Message from the DIO

By Sugat Patel, MD, DIO

Like many of you, our Graduate Medical Education (GME) community is enduring the changes brought upon by the SARS-CoV-2 pandemic. More importantly, we are emerging from the shock associated from the tragic death of George Floyd. A few sentences will do no justice to these two topics. I hope you find comfort in the return of this GME newsletter as we highlight activities and bring you insights into our operations. Our complete response to recent events will be highlighted in this year’s Annual Institution Report.

In this edition, we highlight the activities of our Coordinators. The unrecognized backbone of any GME program are the Coordinators. They ensure the day to day external activities of the program are executed by managing and troubleshooting resident’s schedule; interfacing all the medical and GME regulatory agencies,* marketing to the applicants, resourcing the faculty and megaphoning the program director. Behind the scenes they provide comfort to residents during times of distress, advocating to our regulatory agencies, curating the applicants, supporting the faculty and placating the program director. The lynchpin to any program is the coordinator.

Thank you for all you do.

*This cannot be understated. Here are but a few: ACGME, AOA, ABMS, ABIM, ABFM, ACP, OMB, NRMP, ERAS

Our Graduate Medical Education (GME) programs aim to create community-based physicians capable of thriving in a team-based environment and who are dedicated to the well-being of the patient, clinician and communities we serve.

*Please note that throughout this newsletter the term “resident” may refer to both specialty residents and subspecialty fellows.
Congratulations Class of 2020!
We would like to recognize our 44 graduates

During a typical year we would all be gathering to celebrate the success of 44 hardworking, driven, individuals as they complete their training and move on to their next adventure in life. As we all know, this year is different and we are not able to hold a special night of recognition, so please take a moment to recognize these amazing individuals and send them a shout-out of congratulations!

**Psychology Intern Graduates**
Jonathan Chua, MA  
Khushnoo Indorewalla, MA/MS  
Jacob Mills, MA  
Dayna Stierley, MA

**Physical Therapy Graduate**
Kevin Muncey, PT, DPT

**Pharmacy Graduates**
Joshua Mellander, PharmD  
Santon Shagava, PharmD

**General Surgery Graduates**
Jessica Enderson, DO  
Ashley Rivera, DO

**Orthopedic Surgery Graduates**
Eric Krohn, DO  
Jennifer Sharp, DO  
Mark Williams, DO

**Dermatology Graduates— Silver Falls Dermatology**
Allison Stoecker, DO  
Kevin Myers, DO

**MOHS Fellowship Graduate—Silver Falls Dermatology**
Collin Blattner, DO

**Family Medicine Graduates**
Brittany Alloway, DO  
Cathleen Bruner, DO  
Christina Choung, DO  
Olivia Danforth, MD  
Brittany Johnson, DO  
Jennifer Liu, DO

**ONMM+1 Graduate**
Bachtuyet Le, DO  
Nicolette Rosendahl, DO  
Joseph Vogelgesang, DO

**Internal Medicine Graduates**
Bryce Arnold, DO  
Patrick Bottorff, DO  
Kathryn Brim, DO  
Mark Day, DO  
Nicole Forth, DO  
Andrew Gessel, DO  
Brittany Houston, DO  
Laura Selby, DO  
Esther Wright, DO

**Traditional Rotating Internship Graduate**
Sterling Farrer, DO

**Cardiology Fellowship Graduates**
Timothy Becker, DO  
Michael Schiedler, DO

**Psychiatry Graduates**
Sean Bennett, DO  
Zane Curtis, DO  
Grant Meredith, MD

**Child and Adolescent Psychiatry Fellowship Graduate**
Shannon Meador, DO  
Courtney Rosenthal, DO
Virtual CME Courses will be announced via e-mail.

Look for these updates from our CME Regional Coordinator, Cindy Coke.

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**CME has moved activities online!**

By Cindy Coke, CME Regional Coordinator

Upcoming Grand Rounds and other educational opportunities are announced via email and are taking place as live webinars through Microsoft Teams. These webinars are being recorded and becoming available as enduring material that can be accessed in the Clinician Portal under Education on the SHS Insider or at [samhealth.eeds.com](http://samhealth.eeds.com).

Samaritan is now using an online CME tracking system (eeds) to manage attendance, program evaluations and transcripts as well as to host our CME calendar of events and enduring material.

For all CME inquiries please contact Cindy at [ccoke@samhealth.org](mailto:ccoke@samhealth.org) or by calling 541-768-4496.

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**Updates from the Research Development Office:**

**2020 Samaritan Scholarly Symposium**

By Olivia Pipitone, MPH & Paulina Kaiser, PhD, MPH

Thank you to everyone who participated in our third annual Samaritan Scholarly Symposium! It was very exciting to see all of the hard work that our communities have put into their scholarly activities. We would like to especially thank our judges for their time and support.

If you haven’t had time to view the posters yet, they are still available at [www.samhealth.org/Symposium](http://www.samhealth.org/Symposium).

Although everyone who participated deserves a congratulations, the winners of this poster session were:

- **1st place** ($50 gift card), Stefan Yakel, DO; Justin Than, DO; Jennifer Sharp, DO; Hiroki Den, MD, MPH; Jacqueline Krumrey, MD, an Orthopedic Surgery resident team, with their research poster titled *The Efficacy of Tranexamic Acid for Reducing Blood Transfusion Rates in Extracapsular Hip Fractures*.

- **2nd place** ($25 gift card), Joshua Mellander, PharmD, a pharmacy resident, with his Quality Improvement poster titled *Facilitating a switch from analogue to human insulin in type-2 diabetics – a collaborative practice based approach*.

- **3rd place** ($25 gift card), Ashley Rivera, DO and Erica Tirado, DO, a General Surgery resident team with their Quality Improvement poster titled *Passport to Safety – A Quality Initiative Project to Decrease Resident Blood Borne Pathogen Exposures*.

Thank you again for your support. If you have any suggestions for improvement, we would love your input! You can email suggestions to [shsresearch@samhealth.org](mailto:shsresearch@samhealth.org). We look forward to seeing you at next year’s symposium, on May 19th, 2021!

See our **Featured Abstracts and Poster** section of this issue to review the top three scholarly activities.

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Donations to the Simulation Training Center fund support technology, equipment and improvements to create a contemporary training center.

For more information about how you can support the Simulation Training Center, contact the Good Samaritan Hospital Foundation at 844-768-4256 or [SHSFoundations@samhealth.org](mailto:SHSFoundations@samhealth.org). To make a gift online, visit [samhealth.org/GSHF](http://samhealth.org/GSHF) and select “Simulation Training Center” from the Designation dropdown.
Did You Know?
The Role of the GME Coordinator

By Megan Kinane, GME Quality and Accreditation Administrator

In this issue of the GME Newsletter I wanted to focus on a specific group of individuals in the GME Department: The Program Coordinator. As once put by Timothy Bingham, MDiv, PhD, ACGME’s Chief of Staff and Chief Education and Organizational Development Officer—program coordinators are the superhero’s of GME. Without the program coordinator, there would be no program.

So what exactly does a program coordinator do?

