

Resident Connections Quarterly

Rutgers NJMS Internal Medicine Residency Program

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The Enhanced Outpatient Curriculum



by Lauren Blackwell, Cordero Floyd, and Ralph Bernardo

Rutgers New Jersey Medical School recently launched a novel outpatient rotation for second and third year Internal Medicine residents called Community Outreach and Simulation Training

Inside This Issue	
<i>The Enhanced Outpatient Curriculum</i>	1
<i>Who's Who Among Medicine Faculty</i>	2
<i>Procedure Night</i>	2
<i>Who's Who Among NJMS Residents</i>	3
<i>Rutgers Football</i>	3
<i>My Medical Mission to Haiti</i>	4-5
<i>Eight Days in Haiti</i>	5
<i>HackensackUMC Board Review</i>	5
<i>The Fellowship Application Timeline</i>	6
<i>Bernardo's Best</i>	6
<i>Work Hard, Live Harder</i>	7
<i>Distinguished Housestaff Awards</i>	8
<i>Sean and Trent's 2 Cents</i>	8
<i>Medical Haikus</i>	8
<i>EKG Challenge</i>	8

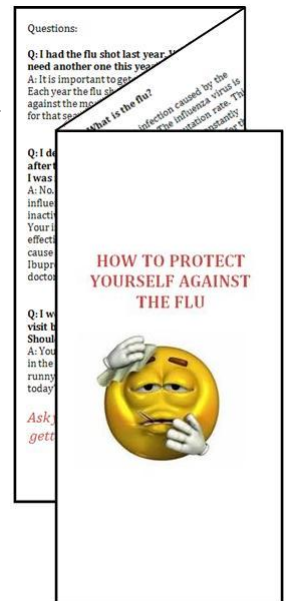
(COST). This rotation combines time in the simulation laboratory at the East Orange Veteran Affairs Hospital with community outreach at University Hospital's Ambulatory Care Center. Residents spend time in the morning refining skills, such as placing central lines and performing paracenteses. In the afternoon, the focus is shifted toward community outreach where residents participate in various workshops. One workshop, for example, emphasizes patient education. Residents spend time with patients in the waiting room educating them

about common medical problems. While this may seem like an intimidating task to some, resident feedback has been overwhelmingly positive. Second year resident, Margaret Duffy, reports, "It allows me to counsel patients without the constraints of time." Patients have also enjoyed the additional private to semi-private counseling time, stating it has enhanced their overall clinic experience.

The COST rotation also helps to showcase our residents, providing care that goes beyond the surface of a typical patient encounter. Residents are now able to develop a deeper understanding of patients' experiences with illness and navigating the health care system. This, in turn, helps foster more humanistic residents who are passionate about patient-centered care and wellness.

Further strengthening the outpatient curriculum is the new Academic Half-Day that takes place during the ambulatory rotation. From 9:00 AM to 11:30 AM every Friday, residents prepare lectures hand-selected from various ACP topics. Recent presentations have included outpatient management of COPD, sarcoidosis, and community acquired pneumonia. During the first week of each ambulatory block, one morning report is dedicated to ambulatory clinic management and treatment. A resident is selected to present a case from clinic where a question of management is discussed using the PICO method (population, intervention, control, outcome). During the second week, using evidence-based research, potential answers to the problem are discussed. An informative workshop on Billing/Coding has also been included in the block. Throughout the rotation, residents also independently complete various computer-based Johns Hopkins Ambulatory Modules that cover a broad spectrum of outpatient topics.

With the addition of COST and the Academic Half-Day, Rutgers New Jersey Medical School continues to graduate Internists who are not only well-trained in inpatient medicine but who also have a solid foundation in the outpatient care setting.



A creative pamphlet by residents to educate patients in waiting rooms.

Who's Who Among Medicine Faculty - Renu Ohri, MD

by Ruchi Kumari

She's one of the most interesting people around, and if you have ever heard a pair of heels clicking down the halls of 5A, you already know who we're talking about. Dr. Renu Ohri is no stranger to the NJMS family!



Originally born and raised in New Delhi, India, Dr. Ohri grew up in a traditional Punjabi household, along with her siblings, including an identical twin sister. Can you guess

who's who in the picture above? After moving to the United States at the age of eight years, Dr. Ohri quickly transitioned with her hard work and strong family support. In no time, she was attending Rutgers University as an undergraduate before becoming a medical student at NJMS, where she continued on to complete her residency in Medicine and Pediatrics.

