

Chloe Sales: Welcome to the Spark: Medical Education for Curious Minds. We present the stories behind the people at UCSF and get to know the human behind the professional. I'm Chloe Sales, a student in the School of Medicine.

Paul Brandfonbrener: And I'm Paul Brandfonbrener. This season we're sparking a new conversation across UCSF. Where do you find joy, meaning, or purpose in your work? And so Chloe, here we are in our first episode of the season. Can you tell us who our first guest is?

Chloe Sales: Yeah. Our first guest is Dr. Anna Chang, who's a professor in the Department of Geriatrics. Besides being an educator, a mentor, a clinician, and a leader, she also leads UCSF'S, Clinical Microsystems clerkship, also known as the CMC.

Paul Brandfonbrener: And for our listener, could you tell us a little bit more about what the CMC is?

Chloe Sales: The CMC is basically a collection of classes for UCSF medical students that is essentially our doctoring class. It's teaching us how to become physicians, how to practice our clinical skills with real and standardized patients, and we can get into that in a little bit, and how we can improve the quality of the care that we deliver here at our hospitals.

Paul Brandfonbrener: Yeah, that last part, so we also work on this quality improvement project over F1 or the first year and a half of medical school. And so my project is working at San Francisco General, working at improving the care for trans and non-parent binary patients in the inpatient psych unit. What's your project, Chloe?

Chloe Sales: Yeah. I'm working on my project here at Parnassus, and it's working on advanced care planning, also known as ACP. It's essentially what patients do and outline in the event that they might become incapacitated and unable to make medical decisions for themselves, so outlining what care they would want to have.

Paul Brandfonbrener: And so the CMC program, we get to combine working on this quality improvement project as well as working on our clinical skills. Can you describe a little bit about what that looks like?

Chloe Sales: Yeah. So as first and second year medical students, we're not yet working with real patients exactly. Rather, we're working with standardized patients who are actors contracted by the school to pretend to be patients. So they'll come in with a list of symptoms and our job as medical students is to sort of like Sherlock Holmes our way down to what we think might be the diagnosis and work on our clinical reasoning and our skills in that area.

Paul Brandfonbrener: It's such an incredible and great program, and it's such a creative way to kind of teach these skills. So without further ado, here is our interview with Dr. Chang.

Chloe Sales: I have with me here as my first guest, Dr. Anna Chang. It's so great to have you on board, Dr. Chang.

Anna Chang: Thank you so much. I'm so happy to see you. Thank you for the invitation.

Chloe Sales: Of course. So you and I actually met a year ago when I was first starting out in medical school and interested in geriatrics and palliative care. And I was hoping you could catch our listeners up a bit on how that work has been going.

Anna Chang: Yeah, thank you so much. I want to thank you first for expressing your interest in reaching out. The way that you reached out as an early student is one of the most heartwarming things about what we get to do. So I am really fortunate to be both a clinician and an educator here at UCSF.

As a clinician, I work in geriatrics and palliative care, so I work with older adults, both at the VA and also at UCSF Health. And I also work with people of any age who have serious illness. And that work takes me into the hospital, into nursing homes. And also, I am taking care of people at home as well. We have a home care practice of older adults who, because of mobility or cognition, it limits them from coming into the clinic. And so one of the clinical services we provide is bringing what they need in their healthcare to their home.

In my education role, I am very lucky to lead the Clinical Microsystems clerkship team. This is for the first and second year students, as you know. And we combine the training of clinical skills with an understanding of health systems and health systems improvement.

And then another thing that I do outside of these two roles, I lead a leadership development program for emerging leaders in aging all across the country. And in this way, I get to interact with young people who are making a difference for older persons all across the US and teaching some skills that we don't get through medical training. Things like how do you identify your personal mission and vision? How are you most effective in communicating with others and leading a team and leading change? I have the great privilege of getting to know a lot of people across the country in that process and just making really meaningful connections.