In a presentation presented by Dr. Bingham, he broke down the role into three major components:

1. **Assist the Program Director and GME in administrative duties**

2. **Assist the Program Director and GME in data collection and reporting**

3. **Assist the Program Director and GME in resident support and management**

Now you’re probably thinking, “…and that means what?” So, let’s break this down a little more. It is important to note that this is not a complete list of duties and the role of a coordinator is not universal. There are many variables that go into play when discussing the responsibilities of a coordinator. Some coordinators may do all these things plus some, other coordinators may do portions of them, especially if it is an institution with very large programs. For example, a general surgery residency program at University of Colorado has around 50 residents for that program alone, our general surgery program has ten. Due to our program sizes, our GME coordinators do the majority of this work on their own.

**Administrative Duties:**

<table>
<thead>
<tr>
<th>Prepare for site visits</th>
<th>All things accreditation</th>
<th>Educational Activities</th>
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<tbody>
<tr>
<td>Organize meetings and workshops</td>
<td>Event planning</td>
<td>Schedule medical students</td>
</tr>
<tr>
<td>Administer evaluations and follow-ups</td>
<td>Rotation schedules</td>
<td>On-calls schedules</td>
</tr>
<tr>
<td>Filing/Record keeping</td>
<td>Facilitate multiple meetings</td>
<td>Manage department policies and procedures</td>
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**Data Collections and Reporting of:**

<table>
<thead>
<tr>
<th>Residents</th>
<th>Personnel files</th>
<th>Evaluations</th>
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<tbody>
<tr>
<td>Resident Management Systems (RMS)</td>
<td>ADS—Annual Update reporting for ACGME</td>
<td>Case logs (surgical procedures)</td>
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<tr>
<td>Accreditation data</td>
<td>ACGME Resident survey</td>
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**Resident Support and Management:**

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<tr>
<th>SUPPORTING residents</th>
<th>Recruitment</th>
<th>Credentialing</th>
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</thead>
<tbody>
<tr>
<td>Schedules—leave and vacations</td>
<td>Exams</td>
<td>Concerns and Complaints</td>
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Within each of these boxes is an even more in-depth list of what all goes into being a GME program coordinator, but if we get that deep into the weeds this would be one lengthy article. The main point is they are the glue behind the scenes. This is a stressful job, and one that is getting its own attention on burnout.

As you read on, the next few pages are our GME Coordinator Spotlights. This was one of my most enjoyable assignments. I’ve learned things about my co-workers I didn’t know, but what I loved most was their response to “what they like about their job,” and across the board, in varying degrees they all said:

**“THE RESIDENTS”**

Their favorite part about this job are the residents. The relationship between coordinator and residents almost takes on a parental tone and connection. Coordinators are there to help them on their journey, be their shoulder when they need it and at times discipline them. The job is hard. It is multitasking at its finest. It is tears and frustration, but also smiles and laughter and at the end of the day we know we are making a difference. We always come back because we are a team, we are a family, we do it for our residents, we do it for our hospital, and most importantly we do it for each other because GME can’t function without its coordinators!

Please read on to learn about each one of our coordinators and take a peek at some of their favorite recipes that begin on page 19.
Coordinator Spotlight
Chrissy Anderson

Position: GME Operations Coordinator
Hometown: Fort Benton, MT until 10 years of age and then moved to Albany, OR which is what Chrissy considers her “hometown”

“Ever since Chrissy was hired back in 2015 to our department, she has been such a huge contributor to what we do here in GME. She has performed several roles from admin assistant to residency program coordinator, but in the end she is a “utility” type of employee. Meaning that anything that she is assigned, she will not only do, but she will own it and take it and run with it. The residents and fellows think of her as their “GME mom” as she is willing to assist them with almost any and all of their needs. In essence, she tends to spoil them a little.

Her smile and professionalism to all that she works with and comes into contact with is what sets her apart. She is the perfect person to have sit at the front desk and have to deal with as a visitor or guest to our department. When Samaritan developed the PRIDE statement, one of the first persons that I thought of was Chrissy. I know that our department is very lucky to have her and we are all extremely grateful to have her as part of our GME team,” Sam Bartholomew, GME Operations Manager.

What was your first job? I was a file clerk for a portable restroom company. I did that for about a year before begging to be given more responsibility. They promoted me to a CSR. After a couple of years doing that, I became the Accounts Receivable Manager. I worked for them for 9 years in total.

How long have you been a coordinator (or with GME in general)? I have been with GME since 2015

What is one of your favorite things about working for GME? Watching the residents go through their training with us and become confident doctors. It’s a nice feeling to know that you were a small part of helping them get there.

If you could pick up a new skill instantly, what would it be? I’d like to be able learn something after the first time reading it or doing it. I can get impatient with myself sometimes if I have to read or do it a few times to make it stick.

What are you reading right now? The Memory Keeper’s Daughter by Kim Edwards. I’ve probably read it 10 times now.

Who is someone you really admire? My dad. He has an eye disease called Retinitis Pigmentosa that has been taking his sight over the last 30+ years. He’s now almost 100% blind. He doesn’t let it stop him at all though. He just adjusts how he does things to continue living his life to the fullest. He even has his own business of repairing small engines. It’s incredible to watch him work. He does everything by feel. He truly amazes me every single day.

What is your favorite family tradition? Probably just being with family around the holidays. We are always laughing, storytelling, playing games, etc. It’s just nice to be around them and make memories.

Last show you binge-watched? The Office.

Next place on your travel bucket list? Greece!

“Whoever is happy will make others happy too.”
Anne Frank

What is your favorite quote?
“Whoever is happy will make others happy too” - Anne Frank
Coordinator Spotlight
Debbie Dixon

Position: Program Coordinator
Program: Cardiology Fellowship and Medical Student Coordinator
Hometown: Monroe, Oregon
High School: MUHS
College: LCCC, San Jose State

“I would be lost without Debbie. She is indispensable to the success of our program!”
Benjamin Hudson, DO, Cardiology Program Director

If you could pick up a new skill instantly, what would it be?
Speak Spanish fluently. I took Spanish in high school and college (4 years total) and still don’t have it mastered.

What is one of your favorite things about working for GME?
Scheduling and watching the residents graduate, knowing that in a small way you helped them meet a life goal.

What was your first job?
The first job I was actually paid for was farming for various crops. Pick beans, weed rows, cabbage, broccoli, strawberries, cut bail and buck hay.

How long have you been a coordinator (or with GME in general)?
Nine years.

What is your favorite quote?
“Your greatest test is when you are able to bless someone else while you are going through your own storm.”

Who is someone you really admire?
My mom.

What is your favorite family tradition?
Getting together for Birthday’s. We celebrate everything in my family. Did you break a fingernail? Let’s celebrate. Seriously though: Bake day with all of the girls in our family and Christmas Eve at Nana’s.

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Next place on your travel bucket list?
Las Vegas for AEROSMITH 50TH celebration

Do you have a special talent?
My family calls me “Jingles”. I make jingles out of anything.

What are you reading right now?
Outlander Series.

Final show you binge-watched?
Frankie and Grace.

