

Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 3 | October 2020



WOMEN IN GI: INTRODUCING GI JANES

This subgroup of the NCSCG was formed by Radhika Kumari, MD and Marina Roytman, MD, FACP, in 2020 in order to encourage membership, participation and networking of female gastroenterologists, hepatologists and health care providers in Northern California.



At the NCSCG GI Symposium virtual event, Women in GI are invited to attend a session **Women in GI: Introducing GI JANES** Meeting, held after the general session from 12:40pm-1:25pm on Sunday, October 18, 2020, featuring guest speaker Uma Mahadevan, MD, a lead female gastroenterologist in Northern California.

By registering for the Women in GI: GI JANES session of the NCSCG GI Symposium, you are agreeing to only attend the GI JANES session on Sunday October 18, 2020 at 12:40PM PT.

Registration is complimentary for all.

Please click here to register

If you would prefer to register for the entire NCSCG GI Symposium, which includes the Women in GI: GI JANES session, from October 17-18, 2020 at 12:40PM PT

Please click here to register

The NCSCG Board and Meeting Planning Committee are pleased to report that this year's meeting, held on October 17-18, 2020, will offer an interactive, engaging and convenient virtual platform that is accessible via the conference website and a mobile app.

Registration is **complimentary** for paid **members**.

If you aren't already a NCSCG member or haven't renewed your membership for 2020, you can join or renew while registering for the event.

As a NCSCG member you will receive:

Complimentary registration for this meeting

Complimentary registration for the virtual Liver Symposium scheduled for January 2021

Discounted/ free registrations for other 2021 events.

Renew/join today and receive membership for 2020 and the entirety of 2021.

REGISTRATION FEES

NCSCG MEMBERS

FREE

Additional Industry Representative \$275

NON MEMBERS*

MD, DO, PHD \$60

AHP \$40

Fellow \$0

REGISTER NOW

NCSCG MEMBERSHIP SPOTLIGHT



Eric Mao, MD

Assistant Clinical Professor;
Director, UC Davis
Inflammatory Bowel Disease
Center
UC Davis Health, Sacramento

Where are you originally from or any personal background you want to share:

I grew up on Long Island, New York and then spent a considerable amount of time in Rhode Island. I decided to move to northern California in 2017. Initially living in San Francisco, I eventually moved to Sacramento and currently work at UC Davis.

Clinical and/or research interests:

I have clinical and research interests in inflammatory bowel disease. I have specific interests in optimizing preventive care in inflammatory bowel disease patients and taking part in clinical drug trials for novel therapies.

Your involvement with NCSCG (e.g. how long, what activities, etc.):

This is my second year with the NCSCG and it has been a great experience getting to know colleagues near and far. It has been rewarding to collaborate on the annual GI educational symposiums.

What most excites you about GI/hepatology in 2020/2021:

I am most excited about new therapy options becoming available for inflammatory bowel disease and disease course prognostic tools in the upcoming year.

Interesting Facts:

I enjoy travelling the world but recently I have been exploring hiking trails locally. I also enjoy running.

Where are you originally from or any personal background you want to share:

I was born in the former Soviet Union and moved to Hawaii with my family as a teenager. I did my medical training on both coasts (OSHU and Mount Sinai) prior to returning to Hawaii to practice. I joined UCSF Fresno 3 years ago to rebuild the clinical hepatology program and to participate in the UCSF Fresno GI/hepatology fellowship. It has been a great experience. We now have a thriving outpatient hepatology practice, a busy inpatient service and a strong research program in addition to the growing fellowship.

Clinical and/or research interests:

Being the only hepatologist at UCSF Fresno, I am a bit of a jack of all trades when it comes to clinical practice. Similarly from the research perspective my interests range from DILI to NAFLD to palliative care in hepatology. Teaching hepatology to all levels of learners in clinical, research and classroom environments brings me the most joy.