And so, the last thing that I do that I love is mentoring. That's a role that I have both here in the Department of Medicine at UCSF and also across the country with anyone from medical students, to residents, fellows, and junior faculty colleagues, all different specialties. So I feel very lucky to do what I do.

Chloe Sales: That's awesome. Thank you so much, Dr. Chang. You mentioned that in your work you help other colleagues find their personal meaning in work, and I was hoping you could tell us a little bit about how you found that personal

meaning for yourself. For example, the forces that brought you to medicine or say the choices that led you down the path of geriatric care and palliative care.

Anna Chang:

So many forces. We all have such individual stories to how we've arrived here, but I'm betting some of the similarities in the stories is that there's something that causes this spark in our hearts and draws us to this profession.

My personal story took me through different countries and I'm an immigrant, English is my second language. I am the first in my family to be in medicine. I was so well loved that I could explore a lot of things. And when I was in college and exploring different possibilities, I realized there were a lot of things I was not good at. And so when I stumbled into medicine, there was a part of me that sort of thought, wow, I hope this works. And I would say that fast forward, what is it, 20 some odd years, I stumbled into the best thing possible for me. I couldn't have known back then what a great fit it would be for who I am.

And so to me, some of the forces today that make me absolutely thrilled to go to work, I love my job, is that I get to offer something meaningful to people around me. Whether it's my patients, my students, my colleagues. And sometimes what I offer, it's not earth shattering, it's just being there. It's just hearing them, it's seeing them, it's respecting their journey, it's understanding what they're going through. It's offering whatever I can in terms of comfort or healing or companionship or community or really just a witness on their journey sometimes. And that is so meaningful to me.

The other thing that I love about my job is that it's never boring. I have never one day in my entire professional career been bored, ever, because what I get to work with and what I get to work through have to do with people. And people are so interesting and complicated, and there's so many things going on with them. And so as a result, I am constantly learning. And that was the other thing that's important to me, that medicine is just such a great fit for always learning every day.

Chloe Sales:

It's an evolution. Every single step. Are you better today than you were yesterday? At least that's how I, as a medical student, try to measure my progress day by day.

Anna Chang:

That's great.

Chloe Sales:

Yeah. I'm so curious too, when I shadowed you a year ago at the VA, and I just saw how great of an impact you had on your patients, even just if it was a reassuring hand on the shoulder or just being someone to listen when no one else would. Geriatrics is a hard field. Palliative care is a hard field. And I'm curious in the day to day, how you manage with finding that meaning, and

sticking and finding that joy in a field that could otherwise be very difficult to work in?

Anna Chang: I would say medicine is hard. It's hard because people get sick, sometimes they don't get well. And sometimes you recognize yourself in the people that you're taking care of, either yourself or your family members. And it's really scary.

Chloe Sales: It is.

Anna Chang: It's super scary. And what you're pointing out with geriatrics and palliative care, what I often hear is it's so complicated. Aging is so hard and not sexy. Looking at the possibility of serious illness and dying is so heavy. And how do you manage to find joy in the middle of all that, right?

Chloe Sales: Absolutely.

Anna Chang: I think to myself, even though I don't do it, I think, gosh, what do my pediatrician friends do when they're faced with little kids who are sick? What do my oncology friends do? Because that's hard. And there's so many examples like that in medicine. So I think of geriatrics and palliative care as not unique in that.

But what does feel unique to me is that those of us who do it, find it to be such big meaning, such great joy to be able to be with our patients at that time of their life. You kind of only age once, and you most certainly only die once. So it's an extremely meaningful time. No one has taken anything for granted. Everything matters. And it sort of all boils down to the stuff that really matters in life.

Chloe Sales: Absolutely.

Anna Chang: So the crazy thing is I learn and get so much from my patients. They teach me how to live life. They are the people who show me as a fortunate, young, healthy person what it might look like 20, 30, 40 years down the road, if I'm lucky. Right? And we all walk this path, they just walk it ahead of us. And so I just feel really lucky to have some knowledge, some skills, some leaning towards being there with them.

