

The Residents Report

Winter 2007

UCSF Graduate Medical Education

Upcoming Events

Chief Resident Orientation

May 16, 2007

New Resident & Fellow Orientation

June 15, 2007

New Resident & Fellow Orientation (repeat)

June 28, 2007

Diversity

Rene Salazar, MD

In September 2006, Dean Kessler hosted a reception at his home for housestaff and faculty to encourage promoting diversity at UCSF. More than 75 faculty members and housestaff were in attendance, representing all departments. GME's commitment to this endeavor has supported many activities this year to promote diversity among housestaff from all UCSF residency programs.

In December, GME sponsored the first diversity reception of the year at the Canvas Gallery on Lincoln Avenue. Several housestaff from across departments as well as UCSF medical students attended this social mixer, the success of which led to another event at Canvas held in early January 2007.

On January 25, GME organized a series of activities for underrepresented minority fourth year medical students applying to various residency programs at UCSF over a second look weekend. During the second look, several URM applicants were invited back to spend time with the various departments, each of which organized specific activities including rounding with teams, social networking and interacting one on one with housestaff. GME held a panel discussion with current housestaff from Family and Community Medicine, Internal Medicine, Ob-Gyn and Pediatrics that was well received. More than 25 applicants from across departments attended the discussion and a reception following at Circolo in San Francisco's Mission district. GME would like to thank Kara Odom, M.D., Hyman Scott, M.D., Natalie Guerrier, M.D., and Ayaba Worjolah, M.D., for all their hard work in organizing these events.



Several events are planned for the rest of this academic year including sponsorship of an exhibitor booth at the annual meeting of the National Hispanic Medical Association in San Antonio on March 23-25 and the annual Student National Medical Association meeting in San Francisco on April 4-8. A reception for all will be held during SNMA on Friday, April 6 at 7 PM.

All members of housestaff who are interested in increasing the diversity among housestaff at UCSF are welcome to join us at future events. We also encourage all department chairs and program directors to share any ideas or suggestions for future activities. If you should have any questions or suggestions, please feel free to contact Dr. Rene Salazar (salazarr@medicine.ucsf.edu) for additional information.

Patient Care Fund Encourages StairWELL to Better Health at UCSF

Delphine Tuot, MD and Arpana R. Vidyarthi, MD

The Patient Care Fund was established for resident physicians and clinical fellows to have a direct impact on improving the patient experience at UCSF. Earlier this year, house-staff cited congestion in the Moffitt elevators and poor use of the accompanying stairwells as a problem affecting patient care.

In conjunction with the UCSF Medical Center Facilities Department, the Patient Care Fund approved a proposal by Dr. Derk Purcell, co-chair of the Resident Council beautifying the high-traffic areas of the Moffitt stairwell in hopes to increase use of the stairwell and increase patient and staff satisfaction.

This also demonstrates the role of the Patient Care Fund, and the Resident Council and Medical Center's commitment to improving patient and employee health by encouraging physical activity. Look for upcoming changes in the Moffitt stairwells from the basement to the 4th floor.

The Patient Care Fund is ready to hear new, innovative proposals to further contribute to unmet patient-care needs. Proposals must provide a tangible benefit to patients treated at UCSF Medical Center, in either the inpatient or outpatient settings. Previous examples include: educational videos for dermatology patients suffering from sun-induced disorders, toys for pediatric waiting rooms, and many many more.

No project is too small!!! Scrutinize your work environment and determine how patient experiences can be enhanced.

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When the Bedpan Hits the Fan: Anger Management for Physicians

Just as the level and complexity of stressors affecting the practice of medicine have reached an unprecedented degree, physicians are being held accountable as never before for angry and disruptive behavior in the workplace. Among the stressors facing physicians today are increasing caseloads, regulatory restrictions, and hospital bureaucracies along with decreasing autonomy, and authority. At the same time — particularly under the impact of managed health care — physician's incomes are decreasing as the cost of malpractice insurance (not to mention medical education itself) has been rising.