“Your greatest test is when you are able to bless someone else while you are going through your own storm.”
Coordinator Spotlight
Shannon Foster

**Position:** Program Coordinator  
**Program:** Internal Medicine Residency Program  
**Hometown:** Chandler, Arizona  
**High School:** Lebanon High School (Oregon)  
**College:** Linn-Benton Community College and Grand Canyon University

“Shannon’s the glue that holds our program together. Shannon gives such a needed and unique view of the issues our program has faced. Her opinion is invaluable and her dedication to our residency is unparalleled. I feel so lucky to work with her,” Chris Small, MD, Associate Program Director for Internal Medicine Residency program.

“The lynchpin to every program is the coordinator. The program will fall apart without their diligence and behind the scenes work. They serve as gatekeepers to our program, surrogate mothers to our residents and trusted confidant to our program directors and, like nurses on a medical floor when I was intern, the key to my survival currently and any successes is the coordinator,” Sugat Patel, MD, DIO, Internal Medicine Program Director.

What was your first job?  
I started working at 13 babysitting and at 16 got a job at Taco Time in Lebanon and then went to Hasty Freez in Lebanon.

How long have you been a coordinator (or with GME in general)?  
A little over three years (Funny story). I applied for the job thinking it was a resident clinic coordinator-nurse coordinator. Only when I was being interviewed did they tell me what the job really entailed, and I was surprised. Had no idea how to work with residents or build schedules. I was offered the job two weeks later and here I am.

What is one of your favorite things about working for GME?  
Working with the residents and staff. The ability to constantly learn about my job and staying busy.

If you could pick up a new skill instantly, what would it be?  
Playing the piano.

What are you reading right now?  
My grandpa’s autobiography he wrote and had published before he passed away. My Grains of Sand.

Who is someone you really admire?  
My mom.

What is your favorite quote?  
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

What is your favorite family tradition?  
Getting together Christmas Eve for finger foods and watching Christmas Movies.

Last show you binge-watched?  
The Ranch

Next place on your travel bucket list?  
Ireland.

Do you have a special talent?  
Touch my tongue to my nose.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
Coordinator Spotlight
Judy Hallett

Position: Program Coordinator
Program: Psychiatry
Hometown: Born in Pierre, South Dakota / Raised in Philomath, Oregon
High School: Philomath High School
College: Linn-Benton Community College

"Judy is part of the bedrock of our program. She can always be counted on to do what needs to be done and 'make it happen.' Judy is an advocate for the residents, yet holds them accountable to expectations. She is the shoulder to cry on as well as the crutch to hold you up when needed. Judy has the ability to think about multiple aspects of a challenge allowing solutions to be more in tune with the needs of our program and the environment in which we work. Judy is not afraid to speak her mind which is refreshing and keeps us all honest and down to earth. It is a pleasure and adventure working alongside Judy, " Tim Blumer, DO, Psychiatry Program

What was your first job?
Not the first job – but the first noteworthy job was working overnights on weekends as a deejay at a radio station.

How long have you been a coordinator (or with GME in general)?
Since 2007 when Samaritan started working with Western University to put together a schedule for physicians to work with medical students; before there were residency programs, I helped create and schedule the first student clerkships.

What is one of your favorite things about working for GME?
My residents.

If you could pick up a new skill instantly, what would it be?
How to pick up a new skill in an instant.

What are you reading right now?
"Killers of the Flower Moon," by David Grann.

Who is someone you really admire?
My husband. For putting up with me.

What is your favorite quote?
"They don’t build a hearse with a luggage rack."

What is your favorite family tradition?
We don’t have any. Why put pressure on yourself to keep them up?

Last show you binge-watched?
"Lucifer"

Next place on your travel bucket list?
Ireland

Do you have a special talent?
Marksmanship

They don’t build a hearse with a luggage rack.”

Yosemite National Park. Photography by Judy Hallett

Photo of Bailey
Coordinator Spotlight
Rachel Rottenkolber

Position: Program Coordinator
Program: Family Medicine
Hometown: Portland, Oregon
High School: Woodrow Wilson High School
College: Linn-Benton Community College, Associate’s degree in General Studies; Oregon State University, Bachelor of Science in Public Health: Health Management and Policy with a Minor in Business

“Rachel is the "magic glue" for the Family Medicine program. She keeps everything held together and allows for the safe space for residents to grow and for faculty to help them. She’s truly amazing,” Lance McQuillan, MD, Associate Program Director, Family Medicine Residency Program.

“The Program Coordinator is the heart of the residency. Consider what the heart does, how it pumps oxygen and nutrients throughout the body. The vitality that our Program Coordinators bring to our program is essential. Without Rachel, our heart is missing, the program is no more,” Bharat Gopal, MD, Associate Program Director, Family Medicine Residency Program.

What was your first job?
First paying job was babysitting and laundry, first legit job I worked as a clerk at the Tigard Fred Meyer in Portland during high school

How long have you been a coordinator (or with GME in general)?
A little over 3.5 years

What is one of your favorite things about working for GME?
Working with the residents. I really enjoy getting to know them and helping them through their residency. I also really enjoy working with the FM Faculty. They have helped me learn a lot and grow as a coordinator.

If you could pick up a new skill instantly, what would it be?
Playing the piano.

What are you reading right now?
The Art of Racing in the Rain

Who is someone you really admire?
My mom. She is strong, smart, and beautiful. She has been through a lot lately and keeps smiling through it all.

What is your favorite quote?
“Yesterday is history, tomorrow is a mystery, but today is a gift, that’s why it’s called present.”

What is your favorite family tradition?
From my childhood to now, Christmas cookie baking with my mom and sisters. With my children and husband, movie nights on Friday.

Last show you binge-watched?
The Curse of Oak Island and The Masked Singer

Next place on your travel bucket list?
Yellowstone National Park.

“Yesterday is history, tomorrow is a mystery, but today is a gift, that’s why it’s called present.”
Coordinator Spotlight
Kimmy Wilcox

**Position:** Program Coordinator  
**Program:** ONMM Residency, Child and Adolescent Psychiatry Fellowship and Psychology  
**Hometown:** Lincoln City, Oregon  
**High School:** Taft High School  
**College:** Portland State University and Oregon Coast Community College

“Kimmy is the glue that holds our program together! She manages the nitty gritty logistics necessary to get our residents where they need to be, and graduate when they’re ready to graduate. We’re grateful to have her!” — Hannah Fine, DO, ONMM Program Director.

“Program Coordinators are crucial to smooth operation of a training program. They wear many hats, sometimes giving support when needed, sometimes scolding when deserved, and sometimes being the taskmaster when things need to get done. Working with Kimmy has been a joy and I appreciate immensely her help and hard work,” — Benjamin Lafferty, MD, Child and Adolescent Psychiatry Fellowship Director.

Kimmy has been everything to our program from the manager and coordinator of schedules and meetings to a strong emotional support for our trainees, and at time our faculty. She is absolutely fantastic in how she proactively seeks out our trainees needs! We are very fortunate to have her, I am not sure the program would run as efficiently without such wonderful administrative support from our GME/Academic Affairs department,” — Robert Fallows, PsyD, ABPP, Associate Director of Clinical Training, Medical Psychology Training Program.

