



UC San Diego

SCHOOL OF MEDICINE

The Division of Geriatrics, Gerontology & Palliative Care Newsletter



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Please consider donating to our mission! While we continue to make great strides, we are limited on what we can accomplish with existing funds. We encourage you to become involved with the UC San Diego Division of Geriatrics, Gerontology, and Palliative Care and join us in helping older adults live their best lives longer and improving care for individuals with serious illness. By supporting our efforts, you can ensure that our research, education programs, and clinical care keep pace with the needs of our community and remain strong.

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Spotlight: Allison Kestenbaum, CPE



What is your current profession/role?

I am the Supervisor of Spiritual Care Services and Clinical Pastoral Education in the Office of Experience Transformation. I am also an Associate Clinical Professor in the Department of Medicine in Geriatrics and Palliative Care.

What initially inspired and motivated you to pursue a career in Palliative Care?

After I finished my master's degree in public policy and non-profit management over 20 years ago, my first job was with a philanthropic foundation in New York that was pioneering palliative care and hospice. As I learned about the holistic, inter-professional approach to serious illness, I remember thinking to myself "shouldn't all healthcare be like this?" Because spiritual care was integrated into palliative care since its inception, I met a whole bunch of incredible professional chaplains who opened my eyes to this professional path.

What parts of your work have been particularly inspiring or rewarding for you?

I am grateful every single day to have landed in a profession that is so deeply meaningful and challenging. Growing as a chaplain means becoming even more attuned to myself as a person, and drawing on that awareness to empathize and connect compassionately with patients, their loved ones and team members as they experience everything from despair to celebration. I have also had the rare opportunity to participate in some of the seminal research about spiritual care and chaplaincy and I really enjoy bringing a scientific lens to better understand the transformative impact spiritual care has on healing.

What is your go-to stress relief activity during a busy workweek?

It's an occupational hazard but meditation and prayer help a lot. I also love to dance with my kids.

If you had to choose a different profession, what would it be?

Hard to choose – either a stand-up comedian, sex therapist or a weaver.

Dr. Colin Thomas - Retirement Celebration



A Tribute to Dr. Colin Thomas: Celebrating a Career of Leadership and Mentorship

Written by Dr. E.B. Sladek

Colin Thomas, MD, MPH retired last Friday and UCSD and VA San Diego will never be the same. Dr. Thomas' career spanned more than 30 years, during which time he became the first geriatrician at VA San Diego and where he also helped to create the Division of Hospital Medicine and served as its first Chief. More recently, he took on the reins of VA Medicine Chief and ascended to Vice Chair of Veterans Affairs Chief at UCSD.

But rather than detailing the litany of positions and awards Dr. Thomas garnered during his career, I'd like to share my own more personal, myopic account of how he impacted this geriatrician's life.

Dr. Thomas has been a formative part of my career. This is most clearly demonstrable from a clinical standpoint. I learned an incredible amount from him about both internal medicine and geriatric medicine, starting as an intern

~1,000 years ago and continuing right up until the day he retired. For example, we do “Signout Rounds” with the senior residents every Friday morning, discussing a hot case that came in overnight with the admitting team. I came out of every single one of these sessions wiser for having heard what Dr. Thomas had to say just off the cuff. He is one of those truly remarkable people who would score even better on the Step 1 exam now than he did as a medical student. It is frankly unbelievable. I tell applicants to our Internal Medicine Residency program that one of the appeals of coming to UCSD was that I never wanted to find myself in a place where I was the smartest person in the room. Anytime I am in a room with Dr. Thomas, that is a guarantee.

What I am even more thankful for, however, is how much he impacted my professional life. This includes, of course, offering me a job out of fellowship, which I declined (in the patient centric verbiage of our era). But in spite of this initial snub, he still welcomed me back into the VA fold four years later and has served as an incredible mentor ever since.

I think there is a time in every clinician's life (particularly when that life involves leadership roles) where one comes to realize that not everything one has been taught is true. It's a pretty astounding discovery. "You mean that national policy didn't take into account all of our local factors?" "You mean there is no evidence base for this hugely invasive surgical practice?" That sort of thing. It's a kind of Matrix moment where one comes to see the importance of questioning the status quo in order to improve the world. Dr. Thomas has been my Neo. I can't say that I'm happier now having swallowed the red pill, but I certainly do feel more poised to make a difference.