As frustration and pressure are facts of life, so is the emotional reaction of anger; however, while angry emotions may be virtually inevitable, angry behavior is not; we must distinguish between the emotion and the behavior, and realize that we are always responsible for the behavior. It is a dangerous form of self-dishonesty to believe that "we cannot help it", i.e., that people, places and things "make us" behave angrily, or that our **justifications** for angry behavior somehow excuse it. Remember: it is angry and disruptive **behavior** that physicians are held accountable for, not their emotional reactions.

The combination of these and other factors has made the practice of medicine more challenging, and more frustrating, than ever before. Many physicians have reacted to these frustrations with angry behavior that hospital administrators have begun to treat with increasing seriousness and even disciplinary sanctions (up to and including dismissal). The purpose of this article is to address the need of physicians in today's medical care environment for effective ways of recognizing and coping with these stressors, and in particular for understanding and managing their anger.



Learn to recognize the "early warning signs" of anger, e.g., physical tension and physiological arousal, angry thoughts and feelings of resentment or injustice; once recognized, always acknowledge the anger to yourself and then re-focus your attention on the stressors (frustrations and pressures) that have triggered it.

There are several key points to understanding the phenomenon of anger and managing tendencies toward angry behavior:

Anger is an **emotion**, and as such it is intimately involved in the body's neurophysiologic functions — esp. so-called "fight-or-flight" reactions, adrenaline release mechanisms, and the autonomic nervous system (particularly sympathetic arousal and "kindling" processes).

Like all emotion, anger is a largely involuntary, subconsciously triggered reaction to how we are affected by internal and external stressors; the stressors that typically trigger anger as an emotional reaction are various forms of **frustration** (obstructions to our actions or efforts) and/or **pressure** (demands on our time and energy)

Some of the most effective anger management tools apply less during emotional outbursts than between them: making sure you have adequate rest, exercise and a balanced diet, regularly letting go of grudges and resentful thoughts toward others, recognizing the destructive impact of our angry behavior on others, making amends when it has harmed them, practicing mindfulness techniques, and making good use of a faculty mentor to talk over difficulties. Such practices reduce the frequency, duration, and intensity of angry outbursts and make them easier to recover from.

During the "storms" of angry outbursts, simple is best: if you can, take a brief time out to cool down; even if you can't, taking a minimum of 20 slow, deep breaths will both calm you physiologically and emotionally, as well as disrupt the cycle of reactivity that drives the anger, by taking your attention off what is distressing you and promoting self-awareness.

In summary, the principles of anger management are essentially simple, but not so easily practiced. Angry behavior provides a significant discharge of tension and release of adrenaline; it can literally become addictive. At bottom, anger is the most energetic emotion and in that sense angry behavior is just a form of misdirected energy. Before you allow that to happen, ask yourself: "What else could I be doing with all this energy?"

Anger runs a wide spectrum from mild irritation and annoyance through resentment and exasperation to rage, wrath, and fury; by the same token, it can manifest in a wide range of behaviors including contentiousness, argument, and intimidation to hostility, belligerence and violence.



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Chief Residents Come Together

Arpana R. Vidyarthi, MD

On January 23, chief residents from a variety of disciplines came together at the Alumni House to participate in the mid-year Chief Resident Conference.



Current faculty, including former chief residents from across the teaching hospitals led the chief residents in discussions on a variety of subjects.

Leila Alpers, MD, Education Site Director for Internal Medicine at San Francisco General Hospital used cases from her experiences, discussions with other faculty, and stories from the current chief residents to deepen understanding of common conflicts within residency.



Arpana Vidyarthi, MD, Director of Patient Safety and Quality Innovations for GME, led Chief Residents in discussions about new frameworks to lead efforts to promote change. Robert Baron, MD, MS Dean, Graduate Medical Education, and John Maa, MD, Assistant Professor In Residence, Department of Surgery led a session on the job search post residency, and Gurpreet Dhaliwal, MD, Internal Medicine Education Site Director, VAMC, taught Chief Residents how to optimize their finances now and into the future.

