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Welcome to the WOEMA WINDOW. This e-newsletter is sent to members by email on a monthly basis. The e-newsletter provides links to this page. Below are the items that appeared in the September 2020 issue.

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Letter from the President - Erik Won DO, MPH, MBA, FACOEM

Dear WOEMA Members,

We have made great progress in planning for WOHC 2020, our first ever virtual conference, and if you haven't registered yet I encourage you to do so. We have a cutting-edge meeting app that houses the sessions and interactive live events, conference highlights, and Q & A to be held September 24th, 25th and 26th. Please download the app and interact with WOEMA attendees and especially our generous sponsors! We have limited the amount of messaging from sponsors so attendees won't be inundated with

messages, but to show our appreciation for their generosity please allow them to interact with you by allowing this when you register. We hope you will participate in the virtual coffee breaks and Happy Hours. Let's make this a great networking and educational event!

Save the Date - We are hopeful that we will be able to meet in person for WOHC 2021 in Phoenix, Arizona (September 29-October 1, 2021). Stay tuned.

Additionally, we will have some great webinars coming up after the conference. The first is Non-Opioid Pain Management with Steven Feinberg, MD presenting. This will be a one-hour live webinar including Q&A describing non-opioid treatment approaches to acute and chronic pain including restorative therapies, interventional procedures, behavioral health approaches, complementary and integrative health.

As you probably know, we have also launched a new website. Please take a few moments to create your profile. To log in, you will first need to create your password. [Click here to create your Password](#). Once created, you can [log in here](#) using your Username and new Password. You can complete your profile setup by clicking on the Profile tab on the gray menu bar to the upper right. Then click on "My Profile" below. Profiles serve as a directory for members and can act as a member to member contact function.

Thanks again for your support of WOEMA. I look forward to "seeing" you at the virtual conference!

Best Regards,

Erik Won, DO, MPH, MBA, FACOEM

President



"Did someone say free medical school?" by Dr. Alya Khan

July 27, 2020 marked the day that Kaiser Permanente Bernard J. Tyson School of Medicine opened their doors to the incoming class of 2020. It was 75 years ago that Kaiser Permanente opened their own doors to the public, as such marking the commencement of their medical school especially important. What makes this first class of Kaiser's medical students unique is not only are they attending with waived tuition, but are also part of a revolutionary change in how medical students are educated.

My own personal medical education was structured such that I sat at a desk for 2 years and memorized facts as fast as I could. Anatomy lab was unforgettable as was the formaldehyde smell that leached off my clothing. There was also the swelling competitiveness amongst my peers asking me what score I got on my pathology mid-term and their relentless frustration when I would refuse to discuss my grades. That led into my clinical years in which I bounced from one clinical rotation to the next and like drinking from a firehouse, trying to absorb and understand the cases of real patients in front of me. I made it and made it through internal medicine residency and then my training in

OEM. However, as I researched Kaiser's curriculum, or rather their educational approach, I went through a wave of reactions including excitement, curiosity, and overall feeling humbleness.

I was excited to see that they are using advanced technology while focusing on smaller cohorts. The days of large lecture halls are done away with. Clinical medicine is integrated beginning from their first year as a medical student such that they are already competent to perform a core physical exam within their first month as a medical student. They use the flipped classroom model, which is trending in many medical schools and as such, the way we teach the next generations of physicians is evolving as we learn more about effective ways to teach. The school also promotes resilience and stress management and provides each student a physician coach. I was also excited to see their holistic approach to admissions, not just focusing on GPA and MCAT scores. This class boasts students from a wide array of backgrounds across a spectrum of racial/ethnic backgrounds, sexual orientation, gender identities, socioeconomic backgrounds, etc. They represent the patient community they will be taking care of which then circles back ultimately to patient centered care by incorporating a holistic approach towards clinical teaching and patient care. Empathy and kindness are prioritized from their first month of the curriculum. I support such a shift as this approach will help increase diversity, reduce disparities in the medical profession, and bring humanism to the forefront of medicine.

The school pays special attention to evaluation metrics by ensuring the system is fair. Classes are pass/fail to reduce competitiveness and there appears to be many resources dedicated to the medical student to help them find their path. They take the holistic approach to evaluation to ensure students have gotten what they needed to become competent physicians.

We know that competitiveness strikes among residents, attending physicians yelled at us, we counsel patients that take more than what we can give, we are overworked and overtired, our well-being goes down the drain. How will students in such a medical school environment be ready for the harsh reality of not just resident life, but attending life? Will they be able to handle the stress? Will they be able to make the appropriate medical judgement in a life-threatening situation? The school is educating future physicians that are meant to be resilient, competent, and better prepared for the realities of medicine while also trying to ensure that all their students' path leads to success. No student debt will be a major relief for these future physicians, which will allow them greater flexibility in their careers and ultimate financial future.

