

Office of Graduate Medical Education 750 East Adams Street Syracuse, NY 13210

Save the Dates

Mark your calendars for these two events:

Resident Appreciation Day October 24

University Hospital small cafeteria: Continental breakfast starting at 7 a.m.; cake will be served 11 a.m. to 4:30 p.m.

2013 **Beyond the Doctorate** Research Day — March 6

Resident Completes Fellowship in Africa



Dr. Katherine Fry, Pediatrics, won a fellowship allowing her to spend July in Kenya on a pediatrics rotation. She worked at the 74-bed Obama Children's Hospital, dedicated in 2006 by then-Sen. Barack Obama. Dr. Fry helped with rounds, admissions and daily resuscitations and saw several cases of devastating AIDS. Malaria is also rampant in this part of Kenya. "I saw the whole spectrum of disease, from mild illness to death," said Dr. Fry, shown with her fiance Eric Wohlford, an Upstate MD/PhD student. "It was a challenging, yet eye-opening experience. I came back with a new appreciation for our system, even though it is far from perfect."

Resident Report

For more information about the residency programs at **Upstate Medical University** please visit:

www.upstate.edu/gme

Residents Volunteer at Screening Day

Dr. Alosh Madala, Urology resident, and Dr. Rakesh Khanna, assistant professor of Urology, conducted free prostate screenings at the "Get Health Connected" screening event September 15 at Dr. King Elementary School in Syracuse.

In addition to the prostate cancer screenings, Upstate Breast Care Center staff did mammograms. Upstate ophthalmologists did glaucoma screenings, and Upstate HealthLink staff offered smoking cessation information. "Get Health Connected" is a consortium of Central New York health agencies and hospitals.

Poster presented at Geriatrics Society

Dr. Nidhi Bansal, an Internal Medicine resident, presented a poster at the Geriatrics Society annual meeting in Seattle last spring. Her poster, "Diffuse Lewy Body Dementia (DLBD): Missed diagnosis can be life threatening," was based on the case of a 65-year-old patient who had been treated elsewhere with neuroleptics.

After a detailed geriatric assessment, a diagnosis of DLBD with sensitivity to neuroleptics was made, followed by a new treatment

The use of neuroleptics has been associated with adverse reactions, increased mortality and shortened survival times in many patients with DLBD. Dr. Bansal's research was conducted along with Dr. Divey Manocha, Gastroenterology fellow, and Dr. Sharon Brangman, professor of medicine and Chief of Geriatrics at Upstate.



2012 Excellence in Graduate Medical Education Awards

Each year the GME office solicits nominations for four awards from program directors, nursing and resident peers. This year the GME office was pleased to offer these awards to five very deserving individuals (below). Also, Ms. Mary Phelan, Neurology, was named Program Coordinator of the Year; Dr. Stephen Knohl, Medicine, was named Program Director of the Year, and Mr. Chris Stone, IMT/AIS, received the GME Appreciation Award.

Teaching

Dr. M. Reza Rajebi, Radiology

Dr. Rajebi was recognized for developing several teaching tools, according to Dr. Michele Lisi, program director. Dr. Rajebi developed a simulation lab for medical students to teach vascular access, a project being submitted to the Society of Interventional Radiology.

With Dr. Barry Berg, Dr. Rajebi developed a gross anatomy teaching lab for first-year radiology residents. He also has received a faculty invitation from the Society of Interventional Radiology to be the coordinator/moderator of the I R-in-training program at this year's meeting.

Research

Dr. Manika Survadevara

Pediatric infectious disease fellow

Dr. Suryadevara's research accomplishments are outstanding and driven by her ability to develop a project with attention to detail and to follow through to completion, said Fellowship Director Dr. Leonard Weiner.

Dr. Suryadevara's successful projects include pharmocokinetic Vancomycin monitoring in hospitalized pediatric patients and a number of published studies investigating pediatric viral respiratory epidemiology and pathogenesis. She received a \$40,000 grant to develop a program to increase immunization coverage in underserved, high-risk children.

Professionalism

Dr. Scott Van Valkenburg, Orthopedics

Dr. Scott VanValkenburg goes above and beyond to make sure that the nursing team he is working with is well informed, according to the nurses who nominated him. He shares the details of the case, assists with room set up and instrumentation and is punctual, courteous and polite.

The team knows they can count on Dr. Van Valkenburg for whatever surgical case he is assigned to. He comes to the operating room with a plan, communicates well with the attendings and shows compassion for his patients.