Kimmy means everything to our program in that she does so many things that would just not get done without her. I genuinely look forward to meetings where Kimmy is there because she is so enjoyable to spend time with. It just doesn’t feel right without her!” — Alex Koenig, PhD Assistant Director, SHS Psychology Postdoctoral Residency Program.

What was your first job?
A hostess at a pancake house!

What is your favorite quote?
I have a lot of favorite quotes, but after losing my dad this one seems to hit me the most. “Cherish every moment and every person in your life, because you never know when it will be the last time you see someone.”

What is your favorite family tradition?
We always have fondue and watch The Christmas Story on Christmas Eve. Also, as a kid we camped every summer in the same camp ground!

What is your favorite book you’ve read right now?
Stephen King’s: The Dark Tower Series

Who is someone you really admire?
My Momma!! She’s a saint! She’s super patient and kind, I honestly wish I could be more like her. She’s also been through so much this last year, yet she still keeps going, she’s a strong woman and I’m thankful she’s my mom!

Next place on your travel bucket list?
Moab, Utah
Coordinator Spotlight
Kayla Coats

Position: Program Coordinator
Program: Family Medicine Residency and Coastal Rural Training Tract for Family Medicine
Hometown: Toledo, Oregon
High School: Toledo High School
College: Linn-Benton Community College and Grand Canyon University

“The Program Coordinator is the heart of the residency. Consider what the heart does, how it pumps oxygen and nutrients throughout the body. The vitality that our Program Coordinators bring to our program is essential. Without Kayla, our heart is missing, the program is no more,” Bharat Gopal, Associate Program Director, Family Medicine Residency Program.

What was your first job?
I had 2 jobs. I was a Sales Associate at a chain of Gift shops on breaks & weekends, and I was a Secretary at Farmers Insurance after school.

How long have you been a coordinator (or with GME in general)?
Since October 2016

What is one of your favorite things about working for GME?
Configuring the Residents schedules, it’s like a giant Sudoku puzzle and I love puzzles.

If you could pick up a new skill instantly, what would it be?
Speed Reading- You could learn so much so fast.

What are you reading right now?
“Leadership and Self Deception” The Arbinger Institute

Who is someone you really admire?
I have so many people in my life that I admire for different reasons, I cannot just name one.

What is your favorite quote?
“Success is not final; failure is not fatal: It is the courage to continue that counts.” - Winston S. Churchill

“It is better to fail in originality than to succeed in imitation.” - Herman Melville

What is your favorite family tradition?
My family does a “25 days of Christmas” tradition where every day in December we try to do something festive as a family, this could be going Christmas light “hunting”, baking cookies, making ornaments, or going to a Christmas event like the Pastega Lights. Then on Christmas Eve we open our “Family Present” which is a big box that always has PJs, slippers, hot chocolate, a Christmas movie, and popcorn tins. We get in our new PJs, make hot chocolate, and watch our new movie.

Last show you binge-watched?
Outlander

Next place on your travel bucket list?
Canada or Scotland.

Do you have a special talent?
I am freakishly fast at solving most puzzles, but especially puzzles involving math or numbers.
Coordinator Spotlight
Zoia Martushev

Position: Program Coordinator
Program: Silver Falls Dermatology and Mohs Fellowship Programs
Hometown: Woodburn, Oregon
High School: Woodburn High School
College: Pioneer Pacific College

“Zoia has helped to keep our Dermatology and Mohs programs well organized and was able to successfully navigate two inspections in two days. She comes to work with a positive attitude and is always going out of her way to make sure things run smoothly,” John Young, MD, Silver Falls Dermatology

What was your first job?
Med Aid for Assisted Living Community

How long have you been a coordinator (or with GME in general)?
Since November 2018

What is one of your favorite things about working for GME?
Keeps you on your toes, never a dull moment, and always something to do.

If you could pick up a new skill instantly, what would it be?
Relax.

What are you reading right now?
Water the bamboo by Greg Bell

Who is someone you really admire?
My parents. They overcame incredible obstacles to get to where they are today!

What is your favorite quote?
“No matter how difficult your situation is, you can get through it if you don’t look too far into the future and focus on the present moment. You can get through anything one day at a time.” - Bob Parsons

What is your favorite family tradition?
Every year my husband Joe and our two kids (Lukas-age 7 and Susana-age 7) go on a camping trip just the 4 of us. Usually to somewhere where electronics do not work!!!

Last show you binge-watched?
The Resident and Grey’s Anatomy (No joke-guess meant to be)

Do you have a special talent?
Overly organized? Does that count?

“No matter how difficult your situation is, you can get through it if you don’t look too far into the future and focus on the present moment. You can get through anything one day at a time.”
- Bob Parsons
Coordinator Spotlight

Kelli Olsen

**Position:** Program Coordinator  
**Program:** General Surgery Residency  
**Hometown:** Jefferson, Oregon  
**High School:** Woodrow Wilson High School

"Kelli is the backbone of our program. She recently joined General Surgery fresh off of maternity leave! She has been engaged, enthusiastic, and energetic," Jennifer Serfin, MD, General Surgery Program Director.

**What was your first job?**
Enchanted Forest - cleaning windows in western town

**How long have you been a coordinator (or with GME in general)?**
Two years

**What is one of your favorite things about working for GME?**
Learning about and helping people understand "residency". Most people know very little about the process!

**If you could pick up a new skill instantly, what would it be?**
Patience

**What are you reading right now?**
Born for Love: Why Empathy is Essential and Endangered

**Who is someone you really admire?**
My grandma. She did a great job raising her family in a time when fathers weren’t involved much. She is kind, never says a bad word about anyone and is always taking care of those around her.

**What is your favorite quote?**
"Never look down on someone unless you are helping them up."

**What is your favorite family tradition?**
Camping.

**Last show you binge-watched?**
The Ranch.

**Next place on your travel bucket list?**
Disneyland

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Coordinator Spotlight

Amy Olsen

**Position:** Program Coordinator  
**Program:** Orthopaedic Surgery  
**Hometown:** Newport, Oregon  
**High School:** Waldport High School  
**College:** Linn-Benton Community College, Associate of Applied Science in Medical Assisting; Grand Canyon University, Bachelor’s in Science, Healthcare Administration, Current.

"Amy is still relatively new, but she has been a fantastic addition to the team. Her organizational skills, ideas, and diligence are going to hopefully continue to help us grow the orthopedic program going forward," Nicholas Tedesco, MD, Associate Program Director, Orthopaedic Surgery Residency Program.

**What was your first job?**
I worked at a Ice Cream store scooping ice cream

**How long have you been a coordinator (or with GME in general)?**
Since October 2019

**What is one of your favorite things about working for GME?**
I am always learning something new. I work with a great bunch of residents and faculty.

**If you could pick up a new skill instantly, what would it be?**
The ability to super charge while sleeping.

**What are you reading right now?**
Called to Care – a textbook

**What is your favorite family tradition?**
Thanksgiving – all my family comes from all over the Pacific Northwest Seattle to San Francisco and all over in between to get together for dinner. It is the one day that I get to see my two cousins that I once grew up with like siblings.