Your involvement with NCSCG (e.g. how long, what activities, etc.):

I think about 2 years. I am on the board and am the co-chair for the liver symposium for 2019 and 2020 events.



Marina Roytman, MD, FACP

Health Sciences Clinical
Professor

UCSF Fresno

Why did you join NCSCG:

I was looking to connect with other hepatologists who are enthusiastic about teaching, research and field of hepatology in general. I certainly found it in NCSCG

What most excites you about GI/hepatology in 2020/2021:

I am very excited to plan our first virtual liver symposium. I am hoping that we can turn the challenge of not being able to hold an in-person meeting into an opportunity to reinvent how scientific meetings are held in the 21st century.

Interesting fact you want to share about yourself:

I enjoy hot yoga, hiking and most of all travelling anywhere and anytime. I have an 11 and a 14 year old daughters and a mutt named Fifi.

IMPACT OF COVID-19 ON GI PRACTICES

Since the city of San Francisco's shelter-in-place orders were announced in mid-March, our private practice has faced the challenge of rapidly adopting ever-changing guidelines in order to ensure the safety of our patients, staff, and local community.

One of the most dramatic transformations of my daily practice has been in the patient care interface. With the shelter-in-place orders, our office switched from providing nearly all office visits to now a majority of telemedicine visits. In this process, I have come to appreciate both positive and negative aspects of telemedicine. Telemedicine offers patients more flexibility and convenience. Whether it's a tech-savvy entrepreneur on their lunch break or someone with mobility issues, many patients have expressed a preference for telemedicine visits over traditional office visits. As a provider, telemedicine also gives me the flexibility to evaluate patients over video while I'm at our endoscopy center or the hospital, making urgent or same-day encounters much more feasible. Recently, a colleague asked me to evaluate a family member who complained of progressive dysphagia and weight loss. The family member lived nearly a hundred miles away but we were all able to connect by video that same day and arrange for endoscopy. He was ultimately found to have an esophageal adenocarcinoma and we were able to expedite his work-up and arrange subspecialty care.

There have also been some drawbacks. The physical exam has become limited, leaving the patient history to be even more crucial. Technical issues like poor Wi-Fi connections or cell phone service can make encounters more difficult. Some patients are unfamiliar with the video platform and still prefer traditional office visits. Nevertheless, as we become more comfortable with telemedicine, I do think that it has the potential to increase productivity and efficiency and that its use will continue beyond this pandemic.

The rising number of new cases and death toll reinforce the need to follow the city health orders and recommendations from our professional societies. As we've resumed office visits, we face the challenge of ensuring safety to our patients, staff, and colleagues. The California Office of Emergency Services partnered with local medical societies to distribute millions of PPE to small- and medium-sized medical practices, which was vital in enabling us to reopen our practice.

The short and long-term financial impact of COVID-19 on healthcare remains unclear. At the beginning of the pandemic, our endoscopy center was operating at approximately ten to twenty percent by only performing urgent cases. This was worrisome and we knew it would not be sustainable for long. There were early reports that close to ten percent of independent medical practices temporarily or permanently closed their practices. To help medical practices, the federal government provided aid and CMS stepped in to improve reimbursements for telemedicine. As COVID-19 cases plateaued we were able to increase our patient volume in phases to approximately seventy five percent of usual. Nevertheless many appointments can still go unfilled as some patients remain hesitant to see a healthcare provider.

Our ability to continue to provide outpatient services and support our practice really depends on the rate of COVID-19 infections and deaths. I'm optimistic that our collective efforts to flatten the curve can help prevent rises in infection rates that may force offices to close and decrease patient volume, thereby reducing the long term financial impact. However, until a vaccine is proven we cannot become complacent and relax our safety regulations, as there may be a surge of cases in the winter months. Our efforts to mitigate the impact of COVID-19 through tools like telemedicine and enhanced safety measures may ultimately lead to our practices being more efficient, effective, and safe.