Teamwork

Dr. Jacyln Sisskind, Pediatrics Dr. Donald Pilch, Psychiatry

Dr. Sisskind does many things that make her a great team player, according to Dr. Asalim Thabet, including giving up her vacation to fill in for residents while they went to Epic

Dr. Sisskind calls new residents when they are starting a new rotation to make sure they are adapting well, and constantly looks for ways to improve morale. She makes a point to teach other residents and medical students; she also brings in food for those on call, and makes goodie bags for those in clinic and in the PICU.

Dr. Pilch painstakingly revised the residents' on-call manual, said Dr. Joseph Deitz. No one asked him to do it, but when he presented his final product, we didn't know how we managed without it.

Dr. Pilch thought of everything and made numerous improvements to the manual. New residents were able to adjust better with the help of this manual, and patient care improved as a result.

Resident Report

'All In' for Resident **Match Program**

t hardly seems that the year has started and yet we are gearing up to enter a new resident applicant interviewing season.

This year will be the first year that the National Residency Matching Program will be using an "all in" approach for new resident



positions in the NRMP Main Match. Previously, some residents of foreign medical schools or osteopathic schools might have been selected outside of the match process. That is no longer true.

The impact of this new change on interviewing numbers on ranking list numbers and on the subsequent selection of applicants for unmatched positions is unknown. The GME office will be working with all residency programs as we collectively experience this new system.

Speaking of new systems, the Accreditation Council for Graduate Medical Education (ACGME) has announced the implementation of their NAS (New Accreditation System). The NAS will invoke major changes in the manner and frequency of evaluation for accreditation of residency programs.

There will be an increased emphasis on the demonstration of oversight of programs by the institution. The site visits to fully acceptable programs will be reduced from once every two-to-four years to once every 10 years. However, the site visits to institutions will be increased to once every 18 months.

The ACGME has implemented new standards for programs and some new processes including the development of specialty based outcomes based Milestones used to judge the progress of residents and intended to provide specific information for needed remediation.

NAS will be put into place for nine major specialties beginning July 1, 2013 and for all programs as of July 1, 2014. The GME office is realigning itself and working with the Graduate Medical Education Committee to fully address these new standards and processes.

The NAS will place increasing emphasis on the direct participation of residents in institutional quality and patient safety programs, processes and issues. The GME office is working with the hospital quality assurance director, Dr. Louise Prince, and with the various quality teams and committees to fully involve residents in the decision and implementation of our quality and patient safety initiatives.

Resident wants to form global child relief chapter at Upstate

Bv Dr. Kunal Parikh

As a cofounder of the Foundation of International Medical Relief of Children Chapter at the University of California Los Angeles during my undergraduate years, I wanted to engage our Chapter in a project to promote and aid children deprived of healthcare around the world. With authorization from our national chapter in Washington D.C., our team ventured out to join 'Project La Carpio' in Costa Rica; our goal was to create a self-sustaining two-story health clinic and pharmacy geared toward pediatric and maternal health for 34,000 Nicaraguan refugees.

Our team of 15 members ventured into a completely foreign setting unaware of the magnitude of disease. We were to join the mission to aid any physicians, psychologists and nurses with people within the village, and create an economical and logistics program for the clinic and pharmacy from the ground up. Every morning for three months I witnessed what was a living reality for those children and their standard of living. It was difficult to quell the anger within me as I gaped at such terrible conditions for such wonderful and kind people.



necessary one, the Dr. Kunal Parikh in Costa Rica number of refugees my staff helped seems unimaginable and amazing. In a short period of time we were able to begin to alleviate a monstrous health calamity and we realized we made an encouraging impacton the on-going worldwide battle for satisfactory health care.

FIMRC (www.fimrc.org/) is a non-profit organization dedicated to improving health in the developing world through the implementation of innovative and self-sustainable health improvement programs. It is my goal to establish a chapter here at Upstate Medical University to give our medical community an opportunity to get

If you are interested in getting a chapter started at Upstate and would like more information on the organization or how to get involved, you may contact me at kunalrparikh@gmail.com. There are volunteer positions for President, Vice President, Treasurer and Secretary available as well.

The UCLA chapter, as well as dozens of chapters around the country and world, has continued to grow and unify in an attempt to make a difference in the lives of children. With incredible projects ongoing worldwide, I hope you will join me in aiding those efforts from here in Syracuse.

The author is a resident in Physical Medicine & Rehabilitation, and is the resident representative to the Onondaga County Medical Society.

refugee camp's clinic from area hospitals, clinics and pharmacies; the nearlycompleted two story health clinic built for the village.



Neurology Residents Stake Claim to Victory

A team of four Upstate Neurology residents won the regional division of "Neurostakes," an annual competition testing residents' basic and clinical

Upstate's winning team of Drs. Asad Ullah, Ajay Sood, Sophie Cho and Ilya Bragin (pictured, clockwise from top left) finished first among teams from Albany, Buffalo, Rochester and Syracuse. They advance to the finals against the downstate winners at the New York State Neurological Society fall meeting Oct. 20 in New York City.