**Last show you binge-watched?**
Big Bang Theory.

**Next place on your travel bucket list?**
Anchorage, Alaska

**Do you have a special talent?**
Not anymore, I am too old.
**Wellness Corner**

**Dealing with the Stress and Anxiety of a Pandemic**

I want to first note that this article is to showcase different recommendations and techniques to help alleviate stress and anxiety during this difficult time and does not replace the care of a medical professional. If you are experiencing severe symptoms of stress, anxiety and/or depression please reach out to your health care provider.

We are all experiencing and working through this pandemic differently. Each one of us has a different threshold of how anxiety and stress are processed, evaluated and resolved within ourselves. The way these feelings affect us are based on our own life experiences – therefore it is important to note that there is no wrong way of feeling and what one experiences with this pandemic another might not. This is a time where we can help each other, help ourselves and use our strengths to get each of us through this hard time.

Most importantly, never compare yourself to others when you work through challenging times. Try to focus on yourself and stay present in the day. This takes time to practice and can usually be accomplished by finding a quiet place, breathing, and refocusing.

In fact, if you are reading this right now you have time to pause and BREATHE—go ahead, click on it...we will do it together. Don’t think about the patient you are about to see in ten minutes, don’t think about your to-do list and don’t think about yesterday or what could have went better. Truly put your mind right in this moment and BREATHE.

Most of our worry comes from the unknown or things we can’t control. We can’t control this. What we can do is help each other and help ourselves when needed. Stress and anxiety are natural feelings, but there are times when these feelings can become overwhelming and effect our day-to-day activities. This is where we all need to be there for one another.

If you notice someone who may be showing signs of stress, anxiety, or just seem to be “off”, reach out to them and take note of some Do’s and Don’ts shared by Stuart Slavin, MD , ACGME’s Senior Scholar for Well-Being and Jonathan Ripp, MD, Senior Associate Dean for Well-Being and Resilience, Icahn School of Medicine at Mount Sinai and Chief Wellness Officer, Mount Sinai Health Systems, New York, New York*. For more wellness resources please see page 15.

**Do:**

<table>
<thead>
<tr>
<th>• Be sincere in offering your help and care. Try to find a quiet place to talk and minimize outside distractions.</th>
<th>• Respect Privacy and keep the person’s story confidential.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be free of expectations or judgements.</td>
<td>• Be patient and calm.</td>
</tr>
<tr>
<td>• Let them know you are listening; for example, nod your head or say “hmmm....”</td>
<td>• Allow for silence.</td>
</tr>
<tr>
<td>• Acknowledge how they are feeling and any losses or important events they tell you about. “I’m so sorry. I can imagine this is very sad for you.”</td>
<td>• Show respect for individuals’ reactions and ways of coping.</td>
</tr>
<tr>
<td>• Help think of positive ways to deal with their reactions.</td>
<td>• Acknowledge the person’s strengths and how they have helped themselves.</td>
</tr>
<tr>
<td>• Acknowledge that this type of distress can take time to resolve and offer to talk or spend time together as many times as is needed.</td>
<td>• Importantly, believe that the person is capable of recovery.</td>
</tr>
</tbody>
</table>

**Don’t:**

<table>
<thead>
<tr>
<th>• Don’t pressure someone to tell their story.</th>
<th>• Don’t interrupt or rush someone’s story.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Don’t rush to tell someone that he/she will be okay or that they should just “get over it.”</td>
<td>• Don’t think and act as if you must solve all the person’s problems for them.</td>
</tr>
<tr>
<td>• Don’t judge what they have or haven’t done, or how they are feeling.</td>
<td>• Don’t say: “You shouldn’t feel that way,” or “You should feel lucky you survived.”</td>
</tr>
<tr>
<td>• Don’t talk about your own troubles.</td>
<td>• Don’t give false promises or false reassurance.</td>
</tr>
<tr>
<td>• Don’t tell them they were lucky it wasn’t worse.</td>
<td>• Don’t take away the person’s strength and sense of being able to care for themselves.</td>
</tr>
</tbody>
</table>

*Article source: Slavin, S. and Ripp, J. (2020). Mental Health: What Residents can do if and when the surge arrives at their institution.
Resources from your SHS Wellness Council

Dr. William Barish—Medical Director and Chief Wellness Officer
Alyssa Wink—Director, Wellness and Fitness
Kari Hart, LCSW—Qualified Mindfulness-Based Stress Reduction Teacher
Chii-Hui Peterson—Enterprise Risk Officer.

Each week our SHS Wellness Council sends out helpful tips and resources to assist us through this unprecedented time. Be sure to keep a look out for these resources, and in the meantime I have copied some previous information that has been shared through their communications. For more information please visit the COVID-19 Wellness Resource Page or contract our Wellness Council.

Remember that there are resources available for support through your week:

- **Care for the Caregiver Peer Support** - Confidential emotional support for all staff, clinical and non-clinical. Reach out by email 24 hours a day, seven days a week at CarefortheCaregiver@samhealth.org

- **Live Streaming Wellness Sessions** - Join our live streaming mindfulness meditations Mon-Fri, 7:30 AM or 12:30 PM. Schedule and links on the COVID-19 Wellness Resources Page

- **Calapooia Employee Assistance Program**—Confidential counseling to assist you in helping yourself and your family through troubling situations. For more information see the CALEA brochure.

Free **Mindful Healthcare Speaker Series**. A weekly gathering space for healthcare workers to come together with mindfulness and healthcare experts, to reflect, recharge, connect, and learn practices to continue to stay grounded and resilient during this time.

**Physical fatigue: Do I need movement or rest?**
If you need rest, would it be possible to carve out an hour, an evening, or day to do nothing? Your body might, very simply, be tired. You might give yourself permission to lie on a blanket outside, read a book, take a hot bath, watch a movie, or simply nap.

If you need movement, would it be possible to commit to a specific action? Going for a walk, getting back to the gym, or try one of SamFit’s online exercise videos on the COVID Wellness Resource Page.

**Emotional fatigue: Do I need to soothe my feelings or feel my feelings?**
Are you feeling your feelings too much? Sometimes our hearts need a break from uncertainty, worry, and stress. Give yourself a break with a live-streaming wellness session, Mon-Fri, 7:30 AM or 12:30 PM. Schedule and links on the COVID-19 Wellness Resources Page.

Are you feeling your feelings too little? We can get worn out trying to hold back painful feelings. Psychologists are now noting the detrimental impact of trying to force or fake happiness. If you make space to feel your sadness, anger, or fear, it can help lighten the heart. You can try watching a sad movie to help you cry, express your anger through online kickboxing or talk with a friend about your fears.

If your feelings are too big to feel on your own, Care for the Caregiver Peer Support offers confidential emotional support for all staff, clinical and non-clinical. Reach out by email 24 hours a day, seven days a week at CarefortheCaregiver@samhealth.org.