Chloe Sales: Absolutely.

Anna Chang: And one of the things I love that I get to do is I just get to be with them. I don't fix everything. I fix very little, unfortunately. But what I can do is make sure that they don't feel alone, that they don't feel unheard, that they don't feel like they're uncared for. None of those things happen on our services. We just don't allow that to happen. And we also don't do it by ourselves. And as you saw in our clinical work, we do it with a team. We have nurses, and

pharmacists, and social workers, and chaplains, and psychologists, and dieticians, and we just have a whole team of wonderful people who all have great expertise piece. And so I don't even have to hold it all.

Chloe Sales: I feel like that's something that I, as a second year medical student, am still trying to learn. That you can't fix everything. And in some cases, in many cases sometimes, it's better not to. I mean, of course it's patient dependent, but it sounds like at least working with chaplains, working with social workers, sometimes what a patient needs is the stuff that you can't see in a lab value, let's say, or something that you can't see on an x-ray. There are multiple ways to heal, it sounds like, in geriatrics.

Anna Chang: I think that's right. I remember one of the lessons that I really took home when I was a new intern is that when I am really busy looking at just the numbers, I can forget the person in front of me. There was a patient that we took care of, and we took super good care of his numbers, and then one day we came in and he died.

Chloe Sales: Oh, wow.

Anna Chang: And we sort of thought, oh my gosh, did we attend to his needs as a person or were we just really good at taking care of his numbers? And so that, I will never forget that case, and each of you will have cases like that for yourself that will be turning points and understanding medicine.

Chloe Sales: Right.

Anna Chang: And so that was one of the things where after that experience, I said to myself, "I'm never going to forget the person in front of me and their experience". And so we bring the best that science and medicine has to offer, and we bring the best that a caring human being has to offer. And it's the two of those things that I think get people through health crises.

Chloe Sales: With every patient I feel like there are multiple stories. There's the story they have at home, there's a story they have at the hospital. There's perhaps in palliative care, the story they have about their spirituality or their religious beliefs, whatever that patient feels like they worship. And it sort of seems like it's up to us to be able to parse out the details of each of those stories and see how it fits into the person in front of us.

And a year ago when I reached out to you with this great interest in geriatrics, which I still have by the way, I was thinking to myself, geriatrics and geriatric populations just seem like such a forgotten group of people. We often forget that they're left behind, I'm sure I'm preaching to the choir, but for all our listeners out there, this is a population that's often neglected and has very special needs. And I'm really grateful actually to you, Dr. Chang, because in our clinical microsystems clerkship, which Dr. Chang mentioned earlier, a lot

of our focus has been on how to care for geriatric patients specifically. So yeah, thank you for that.

And I did want to touch on something that you mentioned, the way that these patients are walking the path ahead of us. I was curious if you had any stories about lessons that emerged from your patients that were either unexpected or lessons that you carry to today?

Anna Chang: So many.

Chloe Sales: Such good, yeah. So many stories.

Anna Chang: Oh gosh. A collection of lessons from a lot of different patients is you sort of get a sense for the simple things that matter. Meaning these days our lives are pretty complicated. There's a lot of stuff, there's a lot of input. There's a lot of stuff that demands our attention. Sometimes it's hard to know what matters because everything seems to matter and everything seems to be urgent.

Chloe Sales: It does.

Anna Chang: But when you boil it down, when you get sick, when you are facing serious illness, when you are really looking at a limited time in life, somehow things just become clearer. And the things that our patients talk about have to do with love, they have to do with people, they have to do with relationships. And relationships that have gone well and relationships that they wish had gone differently. This is a time when people reflect on choices that you've made in your life and the impact of your choices on other people. This is a time when people say important things like, "Thank you and I'm sorry, and please forgive me, and I forgive you". And really just what sounds like really basic things.

But what I think it teaches us is that in our day to day when we get super overwhelmed, which is a really common experience, maybe take a breath, take a step back, and just, I don't know, celebrate something small that's good. That's in your life right now. Give yourself a break and pat yourself on the back. Maybe you didn't do 19 things today. Maybe you did four or two or one. Maybe you said something kind to somebody, right?

