultural sensitivity and awareness of social determinants of health in our residents.

Goal:

We aim to develop a didactic and experiential curriculum to educate internal medicine residents to interact with the vulnerable population applying culturally sensitivity and consideration for social determinants of health, specifically working with homeless women residing in the local shelter; and to evaluate the impact of this curriculum on achieving their ACGME core competency specific to professionalism and interpersonal communication skills.

Approach:

1. During their three years of medical training, our 75 categorical medicine residents will be assigned to a team of average three members to conduct a one-hour patient education outreach at the Armory Women's Shelter once per year. The outreach events will occur approximately 22 to 24 times per year.
2. We will utilize an online education module provided by University of Michigan on healthcare for the underserved population: <https://caringwithcompassion.org/>. At the beginning of this rotation, the residents will be required to complete selected modules, which include assessment of their baseline understanding of healthcare for the homeless and social determinants of health, didactic cases, and end-of-module quizzes.
3. After completing the structured learning modules, the assigned team will prepare and present a wellness health topic, which is determined by the shelter leadership in consultation with our residency program. The session will include an open discussion with the clients at the homeless shelter. This activity will address the ACGME

¹ Coalition for Homeless. <http://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/>

competency goal on interpersonal communication skills: *establishing therapeutic relationships with persons of diverse socioeconomic backgrounds.*

4. At the end of the rotation, they will write a reflective narrative to address the theme of cultural sensitivity and compassion, which are core learning components of the ACGME professionalism competency: *respect for patients' unique characteristics and needs.*

Predicted outcomes:

1. The medicine residents will gain cultural awareness towards a vulnerable population and gain understanding of the social determinants of health for the homeless women residing in a local community shelter.
2. Through the outreach experience, the residents will be trained to deliver health education to homeless women using culturally sensitive language, attitude, and appropriate resources, in a non-acute community-based outpatient setting.
3. The residents will achieve the ACGME core competency in professionalism (PROF3) and communication skills (ICS1) specific to providing care for the underserved population. [See Appendix]

Anticipated Impact/Dissemination Plan:

1. The project will be a part of the Underserved Community Medicine Curriculum of the Ambulatory Internal Medicine at the Lenox Hill Hospital IM program effective 7/2018.
2. We will submit the findings to GME conferences such as Northwell, AAIM, and SGIM, as an abstract or a workshop.
3. Medical residents may have the opportunity to conduct quality improvement projects in the shelter for their own future research.

PROPOSAL NARRATIVE

Rationale/ Statement of the Problem:

Providing quality health care for the Underserved Community such as the homeless population is an undeniably important part of caring for all New Yorkers. Our residents' clinical experience with the homeless population until recently has been primarily inpatient encounters in emergency/ urgent clinical settings with acute critical illnesses or exacerbation of poorly controlled chronic conditions. There has been a disproportionate lack in clinical experience of outpatient management of acute/ chronic conditions and preventive measures in this population. The Underserved Community Medicine Curriculum is being designed to not only fill the gap in educational and clinical experience for our medicine residents, but also increase their cultural competency, awareness in social determinants of health, and skills to build their patients' health literacy and self-advocacy. One anchoring aspect of this curriculum is the Patient Education Outreach at the Lenox Hill Neighborhood House Women's Shelter at the Armory, which is the focus of this grant application.

In this curriculum, the residents will be assessed for their baseline knowledge of the homelessness and the social determinants of health affecting their health. Then through their pre-visit training as well as the outreach experience, they will gain a practical understanding of working with the underserved patients, and furthermore, demonstrate the effect of this curricular experience on their cultural competency. They will be able to demonstrate ACGME milestones in the areas of Interpersonal and Communication Skills and Professionalism, specifically in the context of providing health education to the women residing in the community homeless shelter.

