



Resident Connections Quarterly

Rutgers NJMS Internal Medicine Residency Program

Volume 9, Issue 2

Spring 2018

Clues to Success By: Khaled Abu-Ihwejj

The first day of intern year is often filled with excitement, curiosity, purpose and some amount of trepidation. It is an important year that many argue is the steepest learning curve physicians face during their careers. Time flies and before we realize it, those 'deer-in-the-headlights' interns start gearing up for their first day of second year. The transition from intern to team leader is another small hill for interns to conquer, once they have mastered the skills of note writing and putting in obscure orders. With this objective in mind, on March 10th the Department of Medicine organized its second **Annual Intern Retreat**, focused on transition from internship to second year. The Chiefs hoped to ease the interns' trepidations through a little bit preparation and a little bit of fun.

The interns were excused from their clinical duties and spent the day at Escape the Room in Hackensack, NJ. The day started off with the group being split into two teams, who entered the room together to solve various challenges and earn their freedom in 60 minutes. One team was able to escape the room with two minutes to spare, a major improvement over the last year when none of the teams finished the challenge on time ! After their successful "escape", the interns continued to compete in challenging "Minute 2 win it" showing off their chopstick dexterity.

Over lunch, the interns sat with the chiefs for a seminar explaining the qualities of strong senior residents. Admissions, team management, feedback for interns and medical students, and work flow tips were presented to the upcoming senior residents. A big portion of the meeting was spent on what the interns should be doing in anticipation for their second year, such as slowly taking on more of the senior responsibilities in their upcoming rotations on the floors and the ICU. The day was a success as it served to bring the whole class together for a day of learning and, as Jonathon Packer put it, "mandatory fun." The day was filled with lots of laughter but also moments of gratitude, especially for senior residents who were back in the hospital covering shifts for the interns. Take a look at this happy group!



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Fellowship Match 2017!

Congratulations to everyone on an **outstanding** fellowship match this year! For those of you gearing up for the upcoming fellowship application cycle, below is a rough timeline to keep in mind as you begin preparing:

March/April 2018: Update your CV. Are there any projects you haven't submitted yet? Do it now! You still have enough time to get posters and manuscripts accepted! Start working on your personal statement and begin thinking about who you're going to ask for letters of recommendation. By the end of April, ask for your LORs to ensure that they are uploaded to ERAS by July 1st.

May 2018: Finish your personal statement! Make sure others have read it; the more constructive criticism you receive, the better. Compile a list of programs you'd like to apply to.

June 2018: ERAS 2018 Season begins! You can request your ERAS 2018 Fellowship token to begin the application process. Once you have purchased and received your token, you'll be able to register for MyERAS and start working on your application.

July 2018: Time to submit your application. Best of luck!

Resident	Specialty	Program
Khaled Abu-Ihweij	Pulmonary Critical Care	Rutgers New Jersey Medical School
Edrik Acevedo	Geriatrics	Hackensack University Medical Center
Ahmad Al Turk	Cardiology	Tulane University
Luis Alzate Duque	Academic Medicine	Rutgers New Jersey Medical School
Riju Banerjee	Cardiology	Albany Medical Center
Daniel Bodek	Gastroenterology	Rowan University
Jacqueline Burnell	Infectious Disease	Temple University
Luke Chong	Cardiology	St. Louis University
Elena Dolmatova	Cardiology	Emory University
Hussam Eltoukhy	Hematology/Oncology	Rutgers Robert Wood Johnson
Miguel Gonzalez	Hematology/Oncology	Mayo Clinic Arizona
Meredith Holub	Pulmonary/Critical Care	New York University
Hyunseok Kim	Gastroenterology	Baylor College of Medicine
Veronica Mariotti	Hematology/Oncology	Moffitt Cancer Center
Malorie Meshkati	Pediatric Intensive Care	Mount Sinai Medical Center
Njambi Mathenge	Cardiology	Harvard University/ MGH
Kasra Moazzami	Cardiology	Emory University
Natalija Odanovic	Cardiology	Yale University
Rima Panchal	Pain and Palliative Care	Memorial Sloan Kettering
Ricardo Parrondo	Hematology/Oncology	Mayo Clinic Florida
Brijesh Patel	Cardiology	Rutgers New Jersey Medical School
Tanzila Razzaki	Endocrinology	Rutgers New Jersey Medical School
Ramya Undamatla	Endocrinology	University of Pittsburgh Medical Center