Timothy Chen, MD is a private practice gastroenterologist in San Francisco and clinical instructor at California Pacific Medical Center. His clinical interests include colorectal cancer, *H. pylori*, peptic ulcer disease, and Barrett's esophagus. He enjoys spending time with family, golfing, and playing basketball.



For more information on the CLDF
HCC ECHO Series, click the banner

The Chronic Liver Disease Foundation (CLDF) is excited to announce HCC Innovations, a unique learning experience that will offer case-based education on the diagnosis, management and treatment of HCC in a multi-disciplinary setting including faculty and participants from gastroenterology, hepatology, oncology, surgery and interventional radiology. These meetings are being made available to all NCSCG members, free of charge.

The HCC Innovations series will include 25 teleECHO web meetings. The meeting format will be an interactive case-based discussion featuring varying patient types and clinical decision points integrated into each case. At the clinical decision points, participants will be asked to provide an approach to treatment and faculty members will respond with the optimal management approach using teaching slides to convey evidence-based recommendations. Each meeting will be 45-minutes in length and feature two clinical case discussions.

NORTHERN CALIFORNIA GI PROGRAM HIGHLIGHTS

The Northern California GI Program Highlights section will be a regular section in our NCSCG newsletter that highlights different centers of excellence and expertise in our northern California GI community. On a rotating basis, each newsletter will highlight two programs from two institutions in northern California. In addition to highlighting the diverse wealth of expertise in our region, this will also provide helpful information for providers interested in referring their patients to these programs.

Kaiser Permanente Northern California develops an Integrated Care Approach to Third Space Endoscopy

Over the past decade, innovative techniques in third space endoscopy have provided patients with minimally invasive alternatives to surgery. Endoscopic Submucosal Dissection (ESD) involves tunneling into the submucosa to dissect underneath and resect lesions of the gastrointestinal tract. ESD is beneficial to patients with neoplastic lesions which may harbor early cancer by providing accurate histological staging. Northern California Kaiser Permanente applies its integrated care approach to third space endoscopy. When a suspicious lesion is identified on endoscopy, our interventional endoscopists have ready access to images to advise management. Telehealth consultation to discuss the role of ESD, the risks and benefits, and alternatives takes place. Patients are then scheduled for direct access ESD. If cancers are diagnosed, multi-disciplinary cancer care provides treatment recommendations. We have shared our outcomes as a high volume ESD provider together with several North American advanced endoscopy specialty centers.(Ngamruengphong et al., 2020)

During Per-Oral Endoscopic Myotomy (POEM), a gastroscope is used to create a submucosal tunnel to access the lower esophageal sphincter and perform myotomy to treat patients with achalasia. POEM and endoscopic pneumatic balloon dilation (PBD) offer incisionless alternatives to surgical myotomy. Patients diagnosed with achalasia by manometry and referred for endoscopic treatment have a telehealth consultation with an interventional endoscopist who discusses the risks and benefits of POEM, and comparative outcomes with surgical myotomy and pneumatic dilation. Patients are encouraged to have a consultation with a surgeon skilled in laparoscopic myotomy before deciding on treatment. We have completed over 30 POEM procedures in the past two years, with technical and clinical success rates similar to expected outcomes cited the published literature. We follow all post-POEM patients by telehealth to assess clinical response and development of reflux symptoms. Our integrated care system provides an excellent, convenient patient-focused care approach with adaptation recent innovations in endoscopic care.