Chief residents enjoyed the conference—specifically learning similarities and differences between the programs, and the guidance for life

after residency.

What is on the horizon for next year's Chief Residents? A UCSF wide Chief Resident Orientation, on May 16, will kick off their year with session on Leadership, Teaching, Conflict Management,



and Improving Patient Safety. The GME office will sponsor seminars for the 07-08 Chief Residents throughout the year addressing issues of personal development, improving care and education, and teaching and learning.



Thanks to the 06-07 Chief Residents for their service to the programs, the residents, the hospitals, and UCSF at large. Hats off for a job well done!

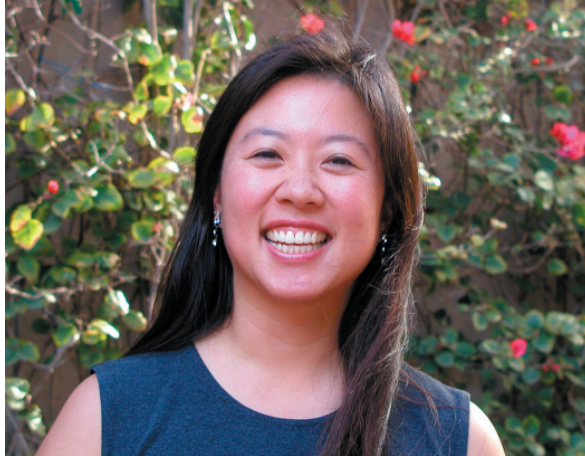


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Touring the Medical Blogosphere

Josephine Tan, MLIS - UCSF Library, Education and Information Consultant, Clinical Sciences

If you haven't jumped into the blogosphere yet, there is no better time than the present. The term blog, short for "web log", has been around since 1994, when Justin Hall, a student at Swarthmore College in Pennsylvania, coined the term. Originally, blogs were created to be websites that were essentially an online diary. You can look at blogging as the precursor to reality TV. If you were so inclined, you could vicariously live through the trials and tribulations of the blog's author.



Josephine Tan

The anatomy of a blog consists of postings that are text, images, audio files, videos, or a combination of the four. Blog postings are listed in chronological order, with the most recent being at the top. The blog author (aka "blogger") may be so kind as to archive their postings to prevent you from having to scroll down an endless list of their postings. Some bloggers go the extra step to categorize their postings by topic or to make the blog searchable.

Luckily, blogs have matured beyond just being online diaries. There are now many blogs that provide a wealth of information. A blogger can allow readers to comment to a posting, thus creating an online forum for discussing a topic. There are now over 60 million blogs on the Internet. Thanks to avid physicians who have amazingly found time to maintain their own blogs, there are some good medical blogs that you should explore.

Blogs that are searchable and/or categorized

- Medicine and Man - <http://www.medicineandman.com/blog>
- Pallimed -for hospice and palliative care <http://www.pallimed.org/>
- PsychCentral Blog - <http://www.psychcentral.com/blog/>
- Pulmonary Roundtable - <http://pulmonaryroundtable.blogspot.com/>
- The Cancer Blog - <http://www.thecancerblog.com/>

Blogs about law and ethics

- Bioethics Discussion Blog - <http://bioethicsdiscussion.blogspot.com/>
- Blog.bioethics.net - <http://blog.bioethics.net/>
- California Medical Malpractice Law Blog - <http://www.californiamedicalmalpracticeblog.com/>

Blogs with images and clinical cases

- Clinical Cases and Images Blog - <http://casesblog.blogspot.com/>
- *Clinical Images and Cases on Flickr - <http://www.flickr.com/photos/clinicalcases/>
- *Medicine & Surgery on Flickr - <http://www.flickr.com/photos/jonmikel/sets/340070/>
- *The Teaching Files: X-rays on Flickr - <http://www.flickr.com/photos/mjagbayani/sets/895629/> (* These are not blogs per se, but rather image collection sites that have commentary.)