Residency

Categorical Internal Medicine

Ahmed, Ahmed	Rowan University
Ampey, Madia	University of Minnesota
Barajas Ochoa, Jorge	Univ. de Guadalajara
Boutin, Regine	Drexel University
Bowen, Dana	Cooper Medical School
Choi, Catherine	University of Buffalo
Choi, Sung	Rutgers NJMS
Delle Donna, Paul	Rowan University
DiSesa, George	Temple University
Hu, Sean	Rutgers NJMS
Jerome, Christopher	New York
Jiang, Yi	Peking Union University
Markovic, Nebojsa	University of Belgrade
Nasir, Umair	Rowan University
Oldaker, Christopher	West Virginia University
Panchal, Dayna	NYIT College of Osteopathic Medicine
Pishdad, Reza	Shiraz University
Rehman, Abdul	Aga-Khan Med. College
Roque, Willy	Universidad de Zulia
Tysarowski, Maciej	University of Warsaw

Preliminary Medicine

Atmatzidis, Douglas	Rutgers NJMS
Colao, Joseph	Rutgers NJMS
Domogauer, Jason	Rutgers NJMS
Govindraj, Mohan	Rutgers NJMS
Hannaford, Stephen	Rutgers NJMS
Harris, Kristen	Rutgers NJMS
Hartsgrove, Caitlin	Rutgers NJMS
Oh, Daniel	Rutgers NJMS
Sahoo, Anurag	Rutgers NJMS
Seery, Christopher	Rutgers NJMS
Shah, Malav	Rutgers NJMS
Zhu, Yingrong	Rutgers NJMS

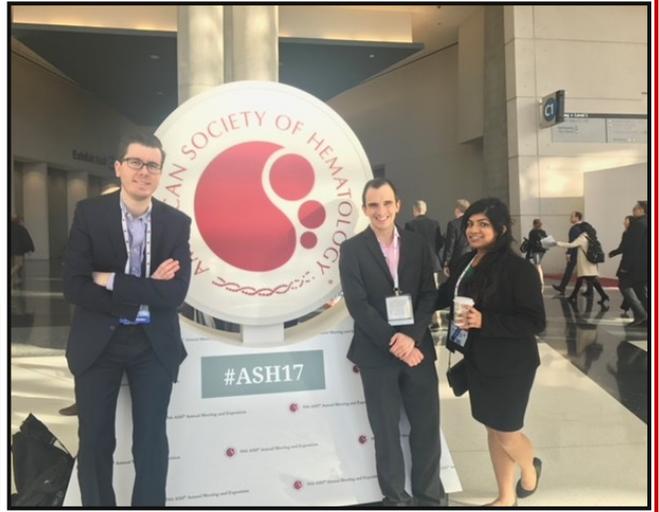
Medicine-Pediatrics

Hale, Zachariah	UCSF
Khatri, Megna	Rutgers NJMS
Ravelo, Yanet	Rutgers NJMS
Soetanto, Vanessa	Geisel SOM Dartmouth

Research Corner

This year, across all sub-specialties, many of our residents published their work in reputed medical journals and presented their research at national conferences. Dr. Hyunseok Kim was named the “2017 Emerging Liver Scholar” by AASLD. Congratulations to all!

CONFERENCES
America Society of Hematology (ASH)
American College of Cardiology (ACC)
American College of Gastroenterology (ACG)
American College of Chest Physicians (CHEST)
American Association of Clinical Endocrinologists (AACE)



#1282-204
Immune-related Myocarditis and Conduction Abnormalities Secondary to Combination Immunotherapy
Treatment with Ipilimumab/Nivolumab in a Patient with Metastatic Carcinoma
 Miguel Gonzalez Valenzuela, M.D., Ph.D., Gilead A. Saeed-Ahmed, M.D., Ph.D., Rajeev Datta, M.D., Tracy A. Provost-Singh, M.D., MPhil, Subramanian, M.D., Rutgers University-New Jersey Medical School, Newark, NJ, 2,Jersey Theoret Cancer Center Hackensack University Medical Center, Hackensack, NJ, 3, Mayo Clinic, Rochester, MN

BACKGROUND
 Immune-related myocarditis (IRM) and conduction abnormalities (CA) are rare but potentially fatal complications of immune checkpoint inhibitors (ICPIs). We report a case of IRM and CA in a patient treated with combination immunotherapy (IO).

INVESTIGATIONS
 The patient underwent cardiac MRI, echocardiography, and electrophysiology studies. Cardiac MRI showed late gadolinium enhancement (LGE) in the septum and lateral wall, consistent with myocarditis. Echocardiography showed a normal left ventricular size and function. Electrophysiology studies showed a prolonged QTc interval and a bundle branch block.