Ngamruengphong, S., Ferri, L., Aihara, H., Draganov, P. V., Yang, D. J., Perbtani, Y. B., . . . Kalloo, A. N. (2020). Efficacy of Endoscopic Submucosal Dissection for Superficial Gastric Neoplasia in a Large Cohort in North America. *Clin Gastroenterol Hepatol*. doi:10.1016/j.cgh.2020.06.023

To contact our ESD team or refer a patient:
Kaiser Permanente Department of Gastroenterology
2350 Geary Boulevard
San Francisco, CA 94115
415-833-3514

To contact our POEM team or refer a patient:
Kaiser Permanente Department of Gastroenterology
3600 Broadway
Oakland, CA 94611
510-752-1282

Palo Alto Medical Foundation (PAMF) Inflammatory Bowel Disease Program

The Palo Alto Medical Foundation (PAMF) Inflammatory Bowel Disease program offers comprehensive, evidence-based, and patient-centered IBD care. Under the direction of Dr. Ryan McConnell, a UCSF gastroenterology and advanced IBD fellowship graduate, the PAMF IBD program has enjoyed significant growth since its inception in 2017. We provide state-of-the-art management across the diverse spectrum of disease from mild to complex, including 2nd opinion consultations throughout the Bay Area. We have a growing multidisciplinary expert team, with the recent additions of Rachel Kizuka (IBD-focused nurse practitioner) and Kaajal Maharaj (IBD-focused RN) adding to our existing strong relationships with Dr. Blake Read (Mt. Sinai-trained colorectal surgeon) and Brittany Roman-Green (IBD-focused independent registered dietitian).

At our Palo Alto-based IBD clinic, we provide in-person and telemedicine IBD consultation and offer access to four PAMF-affiliated infusion centers. Our IBD-related endoscopic practice includes expertise in pouchoscopy, chromoendoscopy, and advanced endoscopic management of IBD-related dysplasia featuring our acclaimed interventional endoscopist, Dr. Yasser Bhat. Dr. McConnell maintains his medical staff appointment at Stanford Hospital, which provides a comprehensive tertiary academic setting for inpatient IBD management in collaboration with the Stanford GI team.

Our involvement in scholarly activities is one of the more unique aspects of our community-based IBD practice. We are now in the 2nd year of an exciting collaboration with California Pacific Medical Center to provide an outpatient IBD clinic experience for the CPMC GI fellows. Each fellow spends 10 hours rotating through the PAMF IBD clinic, which provides direct patient interaction with one-on-one preceptorship, an IBD journal club, and IBD case conference. In addition to providing fellowship education, the PAMF IBD program has a strong interest in quality improvement. Dr. McConnell completed a two-year Health Leadership in Quality track at the University of Pennsylvania, which featured a quality improvement and patient safety curriculum. Building upon these skills, we've recently been accepted into the Crohn's & Colitis Foundation's IBD Qorus program. IBD Qorus is a national network with approximately 50 IBD centers collaborating to develop and introduce quality improvement projects and disseminate best practices to improve patient outcomes. From a research perspective, we have participated in phase 3 clinical trials of novel IBD therapies and look forward to offering additional clinical trials once the COVID-19 pandemic subsides.

Dr. McConnell is active at a national level in our professional societies, serving on the Immunology, Microbiology, & Inflammatory Bowel Diseases (IMIBD) section of the American Gastroenterological Association Institute Council. This group directs the AGA's IBD-related programming at DDW. Dr. McConnell is a DDW abstract reviewer for research related to IBD practice management, quality of care, and quality assurance and has served as an invited peer reviewer for the *Clinical Gastroenterology and Hepatology* journal. Both Dr. McConnell and NP Kizuka serve on the Crohn's & Colitis Foundation Northern California Chapter Medical Advisory Committee, which organizes the annual Bay Area Patient Education Conference.

Finally, on a more personal level, the PAMF IBD team strives to provide a compassionate and individually tailored patient experience. We often disclose to our patients that both Dr. McConnell and NP Kizuka have Crohn's disease, which helps build a close and trusting relationship grounded in our shared experiences.