Background/ Theoretical Framework:

Cultural competency as an essential part of our residency program, the homeless shelter outreach can prove to be a practicum experience for the residents to enhance their knowledge and skills during their postgraduate training.²

The initial groundwork to establish a formal curriculum for Underserved Community Medicine is born out of grassroots outreach events which were organized by motivated residents and faculty volunteers since the summer of 2017 to provide health literacy workshops in our local women's shelter at the Armory on 67th Street. Through these events, the participating residents have recognized challenges in effectively delivering the patient education due to their own lack of knowledge and skills in communicating with the underprivileged patients in a community setting.

² Chrisman-Khawam L, Abdullah N, Dhoopar A.

Inpatient or emergency room encounters with the homeless patients inevitably focus on the acute and often critical clinical issues. Medical residents do not often get a chance to address the patient's community health resources and engage in a longitudinal patient education intervention. Furthermore, such encounter settings have not shown to improve the residents' attitudes towards the homeless patients.³

On the other hand, structured curricula with didactic contents and interpersonal community experiences have shown to increase empathy and skills in effectively communicating and helping the underprivileged patients.^{4,5}

To this date, we have conducted monthly workshops at the women's shelter since June 2017 on the topics of diabetes, hypertension, hyperlipidemia, sleep hygiene, immunization, advanced directives, and smoking cessation. Regardless the baseline familiarity with interacting with homeless patients in a community setting, our medicine residents have expressed a sense of reward and recognized overcoming their apprehension of coming into a close contact with the underserved patients.

This curriculum engages our residents to apply experiential learning. The combination of the self-learning modules, the team approach to preparing for a health literacy topic presentation bearing the socioeconomic backgrounds of the patients in mind, and interactive sessions with the vulnerable population after such preparations, enhances the experience of the medical residents as adult learners. They will assess their skills and fill in knowledge gaps through the self-learning modules specifically addressing the challenges of medical conditions in the homeless population as well as the social determinants of health. They will have autonomy in the delivery of the presentation and interactive discussion with the patients in a small group setting, and will be encouraged to reflect on their learning experience and any changes in their attitude towards the underserved populations.^{6,7}

Approach: Description of the intervention/ research questions:

1. What is our residents' baseline knowledge of medical care for the homeless population and their knowledge social determinants of health (SDH)? (CWC pretest)
2. Does the delivery of a workshop specific to the needs of the shelter clients increase the residents' knowledge of homeless medicine? (CWC modules, post-test, and experiential outreach)

³ Sibley A, Dong KA, Rowe BH..

⁴ Chrisman-Khawam L.

⁵ Chick D, Bigelow A, Seagull F, Rye H, Williams B.

⁶ Bennett EE, Blanchard RD, Hinchey KT.

⁷ Yardley S¹, Teunissen PW, Dornan T.

3. Does the rotation increase the residents' understanding of social determinants of health affecting the homeless population? (CWC post-test)
4. Does the rotation enhance the residents' self-awareness of their own cultural competence and its relevance to care for the homeless population? (reflective narratives)

Anticipated limitations and required resources:

1. Cost of the supplies for the events: snacks and incentives for the outreach attendees
2. Coordinators to organize biweekly outreach events and archive the event topics
3. Homeless clients participating in the health education sessions offered by residents

Outcomes and Evaluation Plan:

The four-level Kirkpatrick's model will be applied to the evaluation of the curriculum. The learners' feedback (reaction), pre/post-tests and CWC modules (learning), qualitative analysis of changes in their cultural attitude (behaviors), and at the end of the project period, dissemination of the curriculum (results).⁸

1. As the curriculum requirement, all Lenox Hill Internal Medicine categorical residents will complete the University of Michigan Caring with Compassion online modules and participate as scheduled in the outreach experiential practicum.
2. Pre/post-test (CWC modules) will demonstrate evidence of increased knowledge specific to medical care of the homeless population and SDH.
3. Qualitative analysis of narratives (N=75) will generate themes with substantiated quotes, to understand the impact of the experience specific to the residents' professional identity formation (as a general internists) and impact on the residents' cultural sensitivity in relation to their work with homeless patients in the community.
4. Sustained curriculum and growth beyond two academic years are expected and will be disseminated through MedEd Portal.
5. Designated faculty will evaluate with the residents (mid-point and end of rotation as PGY3s) their satisfaction with the overall rotation curriculum, and modify it based on feedback.
6. A resident self-assessment will be conducted to assess how this rotation will impact their future practice of GIM.
7. We will solicit feedback from shelter leadership on this rotation and impact on the clients and determine if shelter needs are being met.