Physician burnout is circulating in each specialty. Burnout leads to isolation and partaking in unhealthy behaviors, depression, and in some unfortunate cases, suicide. We know that medical students have higher rates of [burnout](#) just within a few months of starting [medical](#) school. As a residency program director, I have seen the level of attention to physician well-being rise each year within my own institution and there has been a call to action to end this epidemic. The COVID 19 pandemic has shined a light on this issue of moral injury. My interview with Dr. Mona Masood, the founder of the Physician Support Line, for one of WOEMA's [podcast](#) demonstrated that we need to act now. Not only do we need to support the physicians who are in need of mental health wellness but we also need to support our future physicians in order to prevent outcomes such as depression and suicide. As Occupational and Environmental medicine physicians, we trained in preventive medicine and as such, we realize the benefit of ending the cycle of unhealthy medical training. It is my hope that such a system will lead to physicians who not only are competent as physicians but also mentally healthy, compassionate, and have increased job satisfaction for years to come.

 **WOEMA Establishes Task Force on Diversity, Equity, and Inclusion**

The Task Force on Diversity, Equity, and Inclusion (DEI), [announced on Juneteenth](#) (June 19), 2020, has been in active discussions to meet its charge of improving diversity, equity, and inclusiveness across WOEMA. [Task Force members](#) are Drs. Rupali Das and Erik Won (co-chairs), Dr. Robert Goldberg, Dr. Sarah Johnson, Dr. Alya Khan, Dr. Deborah Smith, and Dr. Ramon Terrazas.

As occupational and environmental health professionals, we are held to fundamental bioethical values. Ethical Principle III in ACOEM's Code of Ethics advises that we have an obligation to avoid discrimination. This principle states that "*Occupational and environmental health professionals should strive to identify and overcome bias or stereotypes which may affect medical care and decision making both in individual patients and in the populations served.*"

The DEI Task Force was created in response to the universal shock following the videotaped murder of George Floyd and, as indicated by the recent shooting of Justin Blake, remains as relevant and needed today. The pervasive inequities created by systemic racism are evident in health disparities observed with COVID-19 among [Black](#) and [Latin-X](#) communities. The Task Force will help WOEMA directly confront social and health inequities and embrace the bioethical value of social justice as described by ACOEM's Ethical Principle III.

The DEI Task Force will focus on eliminating the impacts of personal and systemic racism, discrimination, and intolerance in occupational and environmental health, with an emphasis on QTBIPOC (Queer, Trans, Black, Indigenous People of Color) workers and communities, by:

- Sponsoring education on understanding the impacts of systemic racism and dismantling harmful behaviors that contribute to disparities in healthcare.
- Improving diversity in membership and leadership.
- Exploring additional ways to promote DEI in every aspect of WOEMA's work.

WOEMA would like to acknowledge the time and dedication of its DEI Task Force members, who reflect the diversity it strives to promote.

Going forward, we will be highlighting an aspect of DEI in this newsletter on a regular basis.



WOEMA Legislative Committee Wrestles with Pandemic Bills

WOEMA's Legislative Committee this summer dealt with a range of pandemic-related legislation in California, much of which legislators had to put together under short timelines. Not surprising, several complicated advancing to the Governor's desk this week that could have uncertain outcomes for the workplace and how the Workers' Compensation system handles COVID infection.

Chief among the bills was [SB 1159 \(Hill\)](#), which extends Governor Newsom's executive order creating a presumption for workplace COVID infection. WOEMA historically has opposed presumptions as being non-scientific, and also opposed this bill. However, we did provide legislators a list of considerations for tackling the issue, given that they wanted to proceed. SB 1159 continued to take on amendments until the day before its Aug. 31 final vote, and wound up including several challenging provisions. Perhaps

the main one is that for the presumption to apply, the virus must have been contracted within 14 days of an outbreak at the place of employment, with “outbreak” defined as an infection rate of four percent of employees, which seems to assume employers are both tracking infection rates and engaging in comprehensive testing.

The presumption does come with a sunset date of Jan. 1, 2023. By that point, the Commission on Health and Safety and Workers’ Compensation (CHSWC) is tasked to have completed a study on the effects of COVID-19 on the Work Comp system – another requirement of the bill.

[AB 685\(Reyes\)](#), as amended, passed, and sent to the Governor, provides Cal/OSHA the explicit authority to shutdown workplace processes and/or close workplaces where risk of COVID infection constitutes an “imminent hazard.” The bill also sunsets on Jan. 1, 2023, by which point the Cal/OSHA Standards Board may (or may not) have embarked on developing a permanent COVID standard. WOEMA supported an earlier version of the bill, asking for amendments that shored up reporting requirements and communications between the employer, Cal/OSHA and the local health officer.