**Mental fatigue: Do I need time away from the screen? Have I done something to play today?**
Your amount of screen time can impact your brain functioning. Is it possible to commit to turning your devices off for a set amount of time each day?
If you are working long hours, it can be easy to lose sight of the activities...
Featured Abstracts and Posters
The Efficacy of Tranexamic Acid for Reducing Blood Transfusion Rates in Extracapsular Hip Fractures

Yakel, S; Than J; Sharp J; Den H; Pipitone O; Krumrey JJ

Introduction

Peri-operative blood loss is one of the most common complications of hip fractures. Allogenic blood transfusions in the peri-operative period for hip fracture patients are associated with increased costs and complications. In this prospective double-blind randomized controlled trial, a single dose of tranexamic acid (TXA) at the time of admission significantly decreased post-operative transfusion rates and decreased average peri-operative blood loss in patients with intertrochanteric and/or subtrochanteric femur (IT/ST) fractures.

Methods

We recruited 100 patients with IT/ST fractures from October 2015 to January 2019 to receive either one gram of intravenous TXA (TXA Group) or normal saline (Placebo Group) upon hospital arrival. Blood transfusion rates from hospital arrival to post-operative day (POD) five or date of discharge, total blood loss from hospital arrival to POD three or four (calculated using the hemoglobin dilution method), estimated blood loss during surgery, length of hospital stay, 30-day mortality rate, and major complications were recorded and evaluated.

Results

Six patients were excluded from the TXA Group and five patients were excluded from the Placebo Group due to cancelled surgery, study drug infusion initiation after incision, multiple fractures, or drop out. This left 40 patients in the TXA Group and 49 patients in the Placebo Group. Patient characteristics (age, sex, body mass index, American Society of Anesthesiologists class, and pre-operative hemoglobin) were similar between the study groups. No patients received a blood transfusion before surgery. Post-operative transfusion rates were 17.5% (7/40) in the TXA Group and 36.7% (18/49) in the Placebo Group, (Relative risk=0.48, 95% CI=0.22-1.03, p=0.046). Total blood loss was significantly less in the TXA group compared to the placebo group [Average difference=367ml, 95%CI=76-657, p=0.01]. No statistically significant differences were found between the two groups for estimated blood loss during surgery, length of hospital stay, 30-day mortality rate, and 30-day incidence of major complications.

Conclusion

In this prospective double-blind randomized controlled trial, TXA administered upon hospital arrival decreased the risk of post-operative blood transfusion and average peri-operative blood loss in patients with extracapsular hip fractures.

Summary

Intravenous tranexamic acid administration upon hospital arrival decreased the risk of post-operative blood transfusion and peri-operative blood loss in patients with extracapsular hip fractures.
Featured Abstracts and Posters

Passport to Safety—A Quality Initiative Project to Decrease Resident Blood Borne Pathogen Exposures

Rivera, A; Tirado, E; Pipitone O

BACKGROUND

- According to the CDC, more than 385,000 needle stick injuries occur annually among US hospital employees
- Resident Physicians are suggested to be at higher risk of blood borne pathogen exposure (BBPE) given their numerous encounters involving the use of sharp instruments on patients and the increased propensity for injury while learning new technical skills
- At Good Samaritan Regional Medical Center (GSRMC) residents accounted for 8.4% of all BBPEs in 2018 and 11.6% in 2019

OBJECTIVES

To reduce the number of resident blood borne pathogen exposures by implementing a hands on sharps skills station at intern orientation

METHODS

- Data from all the resident BBPEs reported at GSRMC between August 2018 and March 2019 were reviewed
- Based on the most common events, we developed 5 hands on skill stations to teach and allow interns to demonstrate ability in each task
- At new resident orientation, interns had to demonstrate competency to a senior surgical resident in tasks in order to be signed off on a skill
- Tasks included:
  - Drawing up local anesthetic from a multi-use vial, exchanging for an injectable size needle, and injecting the anesthetic
  - Recapping of both safety needles and non-safety needles
  - Identifying and demonstrating the proper handling and use of three different scalpel blades (10, 11 and 15 blades)
  - Identifying and demonstrating the proper use of a punch biopsy
  - Demonstrating the ability to load suture needle, throw a simple suture, and protect the needle

RESULTS

- The data was reviewed from the two academic years prior to our intervention from July 1st 2017 – June 30th 2019
  - 2017-2018 had 7 resident pathogen exposures (6 sharps and 1 splash)
  - 2018-2019 had 8 resident pathogen exposures (6 sharp and 2 splash)
  - 75% of exposures in the year prior to our intervention were by surgical specialty residents (Orthopedic and General surgery)
- This data was compared to the 9 months following our intervention July 1st 2019 – March 31st 2020
- During this time there were 4 resident exposures (all sharps exposures)
- Again 75% of the exposures were surgical specialty residents (Orthopedic and General surgery)
- There were no intern BBPEs

Figure 1 – Blood Borne Pathogen Exposure by Resident Post Graduate Year (PGY)

<table>
<thead>
<tr>
<th>Number of Exposures</th>
<th>2017-2018</th>
<th>2018-2019</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>PGY2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PGY3</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PGY4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PGY5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Surgical specialty residency programs account for 75% of the blood borne pathogen exposures reported at GSRMC
- Operating room settings confer the greatest risk for exposure
- Increased proportion of time spent learning and performing invasive procedures
- Interns are not the group represented by the highest number of exposures
- This is likely because interns have less experience in the operating room in their PGY1 year compared to PGY2 – PGY5 residents
- We see an increase in exposures during the PGY2 year likely related to the increased time spent in the operating room and exposure to new invasive procedures
- Studies show that up to 50% of resident exposures go unreported indicating a substantial under representation of the actual numbers

FUTURE IMPLICATIONS

- Continued education to the intern classes at each new resident orientation
- Additional training to the PGY2 and PGY3 year residents may decrease exposure further
- Continue to encourage reporting of all BBPEs to improve safety of residents in the event of an exposure

REFERENCES & ACKNOWLEDGEMENTS

Featured Abstracts and Posters

Facilitating a switch from analogue to human insulin in type-2 diabetics—a collaborative practice based approach

Mellander, J

BACKGROUND

- In 2018, an estimated 13.2% of American adults with diabetes delayed filling their insulin, took less, or skipped a dose due to cost.
- Recent studies demonstrate human insulins exhibit no significant difference in HgA1c or hypoglycemic events while improving costs to the patient and health care system.
- Models estimate a 20% increase in the amount of insulin required to manage diabetes between 2018 and 2030, with an increase in diabetic patients to 552 million by 2030.

OBJECTIVES

- Appreciate the reasons, process, and benefit of implementing a switch from insulin analogues to human insulin.
- Identify possible barriers to the implementation of human insulin on a health system formulary.
- Identify additional interventions made by clinical pharmacists integrated into a primary care clinic.

METHODS

- IRB Exempt
- Developed Collaborative Practice Agreement with SFM and SHI providers.
- Prospective Study

Inclusion:
- ≥18 years old
- HgA1c ≥9% within 6 months
- Currently using insulin analogue and willing to switch to human insulin.

Exclusion:
- CKD stage 3 or 4 or on dialysis.
- History of hospitalization due to hypoglycemia.