⁸ Abdulghani HM, et al.

Plan for Dissemination:

We intend to present our project at Academy of Medical Educators conferences as well as other GME conferences, if accepted. We intend to submit it for publication in AAMC/ MedEdPortal, which is at the present calling for submissions that feature learning activities that address: Justice, Disparities, and Meeting the Needs of Our Most Vulnerable Populations.⁹

We intend to encourage independent resident-led quality improvement projects that may arise as a result of their educational experience through this curriculum.

Reference:

- Abdulghani HM, Shaik SA, Khamis N, Al-Drees AA, Irshad M, Khalil MS, Alhaqwi AI, Isnani A. Research methodology workshops evaluation using the Kirkpatrick's model: translating theory into practice. *Med Teach*. 2014 Apr;36 Suppl 1:S24-9. doi: 10.3109/0142159X.2014.886012.
- Bennett EE, Blanchard RD, Hinchey KT. AM last page. Applying Knowles' andragogy to resident teaching. *Acad Med*. 2012 Jan;87(1):129. doi: 10.1097/ACM.0b013e31823df341.
- Brenner AM, Guerrero AP, Beresin EV, Coverdale JH, Balon R, Louie AK, Roberts LW. Teaching Medical Students and Residents about Homelessness: Complex, Evidence-Based, and Imperative. *Acad Psychiatry*. 2016 Aug;40(4):572-5. doi: 10.1007/s40596-016-0571-6. Epub 2016 May 24. PubMed PMID: 27220731.
- Chick D, Bigelow A, Seagull F, Rye H, Williams B. Caring with compassion, domain 1: U.S. public healthcare systems. *MedEdPORTAL*. 2014;10:9811. https://doi.org/10.15766/mep_2374-8265.9811
- Chrisman-Khawam L, Abdullah N, Dhoopar A. Teaching health-care trainees empathy and homelessness IQ through service learning, reflective practice, and altruistic attribution. *Int J Psychiatry Med*. 2017 May;52(3):245-254. doi: 10.1177/0091217417730288. PubMed PMID: 29065810.
- Sibley A, Dong KA, Rowe BH. An Inner City Emergency Medicine Rotation Does Not Improve Attitudes toward the Homeless among Junior Medical Learners. *Cureus*. 2017 Oct 5;9(10):e1748. doi: 10.7759/cureus.1748. PubMed PMID: 29226039; PubMed Central PMCID: PMC5716678.
- Sopoaga F¹, Zaharic T², Kokaua J³, Covello S³. Training a medical workforce to meet the needs of diverse minority communities. *BMC Med Educ*. 2017 Jan 21;17(1):19. doi: 10.1186/s12909-017-0858-7.
- Stovall J, Fleisch SB, McQuiston HL, Hackman A, Harris T. Ethics and the Treatment of the Mentally Ill, Homeless Person: a Perspective on Psychiatry Resident Training. *Acad Psychiatry*. 2016 Aug;40(4):612-6. doi: 10.1007/s40596-015-0330-0. Epub 2015 Apr 21. Review. PubMed PMID: 25895630.
- Yardley S¹, Teunissen PW, Dornan T. Experiential learning: AMEE Guide No. 63. *Med Teach*. 2012;34(2):e102-15. doi: 10.3109/0142159X.2012.650741

⁹ <https://www.mededportal.org/>

Addendum:

1. Curriculum Module: <https://caringwithcompassion.org/educators/instructors-guide>
2. ACGME competency on Professionalism