After six years at HackensackUMC, Dr. Ohri joined the VA Hospital family in East Orange, where she has been working for the last nine years. At the EOVA, she finds herself working alongside not only her former mentors, but also her former students! She states, "There is such a nice balance between having the opportunity to practice independently but always knowing that

someone is there to help." And if she does not do enough already, Dr. Ohri also serves as the Clerkship Coordinator for 2nd and 3rd year NJMS students who rotate through the EOVA.

When she's not at work, you can find Dr. Ohri shopping away or sitting down to a Friday night Bollywood movie with her family. Happily married for sixteen years, Dr. Ohri treasures her loved ones, especially her two beautiful children, Suhani and Sameer. As a modern family woman with a career in Medicine, Dr. Ohri serves as a role model to our NJMS students and residents, and we are fortunate to have her everlasting commitment and support to the Residency Program.



Procedure Night



by Sean Bednarz

In the quest to deliver the best and safest care, upholding the oath to "do no harm," we were delighted again to host the annual Internal Medicine Residency Program Procedure Night. The event is a popular evening workshop that offers unparalleled opportunity to learn about and perform invasive procedures including abdominal paracentesis, arthrocentesis, orotracheal intubation, lumbar puncture, arterial line and central venous catheter place-

ment. Procedure Night was held on October 24th in the Rosemary Gellene Room. It complements ACLS simulation sessions at the University Hospital and our comprehensive simulation lab at the East Orange VA Hospital.

Simulation-based training offers a platform where a resident, or care team, can learn, rehearse, improve, or maintain their skills in a safe and stress-free environment.

During simulation training, patients are not at risk and errors can be allowed to play out. It is an optimal platform to familiarize residents with various procedure trays found in training hospitals and to rehearse and master procedures while learning crisis management in a controlled setting. Overall, it an essential opportunity to hone in on clinical skills necessary in the practice of Internal Medicine, to boost confidence, and to improve patient safety in urgent care situations.

Take a look at how above Med-Peds PGY-4, Dr. Jason Zucker, guides residents, Drs. Faria Irani and Narjust Perez, in performing a lumbar puncture. He states, "It is great to share medical procedural knowledge with the next generation of residents."

Who's Who Among NJMS Residents - Rahim Wooley, MD



University where he became a proud member of the Big Red Track and Field team as a short sprinter (60m, 100m, 200m). Rahim was a two-year team captain, two-time team MVP, and four-time Ivy League Champion, replacing his former band honors with track accolades, which included being named "Fastest Man in the Ivy League."

During college, Rahim was also initiated into Omega Psi Phi Fraternity, Inc., which allowed him to develop and refine his leadership skills while serving his community. Upon graduation, he continued his education at Baylor University in Waco, Texas where he worked in the Psychology and Neuroscience research department and served as a supplemental instructor for introductory courses.

tions led Rahim to pursue his residency in Internal Medicine. Rutgers was an ideal choice because it gave him the opportunity to study in a large program that serves a diverse community. It also allowed him to relocate closer to his family and friends in the NY/NJ area. Rahim is still figuring out what he would like to pursue post-residency. In the meantime, he is excited to learn from renown faculty alongside the best group of interns ever assembled!

In East Philadelphia, born (not) raised, on the playground is where he spent most of his days. Shortly after he was enrolled in first grade, Rahim and his family moved to North Augusta, SC where he became involved in karate, Boy Scouts, football, and the academic team. As if being the star of the academic team wasn't enough of a boost to his popularity, Rahim also joined his school's marching band as a tubist. After two years at his local high school, Rahim transferred to the South Carolina Governor's School for Science and Math where he ran track, studied biology, and logged many hours on the N64 playing Mario Kart.

After high school, Rahim enrolled at Cornell

Two years later, Rahim took a position as a Land Contract Analyst for an oil exploration company in Houston, TX. Shortly after, the stock market crashed and his company went bankrupt. Rahim saw the company's unexpected failure as the perfect opportunity to pursue his lifelong dream of becoming a doctor. He applied to medical school and ultimately enrolled at the Medical University of South Carolina (MUSC) in Charleston, SC. While at MUSC, he became an active member of various student organizations and continued to serve the surrounding community.

His commitment to service and passion for helping patients with various medical condi-



Rutgers Football



by Trent Wang

Amidst the excitement of the 2014 entrance into the Big Ten Conference, Rutgers fans still have to worry about weathering out one more season in the newly formed American Athletic Conference. Showcasing an in-conference schedule consisting of, but not limited to, Southern Methodist University, Temple University, and the University of Houston, Rutgers fans are receiving the opportunity to watch their team play against fresh and unfamiliar teams.