Another bill headed to the Governor is [SB 275 \(Pan\)](#), which requires both the State of California and healthcare employers and facilities to each maintain stockpiles of PPE sufficient to handle a 90-day pandemic. The precise quantities and types of PPE, geographic considerations, and so forth, would be worked out via an advisory group with members representing nursing homes, physicians, labor representatives, and others. Inventory requirements would go into effect no earlier than 2023, and perhaps later if the committee is slower to finish its work.

Finally, WOEMA had no consensus opinion and therefore took no position on [AB 890 \(Wood\)](#), a bill that allows certain Nurse Practitioners in California to practice without supervision or protocols. To practice independently, NPs would need at least three years of direct mentorship in practice operations from a physician, and may have to complete an additional state-specific test. The bill has appeared in various forms over the years, with the CMA and other groups able to hold it at bay. But like much else, AB 890 was pushed along this year by the force of the pandemic, which heightened legislators’ concerns about the availability of care in rural and underserved areas.



"Promoting Health" an Opinion Editorial by Dr. Troy Ross

Disclaimer: The viewpoints expressed in this article are the author's own and do not reflect the opinions, viewpoints or official positions/policies of WOEMA.

The last six months has been a time when the world’s attention has been focused on protecting health. It was an important focus to have in the face of what presented as such a seemingly existential threat. Since that time, of recognizing the pandemic that now consumes all of our energy, we know more about the threat – it’s time to refocus our attention and efforts.

In our world of Preventive Medicine, *Health* is always the goal. It is such a seemingly elusive thing, however. Out of “an abundance of caution” we have boxed it up with multiple layers of protection. Unfortunately, with it being so well secured we have lost the ability to see and feel and experience it. The time has come to unbox Schrodinger’s

cat – [we need to find out whether it's still alive.](#)

We need to reexamine this thing we call *Heath* that we are so fiercely protecting. The World Health Organization gave us a good starting point for this examination, defining health as “**a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity**”. Here’s a deeper dive into that exploration that I like: [health is a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment.](#) Both statements recognize a key element to health – it comes with interaction and engagement.

The last six months have seen an obsessive focus on preventing disease: understandable and admirable. Disease prevention is necessary but insufficient for establishing *Health*. How do we shift our attention and efforts from protection to promotion?

While public health focuses on the community, and our efforts have worked to shore up our communities, they cease to exist without the individual. Drug abuse, suicide, job loss, family break up; those are the unintended consequences of the unbalanced focus of our recent efforts. There is risk in every decision for action as well as inaction – it can be mitigated but not eliminated. I see a need to ensure that the individual is educated and empowered so that those decisions are made at the level where the risks are borne. To be effective preventive medicine practitioners, we have to promote health. We have to support the ability of individuals to establish the equilibrium of the social environment. No more emergency directives. No more mandates. Let the representative republic take on these challenges.



WOHC 2020 Featured Sessions

[Public Health Hot Topics, Thursday, September 24](#)

Storm Clouds Gather: Unexpected Human Health and Environmental Illegal Hazards Related to Marijuana Growth Sites

Presented by Lee Wugofski, MD, Federal Occupational Board, US Forest Service

Since 2016, Federal Occupational Health has been engaged with the US Forest Service to monitor personnel involved in the identification and mitigation of illegal marijuana grows in remote areas of California. This presentation will cover the diverse nature of occupational and environmental hazards their Law Enforcement personnel face in the performance of duties in the Sierra Nevada mountain ranges. It will discuss the challenges associated with medical surveillance in such remote areas and present aggregate data on what has been learned to date, along with hypotheses to explain the findings.

[OEM Leadership and Excellence, Saturday, September 26](#)

Leading Through Crisis: Keep Calm and Carry On

Presented by Stephen Beeson, MD Clinician Experience Project at PracticingExcellence.com

We are faced with unprecedented challenges in leading our healthcare teams. We are seeing strains on employers and care teams as patient flow, care delivery, and financial hardships grow with the persistence of COVID-19. In this session, we aim to outline the impact of COVID-19 and how that is influencing care delivery everywhere. We then look at how we take an insult like COVID-19, to fuel purpose, collaboration, friendship, and esprit de corps. We will challenge you to reflect on the leader and care team member you want to be in a crisis, and how to take actionable steps to make that happen.

Pre-recorded sessions available now for preview. [Register today!](#)

WOEMA is a regional component of the American College of Occupational and Environmental Medicine (ACOEM) and is dedicated to high-quality medical care and ethical principles governing the practice of occupational medicine.

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