We keep "IBD only" appointment slots available to maintain rapid access for urgent referrals. To contact our IBD team or refer a patient:

Palo Alto Medical Foundation Gastroenterology Clinic
795 El Camino Real
Lee Building, Level 2
Palo Alto, CA 94301
Phone: 650-853-2972
Fax: 650-853-2820

Ryan McConnell, MD
mcconnra@pamf.org
<https://www.sutterhealth.org/find-doctor/dr-ryan-a-mcconnell>

Rachel Kizuka, NP
kizukarz@sutterhealth.org
<https://www.sutterhealth.org/find-clinician/rachel-z-kizuka>

An Approach to Kidney Dysfunction Among Patients with Cirrhosis

Background

- ① **Kidney Dysfunction Among Patients with Cirrhosis is Common.** We all encounter this issue frequently. We know that 1 in every 3 patients hospitalized with decompensated cirrhosis will have kidney dysfunction. Likewise over a year of follow-up, 1 in every 3 patients with decompensated cirrhosis will experience an episode of kidney dysfunction.
- ② **The Burden of Kidney Dysfunction Among Patients with Cirrhosis is Rising.** Among all patients hospitalized in the United States from 2007—2014, the burden of kidney dysfunction increased by 137% to 41% in 2014. These trends are similar to those described among liver transplant candidates.
- ③ **The Rising Burden of Kidney Dysfunction is Likely a Reflection of the Emergence of NAFL and an Aging Population.** Unfortunately, these trends are unlikely to change and therefore we will continue to be faced with addressing and managing kidney dysfunction in our patients.

Approach—Question Based

- **Baseline Kidney Function?** It informs the etiology, the prognosis, risk of recurrence, and the likelihood of recovery. The presence of chronic kidney disease (CKD) impacts all of these issues. Patients with Cirrhosis and CKD are more likely to have an episode of acute kidney injury (AKI) and are less likely to recover from AKI. *Knowing where you are starting from can inform where you are going.*
- **Is there AKI? How severe is it?** Next, I ask myself if AKI is present and if so, how severe is it? The important point to acknowledge is that subtle differences in serum creatinine should be identified as AKI: **≥ 0.3 mg/dL increase in serum creatinine or a $> 50\%$ increase from baseline.** That being said, the stage of AKI also has important implications on outcomes, regardless of etiology: **Stage 2 AKI: a 200 - 300% increase in serum creatinine from baseline; Stage 3 AKI: a $>300\%$ increase in serum creatinine from baseline, a serum creatinine ≥ 4.0 mg/dL, renal replacement therapy.**
- **What Precipitated the AKI?** The main precipitating factors are often intravascular volume depletion (e.g., diuretics, diarrhea, paracentesis), infection, nephrotoxic medications (e.g., NSAIDs, contrast). Other less common causes are worth noting: cardiorenal syndrome, hepatoadrenal syndrome, cholaemic nephropathy, urinary obstruction, and primary nephrologic processes. *The point here is that recognizing the precipitant can ensure that any treatable insult can be addressed, and each episode of AKI should be evaluated for the mentioned causes, often including ultrasound, urinalysis, bloodwork, and infectious workup.*

○ **Management?** *Albumin, albumin, albumin.* After removal of any precipitant, the next step in both diagnosis and management is typically resuscitation—**1g/kg of 25% albumin for 48 hours**. This is critical, as the diagnosis of hepatorenal syndrome, relies on progression of AKI despite volume resuscitation, removal of precipitants, and lack of proteinuria and hematuria. It is only in those patients who meet this criteria that go on to vasoconstrictors and the others should have the treatment based on the specific precipitant.

○ **How Do We Define Hepatorenal Syndrome?** Given the rising burden of CKD among patients with cirrhosis this definition is getting more complicated. Rather than the typical classification of HRS-1 and HRS-2, we now qualify patients as either HRS-AKI or HRS-NAKI.