Blogs about medical technologies

- MedGadget - <http://www.medgadget.com/>
- The Palmdoc Chronicles - features PDA resources <http://palmdoc.net/> -

Blogs of doctor diaries

- California Medicine Man - <http://califmedicineman.blogspot.com/>
- Kevin, MD - <http://www.kevinmd.com/blog/>
- Tales from the emergency room and beyond - <http://drcouz.blogspot.com/>

Directories to search for blogs

- Medical News Feeds - <http://medlogs.com/>
- Ask.com's Blogs & Feeds Search - <http://www.ask.com/?o=333#subject:bls|pg:1>
- Google Blog Search - <http://blogsearch.google.com/>
- Technorati - <http://technorati.com/>

Most of these medical blogs provide a list of their own favorite medical blogs. So take a minute to explore what is out there in the medical blogosphere. Who knows, maybe you'll be the next big thing on the web.

If you have questions, please contact tan@library.ucsf.edu, or 476-2534.



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News from SFGH

Doug Eckman

The SFGH GME Committee, chaired by Dr. Beth Harleman, is a resource designed to benefit housestaff at SFGH by providing a venue through which they may address questions and concerns about graduate medical education issues to senior faculty and staff at the hospital. Chief Residents provide valuable representation for their colleagues and can supply them with important news and updates provided by faculty and staff from SFGH Administration and the UCSF Associate Dean's Office.

Faculty committee members give their time for the benefit the resident physicians. The Executive Administrator of SFGH and the Associate Dean update the committee on hospital initiatives and activities. Chief Residents and site directors are therefore urged to make every effort take part in these proceedings. A meal is provided.

Among the items discussed during the February 12 meeting were NPI (National Provider Identifier); license reimbursements at SFGH; and updates on the hospital rebuild, radiology equipment replacement and the rollout of WebPACS (Picture Archiving and Communications Systems).

SFGH GMEC

The SFGH GMEC meets quarterly. The meetings for 2007 are as follows.

Day	Date	Time	Room
Friday	May 11	12:00 to 1:00 PM	2A6
Monday	August 13	5:30 to 6:30 PM	5K8
Friday	November 16	12:00 to 1:00 PM	2A6

News from UCSF Medical Center

Herodia Allen

UCSF Medical Center recently announced the inception of the UCSF Clinical Housestaff Incentive Program. The program will provide direct financial incentive payments to clinical housestaff based on achieving quality and operational goals which are linked to achieving excellence in patient care. The program aims to better align the clinical and education goals of housestaff with the goals of medical center staff, as well to focus attention on quality and safety issues in patient care.

In his announcement in January, Mark Laret stated, "As I believe all of you know, we are at the dawn of a new era in healthcare – an era marked by much greater transparency, accountability and regulatory oversight than ever before. Many elements of the traditional models of teaching and care delivery in academic medical centers must change in order to ensure the delivery of higher quality, safer and more patient-centered (versus physician or trainee centered) care. As housestaff, you are both most affected by these changes and the best positioned to design the new models.

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It's that time of year again...PPDs

Amy Day, Manager-Resident & Fellow Affairs for the GME Office

If you haven't heard from your Program Coordinator yet regarding your continuing appointment for June/July 2007, you will soon.

This process involves an annual TB skin test for all of those with a negative history. Your skin test must be done between March 1, 2007 and the deadline your Coordinator gives you.

UCSF and Mount Zion

Employee Health will be offering special hours for resident and fellow PPDs. You may also go to the regular Employee Health hours. Be sure to take your UCSF ID with you.

Special hours will be held in M338 from 3:00pm to 6:00pm on each day listed below. Mondays and Wednesdays are for skin test placement and Wednesdays and Fridays are for reading.