Version 7/2014

18. Responds to each patient's unique characteristics and needs. (PROF3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</p> <p>Is unwilling to modify care plan to account for a patient's unique characteristics and needs</p>	<p>Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</p> <p>Requires assistance to modify care plan to account for a patient's unique characteristics and needs</p>	<p>Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference</p> <p>Modifies care plan to account for a patient's unique characteristics and needs with partial success</p>	<p>Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver</p> <p>Appropriately modifies care plan to account for a patient's unique characteristics and needs</p>	<p>Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs</p> <p>Role models consistent respect for patient's unique characteristics and needs</p>
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Comments:				

3. ACGME competency on Interpersonal Communication Skills

Version 7/2014

20. Communicates effectively with patients and caregivers. (ICS1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Ignores patient preferences for plan of care</p> <p>Makes no attempt to engage patient in shared decision-making</p> <p>Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</p>	<p>Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.</p> <p>Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful</p> <p>Defers difficult or ambiguous conversations to others</p>	<p>Engages patients in shared decision making in uncomplicated conversations</p> <p>Requires assistance facilitating discussions in difficult or ambiguous conversations</p> <p>Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</p>	<p>Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</p> <p>Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</p> <p>Incorporates patient-specific preferences into plan of care</p>	<p>Role models effective communication and development of therapeutic relationships in both routine and challenging situations</p> <p>Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds</p>
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Comments:				

PROJECT TIMELINE

May-Jun 2018	Workshop topics selection based on discussion with the community-based organization (Armory Women's Shelter). Scheduling and assignment of residents. Survey Monkey set-up for reflective narrative assignment submission.
Jul 2018	Resident orientation. Start of the bi-weekly educational activities: CWC modules, patient health education presentations, reflective narrative exercises.
Jul 2018 –Jun 2019	Ongoing monitoring of learning module completion by the medical residents.
Fall 2018	Submission for curriculum dissemination.
Dec 2018-Jan 2019	Semi-annual feedback meeting with the Armory Shelter. Implementation of any necessary modifications. Semi-annual review of the medical residents' reflective narrative submissions (brief).
Spring-Jun 2019	Qualitative analysis of the narrative exercises. Abstract and poster submissions based on the first-year findings.
Jun 2019	One-year review. Plan the subsequent academic year's topic selections and resident assignment. Underserved Community Medicine Resident Awards at the residency graduation ceremony.
Jul 2019	Resident orientation. Repeat the above timeline for the second academic year.
Fall 2019	Workshop submissions based on the first-year findings.
Spring-June 2020	Evaluate 2-year long-term outcomes of the curriculum. Evaluate long-term outcomes for the community-based organization.

BUDGET

Item	Annual Cost		
Health Outreach Materials: (est.22-24 events per yr)			
Refreshments/ education material/incentive items	1000		
Personnel:			
Coordinator (preclinical or clinical person to coordinate the events and archive the health education material)	1000		
Medicine Resident awards	500		
Subtotal per year:	2500		
Total requested for 2 year project:	5000		

1. BIOGRAPHICAL SKETCHES

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Soyoun Im

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Director of Ambulatory Care Curriculum Internal Medicine Department;
Assistant Professor of Internal Medicine

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Columbia College/ The Juilliard School, New York City	B.A.	05/1996	Music History Music Performance
Manhattan School of Music, NYC	M.M.	05/1999	Piano Performance
Columbia University Post-baccalaureate Pre-Med Program, NYC	Certificate	05/2003	Pre-Med
Albert Einstein College of Medicine, Yeshiva University, Bronx, NY	M.D.	06/2008	Medicine
Saint Vincent's Catholic Medical Center, NYC	PGY1-2	4/2010	Internal Medicine/ Primary Care
Lenox Hill Hospital, NYC	PGY2-3	6/2011	Internal Medicine
Lenox Hill Hospital, NYC	Chief Medical Resident	6/2012	Internal Medicine