HRS-AKI

- sCr \geq 0.3 mg/dL within 48 hours
- urinary output \leq 0.5 ml/kg B.W. \geq 6h

OR

- SCR \geq 50% increase from last available value of sCr within 3 months of the baseline

HRS-NAKI

HRS-AKD: GFR \leq 60 ml/min for <3 months in the absence of other causes; percent increase in sCr < 50%, using the last available value of outpatient sCr within 3 months as the baseline

HRS-CKD: GFR <60 ml/min for \geq 3 months in the absence of other causes

○ **Treatment of HRS-AKI?** This depends on the clinical setting. If on the floor, then we will initiate octreotide (150 ug every 8 hours) and midodrine. If in the ICU, then we will use norepinephrine targeting a 10 mmHg increase in MAP or increase in urine output. All treatments include 10-20g of 25% albumin daily.

Giuseppe (Joe) Cullaro, MD MAS is an Assistant Professor of Medicine at UCSF. His clinical and research interest lies at the intersection of hepatology and nephrology. More specifically, his research focuses on improved diagnostics and interventions to prevent kidney-related morbidity and mortality among patients with cirrhosis. He is a native New Yorker, with some unfortunate sports allegiances, and has a very novice golf skill level.

NCSCG Liver Symposium

Coming in January 2021
NCSCG Liver Symposium Virtual Event

The symposium will provide a unique opportunity for virtual attendees to receive a comprehensive update on chronic liver disease from nationally renowned faculty.

More information coming soon at norcalgastro.org

The Importance of Self-Care during the Pandemic

“An empty lantern provides no light. Self-care is the fuel that allows your light to shine brightly.”

The pandemic has had a vast impact on healthcare provider’s well-being, both physically and psychosocially. Healthcare providers are often inclined to put themselves second with always focusing on patients and others first. However, the overwhelming impact COVID has had for healthcare providers not just at the work front but also at the home front is exhausting to say the least. The long, tiring days being not only masked up, but also wearing eye shields all day along with practicing the standard gel in, gel out and frequent handwashing and socially distancing oneself from others has affected many providers in numerous ways. It is now critical more than ever for healthcare providers to practice self-care and focus on their own wellbeing.

Prioritizing self-care is essential for one’s own personal health. Self-care is “the practice of taking an active role in protecting one’s own well-being and happiness, in particular during periods of stress.” There are many ways to practice self-care. It could be something small, where taking a 10 minute walk away from the work area can help one relax. It could be a healthy home prepared lunch that is eaten away outside in the patio instead of at the work space in front of the computer. Self-care comes in all various forms and it is important for one to recognize when one is feeling overwhelmed or stressed. Small additions to daily activities can be rejuvenating, such as an early am jog, quick walk from the parking lot with one of your favorite jams, talking on the phone with some of your friends that you haven’t spoken to for months or years, or a simple deep breathing exercise between seeing patients or between writing notes.

When one is feeling super stressed and needs more help, it is vital to discuss and share with one’s manager or family members to let them know. No one will know unless you talk about it instead of bottling it all up or not delegating what can be delegated. It could be a quick fix where one just needs to talk and vent to someone versus one needing an experts help to get through a rough time. It is important to know that when providing self-care to realize you are not alone.

There are many resources available on line and through work places. It is important to get help if you are feeling more depressed or anxious than usual, it is not uncommon that during stress these emotions get worse. If you don’t take care of yourself, no one else will. If you don’t feel well or at your best, you won’t be able to provide the best care either. All healthcare providers are in this together, cheer someone up, cheer yourself up, watch a comedy or a funny show, pick up that book you have been putting aside, or watch that movie you have been wanting to watch. Take the hike you have been meaning to try out! Make time to do things that are meaningful to you, whatever it may be. But, do carve out time for yourself and your well-being, it has become more important than ever before.

“I have come to believe that caring for myself is not self-indulgent. Caring for myself is an act of survival.” (Andre Lorde).

Sandip Sall, DNP, RN, FNP-BC, Lead Advanced Practice Provider, Stanford Health Care

Dear Colleague,

The NCSCG Board and Education and Trainee Committee are pleased to announce the NCSCG Education and Trainee Committee 2020-2021 Webinar Series.