Patient Visit:
- Face-to-face appointment
- Initial 60 min, Follow-up 15-30 min

Insulin Dosing Algorithm:

RESULTS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean</td>
<td>69</td>
</tr>
<tr>
<td>Men (%)</td>
<td>14 (78)</td>
</tr>
<tr>
<td>Daily medications, mean</td>
<td>11, range: 6-16</td>
</tr>
<tr>
<td>Insulin pen before pilot (%)</td>
<td>10 (56)</td>
</tr>
<tr>
<td>Insulin vial before pilot (%)</td>
<td>6 (33)</td>
</tr>
<tr>
<td>Baseline HgA1c, mean</td>
<td>7.5, Range: 6.0-11.7</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- A more efficient and effective method of identifying and enrolling patients needed.
- Use of human insulin was noninferior to insulin analogues in safety and effectiveness.
- Use of human insulin may result in significant cost savings to the patient and to the health system as a whole.
- Expansion of pharmacists into primary care clinics may improve follow-up, adherence, and optimization of patient medications.
- Collaboration with Diabetes Education improved access to care.

FUTURE IMPLICATIONS

- Expand pharmacist participation in the transition and management of patients on human insulin.
- Continue to expand participation with diabetes education and improve access to care.
- Long-term goal: Expansion of pharmacist integration into primary care clinics for the management of chronic disease states.

ACKNOWLEDGEMENTS

- Thanks to the providers and pharmacists who helped to make this project a successful one. Dr. Bharat Gopal MD, Dr. Brent Goode MD, SFM and SHI physicians, Jacqueline Johns PharmD, Craig Brauer PharmD, Lynette Stone PharmD, Cathy Peters PharmD, Chelsea Bond PharmD, Amber Purdy PharmD, Kevin Russell RPh, Penny Rafter, RPh.

REFERENCES

- Lipika KJ, Parker MM, Moffett HH et al. Association of Initiation of Basal Insulin Analogues vs Neutral Protamine Hagedorn Insulin With Hypoglycemia-Related Emergency Department Visits of Hospital Admissions and With Glycemic Control in Patients With Type 2 Diabetes. JAMA, 2018;319(1):133-139.
GME Cookbook

We reached out to our GME team and asked that they share some of their favorite recipes! Enjoy

From Chrissy Anderson, Operations Coordinator

Swiss Chicken Bake:
Serves 4

Ingredients
- 4 Boneless Skinless Chicken breasts
- 4 slices swiss cheese (Mozzarella works too)
- 1/2 cup mayonnaise
- 1/2 cup sour cream
- 3/4 cup grated parmesan cheesedivided
- 1/2 tsp salt
- 1/2 tsp pepper
- 1 tsp garlic powder

Instructions
1. Preheat oven to 375.
2. Pat chicken dry and place in a greased 9x13 pan.
3. Add sliced cheese on top of chicken breasts.
4. In a bowl mix mayonnaise, sour cream, 1/2 cup Parmesan cheese, salt, pepper and garlic powder. Spread this over chicken and sprinkle with remaining Parmesan cheese.
5. Bake for 1 hour. Serve over rice or buttered noodles if desired or serve alone.
Simple Chicken & Dumpling Vegetable Soup

Prep/cook time: About 45 minutes  
Servings: About 8 servings  

Meat:  
Boneless, skinless chicken breast- 2 lbs. (cubed) or  
Premium Chunk Chicken Breast- 2- 12.5 oz cans

Vegetables:  
1 whole yellow onion (diced)  
1-2 cups Carrots (diced)  
4 large Celery spears (diced)  
3 large Turnips (cubed)  
3 garlic cloves (minced)  
1 cup corn  
1 cup peas

Other Ingredients:  
8-cups of Chicken Broth  
1-Pint Heavy Whipping Cream  
2 tablespoons Oil (your choice)  
4 tablespoons of Butter  
1 tablespoon Corn Starch  
1- 16.3oz can Grands Biscuits Original  
Salt, Pepper, Parsley to taste

Instructions:

1. In large skillet, add 2 tablespoons of oil. If you are using raw boneless skinless chicken breast chunk into cubes and add to the skillet (season with salt and pepper). Cook until brown on both sides. Remove from heat and set aside.

2. In a 6-8-quart pot, add 4 tablespoons of butter, diced onion, garlic, celery, carrot, salt & pepper. Simmer 3-5 minutes on medium heat until Vegetables are tender.

3. Add 1 tablespoon of corn starch to vegetables, and a ½ cup of chicken broth, stir constantly for about 3 minutes to prevent lumps from forming.

4. Add another 6.5 cups of chicken broth to the pot along with the cubed chicken and turnips, low boil for about 10 to 15 minutes or until turnips are tender.

5. Add 1 cup of corn, 1 cup of peas, the last cup of chicken broth, and the 1 pint of heavy whipping cream, return to a boil for another 5 minutes.

6. While the soup is boiling, take the can of Grands biscuits and cut into quarter sized chunks (you can also use biscuit mix if you prefer). Once all biscuit pieces are cut or biscuit mix is ready, drop them evenly throughout the soup. (do not stir until all pieces are in the pot). Once all pieces are in the pot, stir quickly just to cover all biscuit pieces. Reduce heat and simmer about 10-12 minutes or until biscuits are cooked through. (Watch carefully as the dumplings tend to expand and can cause over-flow)

7. Remove from heat, stir gently and garnish with parsley. Let cool and serve.

Recipe by: Kayla Coats
GME Cookbook

From Zoia Martushev, Silver Falls Dermatology Residency and MOHS Fellowship Program Coordinator; a family recipe created by her Mother-in-law.

Russian cabbage roll recipe

**Meat:**
- 80/20 - Ground chicken - 1 lb.
- 80/20 - Ground beef - 1 lb.
- 80/20 - Ground pork - 1 lb.

**Rice**
- 1 full cup of cooked rice (for 3 lbs. of meat)

**Cabbage prep:**
Boil Cabbage till the leaves start to separate, cut around the core first on the top of the cabbage

**Blender:**
- Celery - 1 stick
- Green bell pepper - ½ pepper
- Onions - 1 regular size onion
- Add a little milk - ½ cup
- Blend all together and then pour in the meat

**Seasonings:**
- Vegeta - 1 tablespoon
- Salt - 1 teaspoon
- Garlic - 2 teaspoons
- Chicken bouillon powder - 1 tablespoon

**Roll/Bake:**
*Roll up the meat filling in the cabbage*
- Bake @ 350
- Time: 1 hr covered

**Sauce:**
Fry ½ onion with chopped garlic, add 2 tablespoons of flour and brown it. Then add 2 cups of water mix and then add 2 tablespoons of Prego sauce and bring to boil. Then add cabbage rolls and cover with foil paper and put in oven for 1 hr. I usually cook mine in a deep-frying pan on top stove and I boil them for 45 minutes with closed lid.