The 2013 edition of the Rutgers Scarlet Knights football exhibit a senior-laden offense consisting of junior quarterback Gary Nova, an experienced offensive line, and a

young but talented wide receiving corps. Throughout the first half of the season, the explosiveness of the offense in conjunction with the schemes of offensive coordinator Ron Prince have been on display, demonstrating an obvious upgrade from last year. The offensive woes lie once again in protection of the quarterback as well as the football, as the team has had a significant number of sacks and turnovers.

The defensive backfield graduated five former players to the National Football League. The secondary has become an area of great concern, as it has already been exploited by Fresno State and SMU. We can only hope that the green defensive backs gain valuable experience quickly if we are to hope for a successful conference record. The defensive line and linebacker depth is vigorous, and has

been a formidable force in stopping the run. Special teams has been a highlight so far this season, with dynamic punt and kick returns by true freshman Janarion Grant. Punt and kick-off defense have been solid and one of the top in the nation. Field goal kicking remains a concern as Federico has been inconsistent even with short field goals. Punting and kick-offs have been spectacular with fifth-year senior transfer from Utah Nick Marsh lending his skill and experience.

Overall, there is still much to be excited about this "bridge" season before our great Big Ten entrance. I predict that we can achieve a 8-4 record (losses to Fresno State, Louisville, University of Houston, and University of Central Florida) and go to a sunny, warm locality bowl in December!

My Medical Mission to Haiti



by Cordero Floyd

It was January 12, 2010, when a 7.0 magnitude earthquake rocked Haiti with an epicenter 20 miles west of Port-au-Prince. The disaster resulted in an estimated 200,000 deaths while another quarter million lost their homes and businesses. The medical infrastructure of Haiti was lacking prior to the earthquake and was in shambles afterwards. The world reacted to the terrible tragedy by sending aid in the form of food, water, medical supplies, and foreign workers. Hundreds of groups formed in the US to raise money and awareness of the situation and sent thousands of volunteers to assist in the recovery. Project Medishare, a disaster relief initiative based out of Miami, FL built a tent city hos-



pital close to the epicenter of the earthquake in Leogane, Haiti. The group was able to raise significant funds and partner with many physicians worldwide to build a permanent hospital in Port-au-Prince named Bernard Mevs.

One of Project Medishare's partners is the Committee of Interns

and Residents (CIR). The partnership allows its members to volunteer in Haiti for a week at no cost to the resident via a scholarship. I traveled to Haiti in September 2013 for 7 days. Prior to going to Haiti I asked several colleagues who spent time in Haiti after the earthquake what I should expect when I arrived. The responses varied and descriptions were synonymous: total devastation, difficult working environments, and scarce supplies. Fully informed, or so I thought, my bags were packed- vaccines, travel antibiotics, malaria pills, wet wipes, and lots of snacks. My first lesson was that I should've brought fewer snacks and more medical supplies.

I arrived in Port-au-Prince on September 15th and traveled 20 minutes to the hospital compound, which consisted of eight buildings housing all the basic departments needed to run a hospital: pharmacy, radiology, laboratory, OR, medical and pediatric wards. My colleagues - the week's volunteers - consisted of 3 ER residents, ER/Peds nurses, respiratory therapist, EMTs and one recently graduated internist- me. After an hour-long orientation we were immediately put to work; I was assigned to the ICU and Med/Surg B. The ICU had 4 beds and Med/Surg B had 10 beds, including 1 "isolation room." An attending, Dr. Toni, the medical director from the University of Miami, showed me around the ward and said see you tomorrow. Slightly terrified and overwhelmed, I started to see my patients with Sam (Haitian translator).

My patients' ailments ranged from gunshot wounds with chest tube drainage to skull fractures to women s/p c-sections. You might ask yourself as did I what am I supposed to do for these people....I'm medicine not surgery or OB! I found myself testing the limits of my medical knowledge and clinical skills. I often felt betrayed by the abundance of supplies in the US and the ease at which a keystroke ordered a stat CT. In Haiti there is no such thing as STAT. Simple procedures such as bedside CXR and physical therapy were a luxury.

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As in America, when I discharged my patients I had to be cognizant of their financial limitations. Medications and follow up imaging all came at a high cost. A CT scan was \$150, antibiotics \$25, and follow up visits \$15. Prices sounded reasonable to me until I realized the average Haitian only made \$2/day. Patients' families were expected to contribute to their loved ones' care in the form of washing patients, providing food, clean clothes and sheets.