About the NCSCG Webinar Series

The NCSCG Education and Trainee Committee Webinar Series aims to provide an education and career development focused resource for our GI community. Our series has been developed with gastroenterology and hepatology fellows from training programs in Northern California and incorporates sessions specifically focused on important aspects of career development and the job search process. In addition, our series will also include high yield and hot topics in clinical gastroenterology and hepatology. We offer these sessions as a free resource to anyone interested in participating.

Educational objectives for Webinar #1

- Understand and learn tips for the GI/Liver job search process across different practice settings from recent fellowship graduates
- Learn how the COVID-19 pandemic has affected the hiring process from a leadership standpoint across different practice settings

Sincerely,

The NCSCG Education and Trainee Committee

Radhika Kumari, MD, NCSCG President

Bilal Hameed, MD

Robert Wong, MD, MS

Piyanka Chandra, MD

Liat Gutin, MD

Jessica Rubin, MD

Mike Wei, MD

OCTOBER 15, 2020

6PM-7PM PT

VIRTUAL EVENT

Target Audience

This activity has been designed to meet the educational needs of physicians, physician assistants and nurse practitioners involved in the care of patients with gastrointestinal disorders. In particular, given the focus of this webinar series on trainees and career development, we particularly invite gastroenterology and hepatology fellows as well as trainees across all stages of their education who are interested in gastroenterology and hepatology.

Agenda

CAREER DEVELOPMENT WEBINAR

15 October 2020 6PM-7PM

Part 1: 6:00-6:30pm PDT

Moderator: Robert Wong, MD

Panel members:

Allison Kwong, MD - Stanford

Jennifer Lai, MD - Alameda Health System/Highland Hospital

Kavitha Radhakrishnan, MD – Kaiser Oakland

Sara Lewin, MD - University of California San Francisco

Tim Chen, MD - Private Practice San Francisco

Part 2: 6:30-7:00pm PDT

Panel members:

Fernando Velayos, MD – Kaiser San Francisco

Ken McQuaid, MD - UCSF/SFVA

Neil Stollman, MD - Private Practice, Oakland

Nimeesh Shah, MD - Santa Clara Valley Medical Center

TO REGISTER, VISIT:

www.norcalgastro.org/ncscgwebinarseries

REGISTRATION FEES

Complimentary

REGISTER NOW

Upcoming Webinar:

Comparison Between Practice Settings and Decision Processes of Switching Practice Settings During your Career

Thursday November 12, 2020 6PM-7PM PT

Educational Objectives for Webinar #2

- Understand the pros and cons of different practice settings from faculty who have recently switched practices
- Understand how different practice settings can help contribute to advancement of your personal and career development goals

Panel members:

- Craig Monroe, MD - UCSF
- Jeff Lee, MD - Kaiser SF
- Christina Chou, MD - Alameda Health System
- Robert Wong, MD, MS - VA Palo Alto
- Nizar Mukhtar, MD - Kaiser SF

REGISTER NOW

Northern California Society for Clinical Gastroenterology

About the NCSCG

The Northern California Society for Clinical Gastroenterology ("NCSCG") is a 501(c)(3) non-profit organization devoted to the pursuit of clinical excellence in

Gastroenterology and Hepatology, primarily through continuing medical education. By providing a forum for the exchange of ideas, the NCSCG aims to encourage professional growth, stimulate intellectual curiosity, and further patient outcomes by expanding access to up-to-date information of interest to practitioners.

Membership

The NCSCG is comprised of gastroenterologists and hepatologists from private practices and academic institutions throughout Northern California. Members of NCSCG are offered complimentary registration to our spring and winter educational dinner meetings and discounted registration fees at the GI and Liver symposia. Complimentary membership is offered for fellows.

Contact Us

For questions, comments or suggestions about this newsletter or becoming an NCSCG member please email ncscg@pacemedcom.com

Connect with us on Social Media