Chloe Sales: Yeah.

Anna Chang: And don't take those things for granted, because in the end that's what's going to matter, is how you showed up to the world and how you made a difference. And how the ways that you talk to yourself about you is really important. Teaches you to be kind to yourself, as kind as you are to others.

Chloe Sales: That's something that we can often forget to do in medicine. I think a lot of us are hard working people, which can also mean that when things don't go the

way that we want them to or the way that we plan, we tend to be very, very hard on ourselves. I've seen it in older students, and the residents and attendings that I've worked with. So it's definitely a good reminder to slow down.

Anna Chang: Yeah.

Chloe Sales: And what you were saying too, Dr. Chang, about who you are sort of near the end of your life, it reminded me of a story that I heard from my religious studies professor back in college.

It was a religious studies class, and we were looking at who people truly are at their core. And this professor told us this story about a man who was hiking in the woods in the winter time. All of a sudden there was a snowstorm, and he got snowed in and lost his way, and was wandering alone on the mountains, hungry and thirsty, and facing imminent death. When he suddenly started reflecting on his whole life about the things that he wished he had done, he cried out to a religious figure whom he hadn't believed in since he was a boy.

And just when he thought everything was coming to a close a helicopter found him and he was saved. And our religious teacher looked out into the lecture hall, looked at us and said, "So who is this man really? Is he the person he was when everything was going fine before the snowstorm? Or is his true self the person who is stripped of all of his earthly necessary items like food, shelter, water, and what's left behind after that? Is that who he is?"

And it's always a story that stuck with me. I don't think she meant for me to think about it going into medical school, but it's always something I think about when I'm caring for patients who are in the snowstorm and what's most necessary to them.

Anna Chang: I really appreciate you sharing that story. Oh my gosh, so much to think about there. Because one of the things that we learn from our patients is what strength we all have in the face of disability or illness or loss or fear. We don't know how strong we are until we're faced with those things. We take so many things for granted. I take it for granted that I can go to the grocery store. And there are so many reasons that many of our patients are not able to do that, right?

So we are all strong, resilient humans, but we shouldn't do it alone. And we're so lucky in medicine, that's what we do is we get to be with them. We get to be with people when they have needs or when they feel afraid or when they get sick.

Chloe Sales: I mean, it's a tremendous responsibility to carry.

- Anna Chang: It's a responsibility that makes us have to commit to take care of ourselves first or also. We have to know how to do that.
- Chloe Sales: May I ask Dr. Chang, if you might have some suggestions for how our colleagues could do that, or how you do that in your work, in your life?
- Anna Chang: Well, the thing I love about this is that everyone's going to have a different answer. There are no right answers. There are no wrong answers except for not having an answer. Right? So the only thing that I would urge for everyone is to make sure you check in with yourself on a regular basis and listen closely to what you need, give yourself what you need and try to see if that fills up your bucket.
- I have this image of having buckets of wellness. Some things that we do are hard, and they draw from that bucket. Some things that we do put into the bucket. So one of the things that I had to learn in my training, because I didn't understand the state of my buckets until I went through, it was really my residency really was hard and fellowship was hard. It was going through those experiences and finding myself depleted and sort of looking a little bit at a cliff of unwellness when I realized, okay, it's my job to pay attention to this. Right?
- Chloe Sales: Absolutely.
- Anna Chang: So what fills the bucket is going to be different for everyone, and it's going to be different from different days of the week. Some days it's going out and doing things. Some days it's getting under the blanket and reading a book. Some days it's connecting with people, and some days it's respecting the need to be silent and be on your own and be reflective. Some days it's being out in nature, and some days it's being in the city, among life. Whatever it is on that day, every day give some of that to yourself.
- Chloe Sales: Absolutely.
- Anna Chang: And give more of it to yourself if you can. I got to a place where I put a little note on my closet. It was just a question. It was just, have you done something that made you happy today? And at some points that I was really busy, I would just buy myself flowers because I thought, well, this I can do.
- Chloe Sales: Wow.
- Anna Chang: And this is one tiny thing. It doesn't cost very much time or money, but it's a token to myself that I care, that something has made me smile today.
- Chloe Sales: Yeah. I can only imagine the sort of rigor of residency and fellowship. It might sound like a simple thing, but really it's a good reminder every day just to have that proverbial note in your closet. Something as simple as buying flowers can