Despite all the challenges, I enjoyed my time in Haiti. The doctors were eager to collaborate and teach me new ways to manage patients with less utilization on imaging. The nursing staff definitely fulfilled the saying- "necessity is the mother of all inventions". When I ordered incentive spirometry for my patient, I expected to see the same apparatus used here in the states. To my surprise she cut ventilator tubing and taped a glove on the other end.

Not all days ended on a high note. I watched several patients die in the ER that would have probably made it back had they been stateside. Watching a mother rock her deceased newborn for hours is one of the most difficult experiences I can remember. Life appeared to be so fragile in Haiti. Sometimes the difference between life and death was those that could be airlifted to Miami and those I only could pray for.

The medical mission to Haiti left me with many different emotions; overwhelming, sad, frustrated, grateful, scared, happy, joyful, encouraging, misunderstood, loving, acceptance and a recommitment to serving humanity as a loving and caring physician. I learned that the love and devotion of family makes you wealthier than any other currency. I learned that I know and can do more than I thought with less. I returned to my homeland with a greater appreciation of the access, abundance and opportunity we have. Mèsi poutè ou Ayiti (Thank you Haiti)!!

Eight Days in Haiti

by Ahmad Yousaf

Now, I am not the type of person who believes that 8 days of anything can change somebody's life or perspective. I do not believe that a mere week of any type of experience could shape views or paths or open somebody's eyes in some reformational way. I also am confident in my feeling that 8 days of work cannot make a significant difference or 'change the world' or even make a dent in the inequities that exist by being born into an extremely fortunate situation that I had done nothing to earn. With all of this understanding I went to Port Au Prince, Haiti for a CIR-sponsored medical mission through the University of Miami called Project Medishare. My prior experiences in the developing world prepared me for the severe poverty, lack of infrastructure and overt injustices that I saw while I was there. However, I was wholly not ready for what I discovered through my experiences in dealing with the Haitian patients I treated.

I witnessed the ability of human beings to persevere and remain

dignified despite all of the odds against them. Medication was sparse and resources were minimal but their smiles and kindness were not. Patient after patient, I watched as people who had nothing still found something to give. I left the trip having reminded myself that if I ever legitimately complain about anything in my life, I would remember the newborn that was brought to us two hours after having been born in a dumpster, and then I would shut my mouth and find a way to make things a little better.

More than anything I learned a little more about myself. I sewed up lacerations made by machetes, treated DKA with no short acting insulin, coded a kid s/p motorcycle accident, and helped treat a child with miliary TB. I also rocked an orphaned boy to sleep, helplessly watched a woman die of peritonitis without the ability to do anything except deliver her some morphine, and carried a dead infant back to her grieving mother to tell her there was nothing more we could do. And that was it... I realized that MOST of the time, there is nothing more I can do and so, I better take advantage of the opportunities where I actually can.

HackensackUMC Board Review



by Ruchi Kumari

This year marked the fifth annual Internal Medicine board review at HackensackUMC. The event was started five years ago by Dr. Thomas Salazer, a well-known nephrologist who felt that this would be a great way for the community to come together and learn at the same time. The board review is free and open to the everyone and has grown over the past years. It is broadcast to multiple sites, including University Hospital in Newark as well as St. George's University in Grenada and Mountainside Hospital in Montclair. There can be well over fifty participants on any given evening with sixteen sessions over a span of two months. Our NJMS residents can be spotted throughout these sessions, taking full advantage of this great

learning opportunity. Even after a hard day of work, resident Sunniya Khan, reports "The board review helps us learn the techniques needed to tackle the board exam in a comfortable and fun learning environment."

learning opportunity. Even after a hard day of work, resident Sunniya Khan, reports "The board review helps us learn the techniques needed to tackle the board exam in a comfortable and fun learning environment."



The Fellowship Application Timeline

by Trent Wang

As we are winding down in this year's fellowship application process, we have all accumulated a good deal of knowledge about the processes and timeline. My goal here is to summarize the steps and hopefully help future applicants organize their schedules and lives in preparation for this three-month whirlwind.

April and May

This is a preparation month for your ERAS application. You should download the sample PDF template of the ERAS application (which has not yet opened for you to begin working on online). Make sure you read up on how to fill out the publications and presentations part, as the application differentiates between peer-reviewed, non-peer-reviewed, and online publications, as well as between poster and oral presentations. Also start brainstorming ideas and get started on drafts of your personal statement: one of the few pieces of your application that you can easily make a splash with.