A. Personal Statement

When I left the cerebral, aesthetic world of classical music performance in mid-career to enter medicine, I was compelled with a purpose to serve the marginalized population in a concrete way by providing direct patient care. I chose my medical school and residency program based on their locations and opportunities to provide care for New York's underserved population either by volunteer outreach programs or daily clinical encounters. Through my leadership role at Einstein Community Health Outreach (free clinic for uninsured), my clinical training in SRO and homeless shelter clinics in the Community Medicine Program during residency, and my participation in volunteer outreach events outside my professional realm

since then, I confirmed my unwavering passion in this field, in addition to developing proficiency to provide competent medical care for the homeless, to navigate through various resources, to collaborate with community based organizations, and to educate our patients to become better informed advocates for themselves. As Director of Ambulatory Care Curriculum, I designed and executed the Women's Shelter Outreach program by laying out the infrastructure for the monthly events, including recruitment of residents, acquisition of food and personal items to use for nutrition/health workshops, and acting as the liaison with the shelter. As an educator, I work with residents closely to inspire in them compassionate medical care, as they consider various social determinants of health for the underserved population. I have the leadership, experience, skills, and personal commitment to develop this project into a longstanding curriculum.

B. Positions and Honors

- 2017- Associate Program Director for Ambulatory Medicine, Northwell Health-Lenox Hill Hospital Medicine Residency Program
Assistant Professor, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell.
- 2012-2016 Northwell Health Faculty Practice, Lenox Hill Hospital
Preceptor attending, Lenox Hill Medicine Residency Clinic.
- 2011-2012 Chief Medical Resident, Lenox Hill Hospital Internal Medicine Residency.

C. Contributions to Science

Active ambulatory medicine curriculum development at Lenox Hill Hospital; Resident Panel Management; Underserved Community Medicine Outreach; Ambulatory Medicine Lecture series.

Mazurkiewicz R, Im S, Ishikawa O, Cimino V. Resident Panel Management Workshop. Society of General Internal Medicine Mid-Atlantic Regional Meeting; 2017 Nov 10; Newark, Delaware.

Im S, Ahmadi L. Panel Management Project in Medical Residents' Ambulatory Practice. Northwell Health GME Educational Retreat; 2017 Oct 27; Hempstead, NY.

D. Additional Information: Research Support and/or Scholastic Performance

Im S. CNS Complications of HIV/AIDS. General Medical Conference Presentation; 2011; Lenox Hill Hospital, NY.

Im S. Access to Emergency Contraception-Comparative Survey EC Access research presentation; 2007; Albert Einstein College of Medicine, NY.

Research Fellowship, Beth Israel Medical Center, NY 2005: the Environmental factors and breast cancer risks.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Oki Ishikawa

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Chief Medical Resident

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
New York University	B.A.	05/2008	Music, Chemistry
St. George's University	M.D.	04/2014	Doctor of Medicine
Lenox Hill Hospital	Residency	6/2017	Internal Medicine

A. Personal Statement

I started living in New York City in 2004 when I started college. To this day I still believe it is the greatest city and what I experienced in it has heavily influenced, fostered, and shaped who I am today. As I spent more time in it, the thought and the urge to give something back to the community that gave me so much, began to grow. As I recently completed my training in Internal Medicine, I believe it is now time to utilize the skills that I have gained thus far to finally put this into action.

The mission of our community outreach program is two-fold. One is to formally create a stage where the house staff can learn to tailor the provision of care for the underserved population, and the other is for the underserved to have the medical care that they need. Throughout residency, I have always participated and created venues to improve the education that our residency program can provide for our house staff. In fact continuing the build these opportunities and teaching them was one of the main driving forces for me to pursue my current chief resident year. In the past, I have successfully run workshops and teaching sessions for residents including tracheostomy management, insomnia management, and ambulatory patient panel management. Through these experiences, I have gained the skillset to effectively teach our house staff.

Going through a residency program in an urban setting, I have cared for patients from the underserved population numerous times. I understand that their needs are quite unique in that they are usually severely limited in their methods to obtain proper medical care outside of the hospital. While there are facilities and resources that can augment this, the patients (and sometimes the practitioners) are not aware of them. I believe it is paramount for our house staff to be fluent with the underserved population's healthcare in order to effectively assist them in maintaining their health.