really brighten you. Dr. Chang, that reminds me of, have you seen the Marie Condo?

Anna Chang: Oh, yes.

Chloe Sales: Specials on Netflix where she says, "Hold the object and if it sparks joy, keep it".

Anna Chang: Yes.

Chloe Sales: I'm just thinking now about sparking joy with something as simple as a bouquet of flowers.

Anna Chang: Yes. Load your life with things and people and experiences that spark joy. That is our job.

Chloe Sales: Do you think that there's a way to do that across the healthcare system or at least here at UCSF? I'm just thinking going into clerkships next year, how will my colleagues and I be able to hang onto that?

Anna Chang: It's tricky because our healthcare systems are so stressed. There's so much need. There's so much that's changing all the time. And as you all know here, there's so much that can be better. So we do, and you will find ourselves in the midst of chaos. And so how you do that, I would say maybe a couple of things. Something that I see that works for people is to have structured either time or activities that are commitments to your own joy that you don't give up to other people. For some people that's singing in a choir, for others it's cooking and having friends for dinner. It doesn't matter what it is. It only matters that you have something that's sort of sacred and you keep it on.

Chloe Sales: Something sacred.

Anna Chang: You don't give it up to other people or tasks or things that need to be done. You say, "This needs to be done".

And the second thing I see is it's really easy for us to get isolated. Medicine, ironically, despite the fact that we're around people all the time, can actually be really isolating. Because what happens in an exam room? Well, I mean, other than the patient, you're about the only person in there most of the time. And a lot of things happen in those exam rooms that you want to be able to talk with people about. And then we also get so busy. And then some of us, myself included, are introverts. Some of us, we don't find it easy to be out there among a whole lot of people. So it can be super easy to get isolated, but do not let that happen to you.

I speak as a deep introvert, do not let that happen to you. Make sure you hold on. You build those communities and you hold on. You build your friendships,

you make time to hang out together. And then you trust those people, and then you let them in on the things that you are suffering from. And that's how you are not going to do this alone. As we all know how to do very well, is just put our head down and do things alone and do it very well. But don't let that be your path forward that got you here, don't do that going forward. Count on the people around you, connect as much as you can.

So build the time in, don't give up your time to any other demands. Build your circles, your networks, your friends, your peers, your mentors, whatever it is, just build those people into your life. And then do silly fun things too.

Chloe Sales: Yeah.

Anna Chang: Because medicine is not silly or fun.

Chloe Sales: No, it's not.

Anna Chang: And we have to, we're humans. We need to play. So do things that feel silly and fun, completely unproductive. Let go of those check boxes for a little while.

Chloe Sales: Yeah. Medicine is such a productive or task focused field.

Anna Chang: Yes.

Chloe Sales: It can be so easy to forget just to, I don't know, run around with your dog or something, play games with your friends.

Anna Chang: That's right. And notice how you feel after all those things. The way I built my career over time is noticing, gosh, when I do that thing it makes me really happy. I think I want to do more of those things.

Chloe Sales: Exactly.

Anna Chang: Right? So everyone is going to have different feelings about different things. Just notice what makes you feel really happy and proud and joyful. And like I want to come to work again and do more of that, or do more things that way. Right?

Chloe Sales: Yeah.

Anna Chang: Fight for what you need.

Chloe Sales: Fight for what you need.

Anna Chang: Yes.