March 12, 14, 16
April 2, 4, 6
April 16, 18, 20
April 30, May 2, 4
May 7, 9, 11

The Mount Zion location of Employee Health is located at 2380 Sutter, 3rd floor. Their hours are 7:30am to 8:30am and noon to 1 Monday, Wednesdays and Fridays.

The Parnassus location of Employee Health is located at 350 Parnassus, Suite 206. Their hours are 7:30am to 10:30am and noon to 3:30 on Mondays, Wednesdays, and Fridays.

SFGH

There are limited times available at SFGH. There will be a charge to your department, so check with your Program Coordinator first. This will be done in Building 80, Ward 83, Room 319:

Placements:

Tuesday, March 20, 11:30am to 1:00pm
Friday, March 23, 12:00pm to 1:30pm

Readings:

Friday, March 23, 12:00pm to 1:30pm
Monday, March 26, 12:00pm to 1:30pm

VAMC

PPDs are offered at the VA at 4150 Clement, Building 203, Ground Floor, GB17. Their hours are 10am to 11am and 2:00pm to 3:00pm on Mondays, Wednesdays, and Fridays.

If you have any questions, please contact the Graduate Medical Education office by phone, or e-mail daya@medsch.ucsf.edu.



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Lessons Learned from the January 2007 JCAHO Accreditation Survey

Adrienne Green, MD

UCSF Medical Center underwent an unannounced JCAHO accreditation survey January 21-26th. Both the Medical Center and UCSF Home Health earned full accreditation and we received much praise from the surveyors on many of our processes.

The surveyors were particularly impressed with the professionalism, energy and dedication of the physicians that they met while doing their tracers---thank you for being a part of that process.



UCSF received 4 Requirements for Improvement. Over the next 45 days we will be revising systems, performing audits and submitting to JCAHO evidence of improved compliance. The 3 RFIs that most directly relate to physicians are detailed below.

1. Medication Reconciliation

Background: Medication reconciliation is a National Patient Safety Goal requiring that the institution have a process to accurately and completely reconcile medications across the continuum of care.

The rationale for medication reconciliation is that patients are most at risk during transitions of care across settings, services, providers or levels of care. Medication reconciliation applies to both the inpatient and outpatient setting.

JCAHO findings: Surveyors found charts in the ED, inpatient setting and clinic in which medication reconciliation was either absent or incomplete (e.g. missing medication dose, frequency or route).

For more information about inpatient medication reconciliation at UCSF, please see Patient Safety and Quality Bulletin #8 distributed January 12, 2007 or at <http://jcaho.ucsfmedicalcenter.org>. We continue to work on developing our outpatient system and will provide updates through the Graduate Medical Education office.

2. Do Not Use Abbreviations

Background: In order to reduce medication errors, a list of high risk abbreviations, symbols and dose designations that may not be used have been identified. DNU abbreviations apply to all written or pre-printed orders AND all medication related documentation (e.g. in the free text of an H&P or synopsis).

JCAHO findings: Surveyors found the use of "qD" instead of "daily" in both inpatient and outpatient documentation.

DNU	Use instead
U	Unit
qD	daily
qOD	every other day
MS, MSO4, MgO4	morphine sulfate or magnesium sulfate
HS	at bedtime or half strength
TIW	three times a week
IT	intrathecal
X.O/.X	X mg or 0.X mg

IT is looking into the equivalent of a "DNU spell check" in UCare to assist with compliance in free text documentation.

3. Universal Protocol

Background: The Universal Protocol or Preoperative/Pre-procedure Verification is the process for preventing wrong site/side, wrong procedure and wrong person operations/procedures. This process must take place prior to any operation or procedure including those performed on the nursing units or procedural areas. The final part of the verification process is the "time out" which must be performed and documented just before starting the procedure.

JCAHO findings: An invasive procedure was performed without documentation of the "time out." An approved preoperative/pre-procedure checklist for documentation of the universal protocol including the "time out" is available in the OR and on all critical care and med-surg units. For more information about the Universal Protocol, please see Patient Safety and Quality Bulletin #5 distributed on December 15, 2006 or at <http://jcaho.ucsfmedicalcenter.org>.