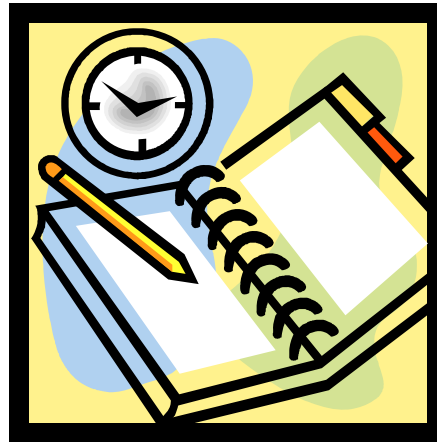
This is also the time to ask letter writers to write a *great* letter on your behalf. The EFDO site (the site which ultimately holds your uploaded letter of recommendations) does not open until mid-July, so you will not be able to give them a formal request yet.

June

Typically in mid-June, you are finally able to buy an ERAS token for \$90. Do NOT buy a token before this time, as it will not be valid for the upcoming application cycle. After you receive a token, you are able to officially register for ERAS and begin work on your application. You should dou-

ble and triple check your application for errors.

Once ERAS opens, you can also officially print out the letters of recommendation requests from EFDO and request your official letter writers to submit their letters to Dr. Kothari by July 7th (or approximately



one week before the deadline to give uploading a one week cushion to carry through).

You should also have picked out the programs you wish to apply to at this point, and have selected and paid for them through ERAS. This can be a pricey process (applying to 90 programs costs about \$2000), but well worth the security if you are unsure of your own competitiveness, or if you are applying for a hyper competitive subspecialty (a la Gastroenterology, Allergy, etc)

July

Mid-July is when the programs begin downloading and evaluating applications for interviews. The most important thing you can do is MAKE SURE that your

ERAS application is complete, without errors and typos, including having all letters of recommendations being fully uploaded.

From July 15th to the end of September, the majority of programs will send out invitations through MyERAS and emails. This is the fun and anxiety-ridden month where you will carry out compulsive email checking and where you hate your friends for emailing you invitations to anything. Thank goodness for the new Google-mail filters!

August - November

Near the end of August, some programs will begin interviewing applicants. This process extends through the end of October. Ensure that you interview at all tiers of programs and have at least one "backup" as the Match is an unpredictable process. In October, the NRMP Match server will open for registration (for a monetary fee of \$60 of course).

By mid-November, you should have your rank list submitted and certified in NRMP. This is in preparation for the gargantuan and all important December 4th Match Date. Best of luck to all of this year's applicants!

In the meanwhile, you should all continue working on your research projects as well as your Quality Improvement Projects. Do not underestimate the value of oral presentations (including our Clinical Pathological Conferences), and submit many abstracts and case reports to national conferences.

Don't forget to attend our annual Career Fair later this academic year, where all this and more will be discussed in detail!

Bernardo's Best: Chicken Rollatini



Ingredients:

Chicken breast halves
Prosciutto (or cooked ham)
Mozzarella (sliced thin)
Grated parmesan cheese
Minced garlic
Butter
White wine
Olive oil

Directions:

Preheat oven to 325°F. Pound chicken breast. Lightly cover both sides with parmesan cheese. Place a pinch of garlic and teaspoon of butter in the center. Layer with prosciutto and mozzarella. Roll each chicken breast using two toothpicks to hold in place. In an oven-safe tray, combine 1/2 cup white wine and 1/2 cup olive oil. Place the rollatini side-by-side and cook for approximately 30 minutes.

Work Hard, Live Harder

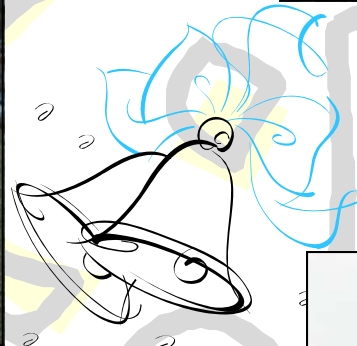
Learning how to balance both residency and life at home can be difficult at times. However, nothing is impossible. Take a look at our residents, who have mastered their professional and personal lives. A special congratulations to all of those recently engaged, married or starting a family!