*Recipe by: Dunia Martushev
Written by: Zoia Martushev (1/30/2019)*
GME Cookbook

From Kimmy Wilcox, ONMM and Child and Adolescent Psychiatry Fellowship Program Coordinator

GRANDMA’S APPLE CAKE

![Image of apple cake]

Cook Time: 1 hour 350 Degrees  Prep Time: 15 Mins

**Ingredients:**
1 Cup Wesson Oil
2 Cups Sugar
3 Eggs
3 Cups Flour
1 ½ tsp of Baking Soda
½ tsp Cinnamon
½ tsp Nutmeg
1 tsp Salt
1 tsp Vanilla
4 Apples, peeled and chunked

**Instructions:**
Cream together oil, sugar and eggs until smooth.

Add rest of the dry ingredients and apples. Mix thoroughly.

(A mixer is not required. Please stir by hand as the batter will be thick.)

Fold into a greased 9 x 13 pan.
Bake for 1 hour at 350 degrees (pull out of oven at 1 hour)
The Best Pumpkin Bread

Recipe courtesy of Food Network Kitchen

This pumpkin bread is perfectly moist, not-too-sweet and couldn’t be easier. It’s perfect for toasting and slathering with butter or cream cheese, and maybe a drizzle of honey or maple syrup,...

Ingredients:

- Unsalted butter, for the pans
- 3 1/2 cups all-purpose flour, plus more for the pan (see Cook’s Note)
- 3 cups sugar
- 1 cup vegetable oil
- 4 large eggs, lightly beaten
- One 15-ounce can pure pumpkin puree
- 2 teaspoons fine salt
- 2 teaspoons baking soda
- 1 teaspoon baking powder
- 1 teaspoon ground nutmeg
- 1 teaspoon ground allspice
- 1 teaspoon ground cinnamon
- 1/2 teaspoon ground cloves
- 2/3 cup water

Directions:

1. Preheat oven to 350 degrees F. Butter and flour two 9-by-5-inch loaf pans.

2. Whisk together the sugar and oil in a large bowl until well combined. Whisk in the eggs and pumpkin until combined.

3. Combine the flour, salt, baking soda, baking powder, nutmeg, allspice, cinnamon and cloves in a medium bowl and whisk until well combined. Add half the dry ingredients to the pumpkin mixture and stir to combine. Add half the water and stir to combine. Repeat with the remaining flour and water.

4. Divide the batter between the prepared loaf pans. Bake until cake tester comes out clean and the loaves are golden brown, about 1 hour. Let the loaves cool in the pans on a wire rack for 10 minutes. Remove from the pans and let cool completely, about 1 hour.

Cook’s Note

When measuring flour, we spoon it into a dry measuring cup and level off excess. (Scooping directly from the bag compacts the flour, resulting in dry baked goods.)
**Grandma’s Irish Soda Bread**

**From Shannon Foster, Internal Medicine Program Coordinator**

**GME Cookbook**

**Recipe:**

**Grandma’s Irish Soda Bread**

Ingredients:
- 1 and 3/4 cups (420ml) buttermilk
- 1 large egg
- 4 and 1/4 cups (515g) all-purpose flour (plus more for your hands and countertop)
- 3 Tablespoons (60g) granulated sugar
- 1 teaspoon baking soda
- 1 teaspoon salt
- 5 Tablespoons (70g) unsalted butter, cold and cubed
- Optional: 1 cup (150g) raisins

Instructions:
1. Preheat oven to 400°F (204°C). There are options for the baking pan. Line a baking sheet with parchment paper or a silicone baking mat, use a seasoned 10-12 inch cast iron skillet, or grease a 9-10 inch cake pan or pie dish. Set aside.
2. Whisk the buttermilk and egg together. Set aside. Whisk the flour, granulated sugar, baking soda, and salt together in a large bowl. Cut in the butter using a pastry cutter, fork, or your fingers. Work the dough until it comes in coarse crumbs, then stir in the raisins. Pour in the buttermilk mixture. Gently fold the dough together until dough is too stiff to stir. With floured hands on a lightly floured surface, work the dough into an (approximately) 8 or 9 inch round loaf as best you can. Knead the dough for about 30 seconds or until all the flour is moistened. If the dough is too sticky, add a little more flour.
3. Transfer the dough to the prepped skillet/pan. Using a very sharp knife, score an X into the top. Bake until the bread is golden brown and center appears cooked through, about 45 minutes. Loosely cover the bread with aluminum foil if you notice heavy browning on top. I usually place foil on top halfway through bake time.
4. Remove from the oven and allow bread to cool for 10 minutes, then transfer to a wire rack. Serve warm, at room temperature, or toasted with desired toppings/spreads.
5. Cover and store leftover bread at room temperature for up to 2 days or in the refrigerator for up to 1 week.

**Freezing Instructions:** Baked and cooled bread freezes well up to 3 months. Freeze the whole loaf or individual slices. Thaw in the refrigerator or at room temperature, then reheat as desired.

**Tasting Tips:** There are options for the baking pan. You can use a lined 10-inch baking sheet with or without a rim, a seasoned 10-12 inch cast iron skillet, or a greased or lined 9-10 inch cake pan or pie dish. I don’t recommend a loaf pan because the loaf may not bake evenly inside. This dough is best as a flatter loaf.

---

**Did you make this recipe?**

Tag @sallysbakingaddiction on Instagram and hashtag #sallysbakingaddiction

Find it online: https://sallysbakingaddiction.com/grandmas-irish-soda-bread/
GME Cookbook

From Debbie Dixon, Cardiology Fellowship Coordinator and Medical Student Coordinator—a grandkids favorite!

TOLL HOUSE PIE

2 eggs
½ C flour
½ C Sugar
½ C Brown Sugar – packed
½ C butter, soft
1 C semi-sweet chocolate chips
1 C chopped pecans (optional)
1 pie shell (unbaked)

Preheat oven to 325


Put all into a pie shell bake for 50-60 minutes or until knife is clean. DON’T test in the center of pie. Test halfway between center an outside edge.

We serve it warm and the grands enjoy vanilla ice cream with theirs.
GME Directory and Resources

Wellness Resources

Resources to assist those experiencing burnout, depression and substance abuse:

◊ Vital Work Life (For Residents/Physicians)
◊ Calapooia Employee Assistance Program—From the SHS Insider, search “Calapooia Employee Assistance”, click on the first option and you will be taken to a PDF brochure. Please contact Megan Kinane or your HR office if you are having trouble finding this information.
◊ Health Professionals’ Services Program (HPSP) & Reliant Behavioral Health (offered through the State)

If you are battling fatigue—remember that SHS has multiple RESIDENT ONLY sleep rooms available:

◊ GSRMC first floor: 2 surgery sleep rooms
◊ Ancillary Building second floor: 6 sleep rooms

Counseling Services (family, marital, relationship):

◊ Vital Work Life (for Residents/Physicians)
◊ Calapooia Employee Assistance Program

Financial Counseling (budget and credit counseling, debt management plan, housing counseling (pre-purchase, mortgage and rent delinquency counseling) and credit report review):

◊ Vital Work Life
◊ Money Management International
◊ Principal Financial Group

Policies and Procedures

Resident and Faculty access: New Innovations Portal
All others: SHS Insider: Policies and Procedures: Departments: Graduate Medical Education