Thank you again for your participation in this successful accreditation survey. We look forward to working with you as we continue to refine our systems and appreciate your feedback and suggestions for change. Please forward any questions or comments to Dr. Adrienne Green, Associate Chief Medical Officer at Adrienne.Green@ucsfmedctr.org.



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Graduate Medical Education Spotlight - Amy Day

Lorenzo Woo, Director of Operation, Graduate Medical Education

Amy Day is the Manager of Resident and Fellow Affairs for the Office of Graduate Medical Education (OGME). She is responsible for all things directly related to the more than 1,200 UCSF residents and fellows.



Amy began her career in GME five and a half years ago as the Residency and Fellowship Coordinator for the UCSF Department of Dermatology. She landed in the GME realm purely by accident. She had been working in the stock market for a couple of years after graduating from Washington State University with a Bachelor's degree in English and Political Science and she was laid off as a result of the crash of the dot com boom. After four years in Dermatology Amy found that she truly enjoyed working with residents and fellows and accepted her current position in OGME in August, 2005.

While Amy misses the day-to-day interaction with residents and fellows she had in Dermatology, she finds her work in OGME to be exciting and gratifying: "Working with housestaff is a very rewarding experience. Each day is unique and there are always new challenges. Every evening you leave the office feeling like you've made a difference."

Amy's duties include appointments/credentialing, medical licensing, provider IDs, well-being, policies and procedures, etc. She works with many offices and departments at UCSF on behalf of the residents and fellows: Medical Center Administration, Employee and Occupational Health Services, Services to International Scholars, Legal Affairs, Oasis, Medical Staff Office, and many others.

Amy also serves as the OGME liaison to the Residents' Council, to all of the GME training program coordinators across the UCSF community, and to the California Medical Board. You will find her at GMEC meetings and Chief Resident dinners, as well other important meetings and functions.

While Amy's job keeps her on her toes, she also stays busy outside of the office. She is currently working part-time on an MBA from San Francisco State University. In between attending classes, studying and her work at UCSF she finds time to train for and participate in triathlons. She has completed ten triathlons in the last few years including a half-Ironman last August. She will participate in at least five races this year with the most challenging being Escape from Alcatraz in June. Amy also enjoys doing crafts including rubberstamping, card making, and scrapbooking. She is an avid reader, loves to cook and is addicted to television. She spends any available time with her family here in the Bay Area including her young niece and nephew.

News from UCSF Medical Center

Herodia Allen

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This new incentive program is one small step in encouraging your ownership of these most important issues." Three incentive goals have been determined for the 2006-2007 academic year in the areas of Patient Satisfaction, Quality Core Measures, and Documentation Compliance.

In the 2006-2007 academic year, the program will be open to all clinical housestaff who are performing clinical care at UCSF Medical Center sites for at least 4 weeks between January 1, 2007 and June 30, 2007. Incentive payments will be based on achievement of 3 quality and operational goals, at a rate of \$300 each for a maximum possible incentive payment of \$900. Incentive payments will be made in July or August of 2007 via regular payroll procedures. More about the UCSF Clinical Housestaff Incentive Program including the specific goals: <http://medschool.ucsf.edu/gme/>.

Patient Care Fund Encourages StairWELL to Better Health at UCSF

Delphine Tuot, MD and Arpana R. Vidyarthi, MD

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Once you have an idea, visit the following website and take two minutes to fill out the initial application. All ideas are encouraged, even if you cannot lead the project.

http://www.medschool.ucsf.edu/gme/residents/committees/patient_care.aspx

The Resident's Council and Patient Care Fund members will review all applications.

Contact us with any questions

Delphine Tuot (Delphine.tuot@ucsf.edu)
Chairperson, Patient Care Fund Committee

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Many Thanks

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Catheter-Related Bloodstream Infections

Marla Ferschl, MD and Michael A. Gropper, MD, PhD

Catheter-related bloodstream infections are associated with significant morbidity and mortality. It is estimated that in the United States, up to 28,000 patients annually die as a result of a catheter-related bloodstream infection.