Broad strokes, those are some of the ways that Dr. Thomas has impacted me. But more granularly, there are necklaces full of pearls that he's helped me string together over 10 cumulative years of working together. So many pearls! In the words of our hematopathologists, too many to count. For instance, “It's worth waiting to hire the right people” (an explicit message). Or, “Hire great people and then get out of their way” (an implicit message). Also, “Don't assume that anyone other than you has read a policy in any kind of detail” (an explicit message). And one that I'm still working on and may never achieve: “You can say a lot with a little.”

Early on in my tenure as the Medical Director at the VA Community Living Center (CLC), I would write voluminous emails to Dr. Thomas agonizing over the minutia of the unit. I would go on for paragraphs about a specific veteran and context and then ask if it were defensible for me to decline their admission to the unit. I would get an answer back something like, "When function is severely impaired disposition looms large."

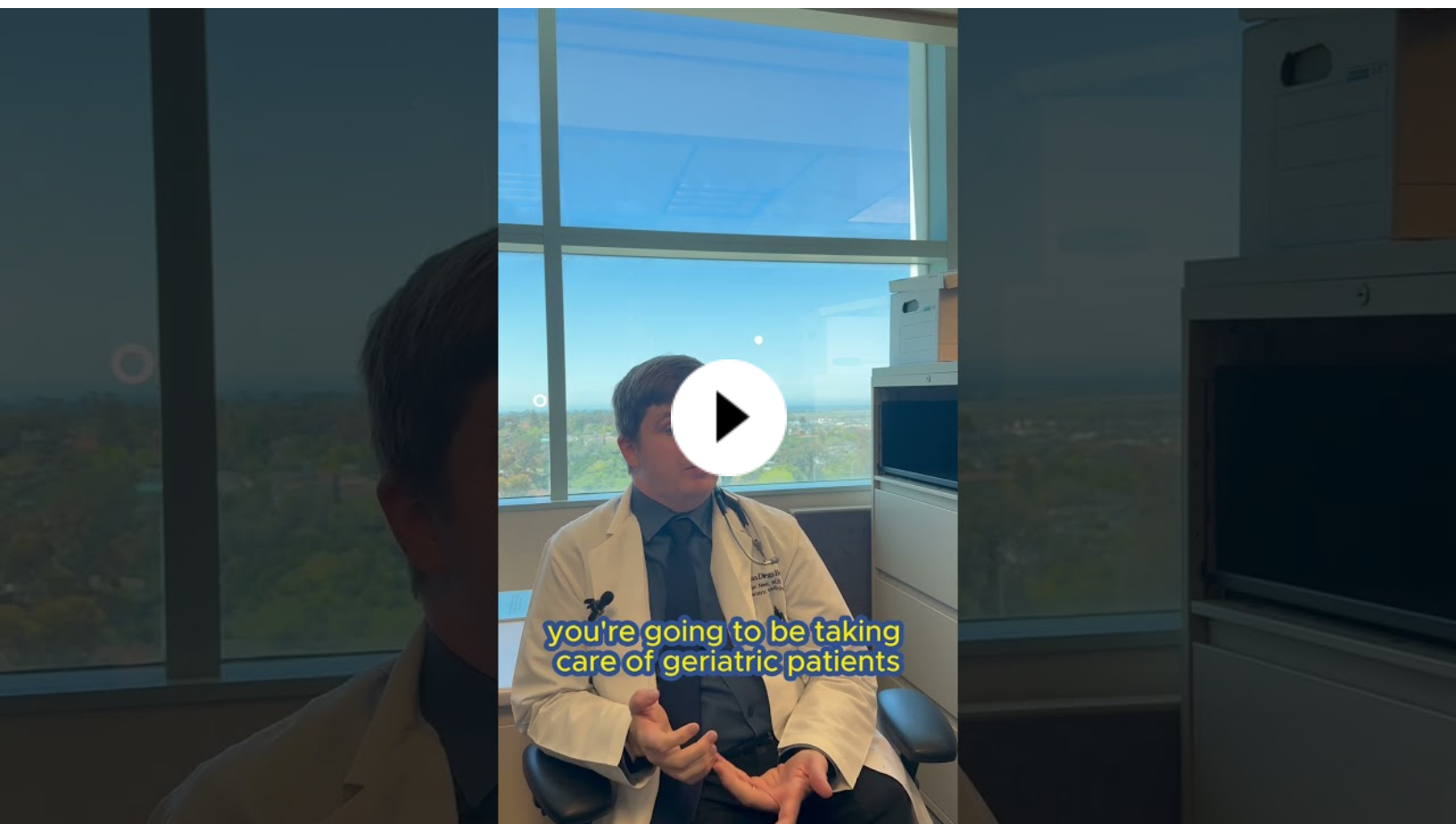
I once showed such an exchange to one of my hospitalist peers who said, “It's like you're sending War and Peace and he's sending back fortune cookies.” I thought that captured it exactly. It is important to know that I love and respect fortune cookies, so I see this as the highest form of praise. Rather than giving me a straightforward answer and telling me exactly what to do, his responses were empowering, ultimately underscoring the most important aspects of whatever it was I was struggling with, but leaving me to make the final decision. That's a hard thing to do. I am a pathological enabler of learned helplessness. But as a leader it's important to encourage autonomy.