Chloe Sales: Well, thank you so much, Dr. Chang. I mean, when we revive this podcast with a question of how do you find joy, meaning, or purpose in your work, it sounds like these aren't things that we can put off to residency or when we're attendings, it's things that we can do even now as medical students.

Anna Chang: Yes.

Chloe Sales: Being silly, noticing what works for us and what doesn't, keeping certain things sacred throughout our careers and beyond that, I hope too.

Anna Chang: Yeah, absolutely. It's a practice. So we all keep practicing every day, starting right now, and then for the whole rest of our lives.

Chloe Sales: All right.

Anna Chang: Yes.

Chloe Sales: Well, let's start practicing then. Thank you so much, Dr. Chang.

Anna Chang: Thank you.

Paul Brandfonbrener: Wow. What a great first interview to start our season. And it was such a quotable interview too. There's so many little lines and pearls of wisdom that she had. One of my favorites was she said, "We all have such individual stories, but we all have in common that there is something that causes a spark in our hearts and draws us to this profession".

Chloe Sales: And I didn't even ask her to use the name of the podcast.

Paul Brandfonbrener: I know. We got to give her a little extra for that one. That really spoke to me too, because one of my sparks to enter this field was also tied with palliative care as well. I was working in an inpatient hospice unit in college, working as a care companion, providing company and companionship to patients in the unit who didn't have any visitors. And although I didn't have any medical knowledge to give to anyone, my role was to go room to room and sit with patients who didn't have any visitors, and just be with them and be present with them in that moment of their lives.

And in the moment when I first got there, I was confused with how I could offer any help. I hadn't gone to any school, I'd finished one year of undergrad. Nevertheless, they still said that I was a valuable part of the team and sent me in there when no one else would be there. And I would sit with patients, read them poetry. Commonly they weren't responsive or able to have conversations, but I would be there with them. And that really reminded me of what Dr. Chang was saying, where she found so much meaning in her work of just providing that support and listening to people when they need to be there.

Chloe Sales: Yeah. I too felt a spark for medicine working in geriatric care. I had volunteered and worked with some folks at a specifically Japanese American elder care home here in the Bay Area. And a lot of these elders had lived through World War II and had lived through being in an internment camp. And prior to even going to that Japanese American elder home had likened their previous experiences in geriatric homes to being like internment camp. Eating the same food every day, having other people control their schedules, not feeling like their care was tailored to their culture.

For me, that was really interesting because as our population in the U.S. continues to grow old, we're going to be taking care of people from such diverse backgrounds and have so many different cultural ideas going into what it means to grow old.

Paul Brandfonbrener: And it's such a true honor, I feel like, to be taking care of these patients. One thing Dr. Chang says is that her patients teach her how to live life. And then we all are walking this path and they walk it ahead of us. I think that commonality and that connection is so important. Remembering the human that is the patient that you're taking care of, and never forgetting the person that's in front of you and their experience which is what matters.

And I really thought it was profound when she was describing the types of conversations that patients were having in that time of their life. And when they're talking about love and people and relationships. Some that had gone well, some that they wish had gone differently. Saying things like, thank you, I'm sorry and I forgive you. So important. We don't need to wait to that point of our lives to start having these conversations. And we really can learn so much from all of our patients, especially as Dr. Chang kind of highlights.

Chloe Sales: Absolutely. I once had a geriatric patient tell me that he was at that age where he would quote "Like, to leave something behind". I thought that was pretty profound.

Paul Brandfonbrener: Yeah. And lastly, I thought the sticky note that Dr. Chang had that said, have you done something that made you happy today, is so important. And I think in our busy lives where we can seem so rushed and kind of doing things that bring us joy might, we put that on the back burner.

Chloe Sales: Absolutely.

Paul Brandfonbrener: It's so important to, as she says, "Take a breath and celebrate something that's small, that's good in your life now, and not take that for granted".

So I think as a little note to our listeners, we ask you, have you done something that made you happy today? And if not, go out and buy yourself some flowers. Think that's a great idea. And stay tuned for our episode of The Spark. Thank you for listening.