Recent literature, however, suggests that these deaths are almost entirely preventable and that infectious complications can be avoided (1,2). As practitioners, it is our duty to eliminate catheter-related blood stream infection at UCSF.

Currently, the rate of infection from a central line at UCSF is estimated to be approximately 2 infections per 1000 catheter days. In order to reduce our rate of infection, UCSF will be implementing a new central line insertion training program for residents.

The goal of this program is to educate providers who place central lines on the proper technique of line insertion, and ultimately to reduce the number of catheter related infections at UCSF to zero.

These guidelines are evidenced based, and should be implemented in every clinical location when possible, including the intensive care units, the operating rooms, and the emergency department.

The proper technique for the placement of a central line should include:

- Hand washing before the procedure
- Chlorhexidine preparation of the insertion site
- Wearing a hat, mask, sterile gown and gloves
- Covering the patient with a sterile drape from head to toe
- Line placement preferentially in the subclavian vein, as higher numbers of catheter-related infection are seen with lines placed in the femoral vein or the internal jugular vein
- Line removal as soon as possible; this should be addressed by clinicians on a daily basis

In sum, catheter related bloodstream infections are a devastating complication of central line placement. By following the simple evidence-based guidelines outlined above, we can prevent harm to our patients.

References:

1. Pronovost P, Needham D, Berenholtz S, et.al. An Intervention to Decrease Catheter-Related bloodstream Infections in the ICU. N Engl J Med 2006; 355: 2725-2732
2. Berenholtz SM, Pronovost PL, Lipsett PA, et. al. Eliminating Catheter-related Bloodstream Infections in the Intensive Care Unit. Crit Care Med 2004; 32:2015-2020

GME Cypher

Robert B. Baron, MD MS

Thank you to all of you that submitted answers to the cypher in the Autumn 2006 edition of the Residents Report. The answer was:

High-quality learning is impossible in the absence of high-quality patient care; likewise, high-quality patient care is impossible without high-quality learning. Attention to both is needed.

David C. Leach, MD

We received 15 submissions, all of which were correct. The randomly selected winner was Theresa Kim, MD, a second year resident in Otolaryngology. She received \$50 in Starbuck's gift certificates. Congratulations Terri!

We hope you enjoy this edition's puzzle.

Instructions: The following is an encoded quote from a famous person. Solve the cipher by substituting letters. Send your answers to Amy Day, Manager, Resident/Fellow Affairs: daya@medsch.ucsf.edu; correct answers will be entered in a drawing to win a \$50 gift certificate!

D ZGWL LK WXCLXCS PDYSCFDLU
 KW KXC HGBN XF. PDYSCFDLU RGP G
 ACSGL PSGT LK PK ZDLR BU HKBDWA
 LK XHFQ. PXCDWA BU QDCFL YDFDL
 LK FGW QCGWHDFHK D CKPS G
 BXWD JXF. JU LRS LDBS D AKL KQQ,
 D RGP RSGCP FDE TGWAXGASF. D
 IWSZ LRSW LRGL LRDF ZGF G NTGHS
 ZRSCS D ZKXTP ZGWL LK TDYS.

XHFQ RGF G FLCKWA RDFLKC
 KQ FSSIDWA PDYSCFDLU GBKWA
 KXC FLXPSWLF, QGHXTLU GWP
 FLGQQ. ZS RGYS RGP FKBS ACSGL
 FXHHSFFSF GWP FKBS PSSNTU
 PDFGNNKDWDWA QGDTXCSF. D
 JSTDSYS LRGL ZS RGYS LRS ZDTT LK
 PK JLLSC. D ZDTT HKXWLSWGWHS
 WK KLRSC GLLDLXPS.

HRGWHSTKC O. BDHRGST JDFRKN



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