"This is a remarkable achievement as Rochester traditionally has one of the best programs in the country," said Dr. Deborah Bradshaw, Neurology residency program director.







Chief Residents Strike a Balance

r. Luke Yuhico is one of three chief residents in Internal Medicine at Upstate. He and the other chiefs, Dr. Christine Granato and Dr. John Ulahannan, rotate among Upstate University Hospital, Crouse Hospital and the VA Hospital. They oversee about 90 residents.

Dr. Yuhico said serving as chief resident has its challenges, but is an invaluable experience.

"Being a chief opened my eyes to the bigger picture of things in a hospital," he said. "In any business, whether it's medicine or not, there's a system, a chain of command and an interplay between multiple departments. The best leaders understand this dynamic and work cooperatively within it for the best of their team and for the system as a whole."

Dr. Yuhico said he tries to emulate the best of what he's seen in others.

"The best leaders are those who choose to be so not for any ulterior motive other than to make the program better, and who find fulfillment in being part of the growth of those entrusted to their care," he said. "The culture of our medicine program is so supportive of our success, whether residents choose to stay in Syracuse or not. And the camaraderie among residents is fantastic."

Dr. Yuhico came to Upstate four years ago from the Philippines, and has been impressed by his experience at Upstate. "These are good people as well as good doctors," he said. "They're happy and sincere. They truly care for their patients and have respect for their peers. I've been proud to be among physicians I not only consider colleagues, but also friends."

His advice to new residents is to understand that their chiefs are there to help make residency a positive learning experience and to be their advocate through this stage of their journey.

"We're here to support what's best for them, as they pursue the dreams they set out for," Dr. Yuhico said. "However, making changes to improve their learning experience involves more than just their department. There are others to consider, such as other divisions, departments, nursing, etc., all of whom are an equal part of the system as a whole.

"Because of this," he said, "some changes may be limited within a certain time frame. At the end of the day, we will always have their back, working to support excellence in work and achievement of their goals. Our door is always open."



Dr. Luke Yuhico

Here are Dr. Yuhico's observations on the duties and qualities of a chief resident:

Duties

- Troubleshooting. With any situation that comes up with a resident, such as illness, difficulty at work, scheduling, career advice, or even personal/ family crises, "You're the go-to for anything they need help with."
- Quality Improvement. Working with all departments in the hospital to ensure quality patient care.
- Teaching. Bedside teaching and Practice of Medicine course for medical students
- Residency conferences, Journal club, Resident morning report, Intern report.
- Administrative. Working with the program director, educational programs office, chiefs of other departments, hospital administration and GME, sometimes to change how things are done."No change means no improvement. With change comes resistance, sometimes more initial difficulty, but in the long run, it leads to growth."

Qualities

- Professionalism. "Residents look up to you, and you must have the understanding that you have to be an example."
- Fairness. "You have to care for each individual, but the whole group, too. What's preferred by one person may not be good for the whole, and one must have the wisdom to understand the difference and decide appropriately."
- Trust. "Professional distance is tricky. The hardest thing is to balance being a supervisor and being a friend. You have to trust that with any decision you make that someone may not like, if the friendship is true and the decision reasonable, they will understand."
- Compassion. "Mistakes are part and parcel of training and growth, and should be taken as learning opportunities. The key is helping juniors understand any mistake made, why it happened and what can be done to improve moving forward."



Fellow Develops Pocket Guide to Elder Care

r. Divey Mancoha, gastroenterology fellow, developed a pocket-sized chart, "Acute Care of the Elderly," last year with Dr. Sharon Brangman while he was a fellow in gerontology.

The pocket-sized booklet gives an overview of areas relevant to the care of older patients — pain management, constipation, sleep, medications, delirium and gastrointestinal issues, as well as some miscellaneous patient management suggestions.

Unusual Case Leads to Winning Poster

r. Carlos Martinez-Balzano, Internal Medicine, won an award for a clinical vignette poster he presented at the National American College of Physicians annual meeting in New Orleans.

Dr. Martinez-Balzano presented a case report of a cardiac ICU patient whose wildly fluctuating blood pressure and multiple strokes was complicated by the presence of a rare and poorly understood tumor, pheochromocytoma.

The patient's blood pressure fluctuations were managed, and he was extubated after five days and released after 12 days. A week later, he had the tumor removed.

The outcome was positive despite the case's unusual evolution, said Dr. Martinez-Balzano. The case illustrated rare complications of pheochromocytoma, and suggests that patients who present with wild fluctuations of blood pressure should be evaluated for the presence of pheochromocytoma with predominant epinephrine secretion.