I still have a long way to go, but I am a much better geriatrician and leader because of Dr. Thomas' guidance. His final act of mentorship for all of us is to role model a successful third act, literally sailing off into the sunset. Demonstrating life after labor is not a bad next chapter to put to print. But he should suffer no illusions that he is safe from my interminable emails. I – like many of his mentees – will still find a way to track him down. He may have stepped down from Federal service, but his mentorship tenure is a lifetime commitment.

Cheers to a well-earned retirement filled with new adventures and endless joy! Thank you, Dr. Thomas! You will be missed!

Dr. Ian Neel on Clinical Electives for Medical Students

Dr. Ian Neel, MD, School of Medicine alumnus and Associate Clinical Professor of Medicine talks about the breadth of clinical training opportunities at UC San Diego on the UC San Diego School of Medicine's social media channels. We are so grateful to Dr. Neel and other faculty in our division, who devote a tremendous amount of time to teaching students and other trainees and for sharing their knowledge and passion for geriatrics and palliative care. Thank you!



To find out more about the various elective rotations available to UC San Diego medical students to gain valuable experience in geriatrics and working with older adult patients, please visit [our website](#).

Welcome New Hire

Welcome Belicia Ding, MD

UC San Diego

Division of Geriatrics,
Gerontology & Palliative Care



We are excited to welcome Dr. Belicia Ding, Geriatrics Fellow from the class of 2023, who joins us as a Geriatric Physician at UCSD at Home in Population Health Services

Dr. Ding completed her residency at the Primary Care and Social Internal Medicine program at Montefiore Einstein in New York City. Her passion in the underserved geriatrics community lead her to pursue a Geriatrics fellowship at UCSD. She is excited to return to UCSD after working at St. Paul's PACE. Outside of work, she loves to read and explore all the local cafés.

PLEASE JOIN US IN WELCOMING DR. DING

In the News...

Dr. Alison Moore quoted in New York Times article "What a \$20,000 Longevity Clinic Really Buys You." Read the full article [here](#).

Dr. Aladdin Shadyab's latest study in *JAGS* explores the link between accelerated epigenetic aging and the risk of mild cognitive impairment and dementia in older women. This research sheds light on biomarkers critical to understanding cognitive health and aging. Read it [here](#).

Dr. Ian Neel and co-authors published their impactful study in the *Journal of Medical Ethics*. Their research shows how a hospital policy aligns feeding tube care with ethical guidelines. Read it [here](#).

Dr. Aladdin Shadyab spoke with @NextAvenue (PBS) about the link between weight loss in older age and longevity. His research highlights how stable weight after 70 supports a longer lifespan. Read the full interview [here](#).

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