As Co-PI, I believe I have the motivation, the expertise, the means, and the support to carry on with this project. And at its completion, I hope to finally fulfill my wish to contribute back to the community that I love.

B. Positions and Honors

2014-2017 Resident, Department of Medicine, Northwell Health-Lenox Hill, New York, NY

2017-2018 Chief Resident, Department of Medicine, Northwell Health-Lenox Hill, New York, NY

C. Contributions to Science

The below listed works were presented at the listed conferences. These were accompanied by faculty supported and resident run workshops for the house staff, to further their knowledge regarding each of the issues.

Lazo, K & Ishikawa, O & Wisa, D & Zapata, D & Lessnau, K & Mina, B. (May, 2016). Medicine Housestaff and Nursing Knowledge of Tracheostomy Management and Complications Poster presented at: American Thoracic Society International Conference 2016; San Francisco, CA, USA.

Inpatient Insomnia and Delirium Oral Presentation presented at: Northwell Health Lenox Hill Hospital General Medical Conference; New York, NY, USA. Ishikawa, O. (October, 2016).

Ishikawa, O & Kozhevnikov, D. (November, 2016). Sleeping with the Devil: Diphenhydramine Misuse for Inpatient Insomnia Oral Presentation presented at: Northwell Health Lenox Hill Hospital Quality Improvement Project Presentation Series; New York, NY, USA.

D. Additional Information: Research Support and/or Scholastic Performance

2. LETTERS OF SUPPORT



North Shore-LIJ Health System is now **Northwell Health**

Ladan Ahmadi, M.D., FACP
Associate Chairman
Senior Associate Program Director
Division Director, GIM
Clinical Assistant Professor of Medicine
Hofstra Northwell School of Medicine
lahmadi@northwell.edu

Department of Medicine

October 30, 2017

To Whom It May Concern:

I am very pleased to support Dr. Soyoun Im as a Primary Investigator for a project titled "Underserved Community Curriculum at Northwell Health-Lenox Hill Hospital Internal Medicine Residency Program".

Dr Im has been an ambulatory clinical faculty and educator since her graduation as a Chief Resident in the Department of Medicine at Lenox Hill Hospital in 2012.

Dr. Im is an engaged, self-motivated, intelligent educator and faculty who has worked hard within the last year to revive and expand our residency outreach within the community and especially to underserved areas.

Dr.Im has my full support and I wish her great success in pursuing and implementing this project.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Ahmadi".

Ladan Ahmadi, M.D.

LA:jf



North Shore-LIJ Health System is now **Northwell Health**

Department of Medicine

Department of Medicine

Ethan D. Fried, M.D., MACP
Residency Program Director
Associate Chair, Education
Associate Designated Institutional Official
Professor of Medicine
Hofstra Northwell School of Medicine
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Phone: (212) 434-4833
Fax: (212) 434-2246

October 27, 2017

To Whom it May Concern:

I am very happy to provide this letter in support of Dr. Oki Ishikawa who is undertaking a project "Underserved Community Medicine Curriculum at Northwell Health-Lenox Hill Hospital Internal Medicine Residency Program."

Oki was a superb resident and a role model and earned the position of Chief Medical Resident with his maturity, teamwork, professionalism, contributions to department quality projects, dedication and his leadership skills.

I am confident that he will be dedicated and committed to this project.

Sincerely,

A handwritten signature in black ink that reads "E. Fried".

Ethan Fried, M.D.

3. IRB APPROVAL

This is a project of curriculum development for the Internal Medicine residents. We do not plan to seek IRB approval since this is not a research project involving human subjects. Any survey questions will be directed to the educational experience of the residents in the form of course evaluation. If QI projects arise in the course of the rotations or outreach events, the residents will seek IRB for their specific projects individually and they will receive faculty assistance to accomplish it.