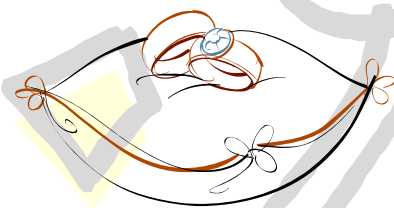
Left: Residents Arpita and Gaurav Gandhi celebrate the upcoming arrival of their baby girl who is due on November 20, 2013.



Above: Sean Sullivan married his fiancée Kelly at classy, Liberty House Restaurant in Jersey City, NJ on September 14, 2013.



Above: Raman Raman proposed to Anuja in a Bollywood style Bhangra flash mob at Washington square park in NYC on a beautiful afternoon in March 2013.



Left: Pavan Patel met his fiancée, Roshni Gandhi, during medical school. He proposed to her on May 29, 2012 after a romantic horse carriage ride in Downtown Chicago. Their wedding is planned for July 2014.



Above: Lucy Cheng married her fiancé Jiaqi Li on September 1, 2013 at the beautiful Waterside Restaurant in North Bergen, NJ.

RCQ brought to you by:

Chief Residents — Sean Bednarz, Ralph Bernardo, Lauren Blackwell, Cordero Floyd, Ruchi Kumari, Matthew Michaels, Trent Wang

Program Director — Neil Kothari

Suggestions?
Please send them to ruchiefs@gmail.com

RUTGERS
New Jersey Medical School



Patient Care, Teaching, Humanism, Professionalism

We're on the Web!
www.njms.rutgers.edu/departments/medicine



...and don't forget to join the NJMS Internal Medicine Residency Group on Facebook!

Distinguished Housestaff Awards



July:
Larysa Gromko
Joseph DeRose
Rahim Wooley
Margaret Duffy
Sunniya Khan
Sarah Ramer

August:
Jill Deutsch
Lindsay Thornton
Margaret Mysliwiec

September:
Sandra Aleksic
Daniel Matassa
Kathleen Carstens
Richard May
Nneoma Okoronkwo

Congratulations!

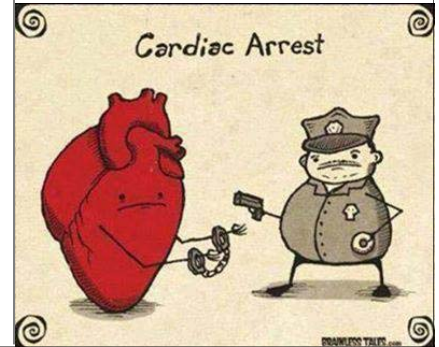
Sean and Trent's 2 Cents!

Q: If many girls claim to be Mona then how to identify the real Mona?

A: Simple! Give them Piperacillin and Tazobactam that will kill Pseudo-Monas...

Q: How many gynecologists does it take to change a light bulb?

A: Why don't we just take out the socket? You're not using it any more and it'll only cause you more problems later on.



Medical Haikus

by Sarah Ramer

Sheets of muddy browns
Fertile fields for no one but
The renal on-call



Stress, urge, overflow...
So many ways to leak pee!
Damn. I just got splashed.

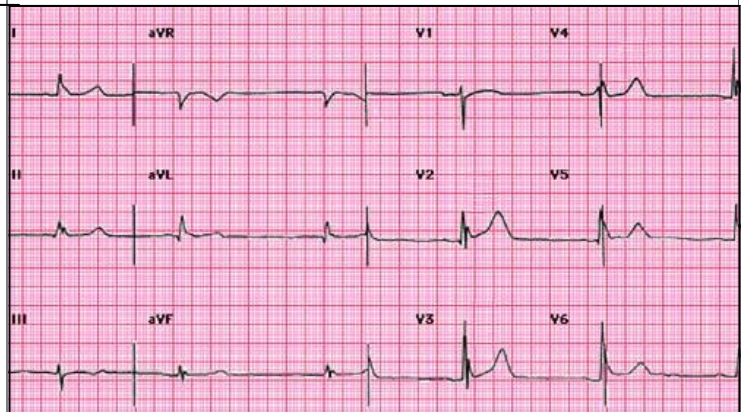


Cryoglobulin
Hard to write haiku about
Cryoglobulin

When your pee backs up
It's called hydronephrosis.
Page Dr. Foley!



EKG Challenge



Answer: Hypothermia

Questions? Need to talk? Call us!



UH Chiefs
973-972-5584 or 6054

HUMC Chiefs
201-996-2591 or 2592

VA Chiefs
973-676-1000 x1873,
1874, or 2803