DECISION MAKING
 The patient was treated with corticosteroids and immunoglobulin G (IVIG). The symptoms improved, and the patient was discharged on a low-dose corticosteroid regimen.

CASE
 A 62-year-old male with metastatic melanoma and lung adenocarcinoma was treated with combination IO (ipilimumab and nivolumab). He developed symptoms of chest pain and shortness of breath. Physical examination was unremarkable. ECG showed a prolonged QTc interval and a bundle branch block. Cardiac MRI showed LGE in the septum and lateral wall, consistent with myocarditis. Echocardiography showed a normal left ventricular size and function. Electrophysiology studies showed a prolonged QTc interval and a bundle branch block.

LEARNING POINTS
 • IO can cause IRM and CA, which are potentially fatal complications.
 • Cardiac MRI and echocardiography are useful for diagnosing IRM and CA.
 • Treatment with corticosteroids and IVIG may improve symptoms.

REFERENCE
 1. Gopalakrishnan V, et al. Myocarditis and conduction abnormalities associated with immune checkpoint inhibitors. *N Engl J Med*. 2018;378(12):1133-1134.



RESEARCH 2017—2018

76 Peer-Reviewed Publications

59 Presentations at National Conferences

KHALED ABU-IHWEJ
NEWARK, NJ, UNITED STATES
OTHER INFECTIONS 477

OLD FRIEND, NEW FACE: ACTINOMYCES PRESENTING AS A LOCULATED PNEUMOTHORAX
 Khaled Abu-Ihwej, MD, FACP, FIDSA, and Anne K. Subramanian, MD, Rutgers University - New Jersey Medical School, Newark, New Jersey

Background
 Actinomyces is a gram-positive, filamentous, anaerobic bacterium that typically presents as a chronic, suppurative, and abscess-forming infection. It is often associated with a "carnal" or "carnal" appearance of the abscesses. The organism is highly resistant to penicillin and other antibiotics.

Case
 A 62-year-old male with a medical history of chronic obstructive pulmonary disease (COPD) and emphysema presented with a 2-week history of chest pain and shortness of breath. Physical examination revealed hyperinflation of the lungs and decreased breath sounds on the right. A chest X-ray showed a loculated pneumothorax on the right side. A CT scan of the chest showed a large, loculated pneumothorax on the right side, consistent with a loculated pneumothorax. The patient was treated with intravenous penicillin G and clindamycin. The pneumothorax resolved, and the patient was discharged on oral penicillin V and clindamycin.

Conclusions
 This is a rare presentation of Actinomyces as a loculated pneumothorax. The organism is highly resistant to penicillin and other antibiotics. A high index of suspicion is needed for the diagnosis of this infection.

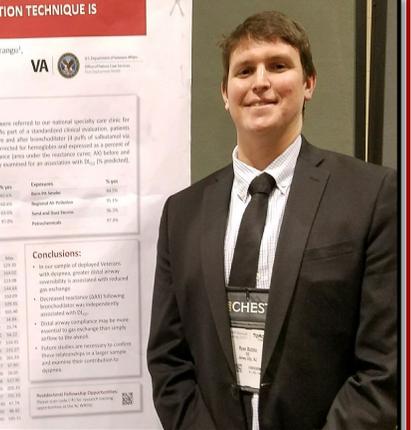
References
 1. Archer G, et al. Actinomyces: a review of the literature. *Am J Surg*. 1998;176(5):500-505.

DISTAL AIRWAY REVERSIBILITY VIA THE FORCED OSCILLATION TECHNIQUE IS ASSOCIATED WITH REDUCED GAS EXCHANGE
 R. Bhatia¹, A. Sotgiu¹, A.R. Berman¹, J.C. Klein², D.A. Helmer¹, Q. Choudhri¹, D. Nataraj¹, N. Egeji¹, and M. J. Fabry¹
¹Rutgers New Jersey Medical School, Newark, NJ
²Veterans Affairs Medical Center, Durham, NC

Methods:
 All non-smoking patients (53/102: 53.9% female and 46.1% male) were referred to our national specialty care clinic for evaluation of asthma, defined as self-reported shortness of breath of at least 2 days per week for at least 2 months. Spirometry, reversibility testing, and fractional exhaled nitric oxide (FeNO) were performed in accordance with published standards. FeNO was converted to fractional exhaled nitric oxide (FeNO) and presented as percent of predicted. All patients received a 200 mg course of prednisone. All patients received a 200 mg course of prednisone. All patients received a 200 mg course of prednisone.

Results:
 The mean age was 45.2 ± 12.1 years. The mean BMI was 24.5 ± 4.2 kg/m². The mean FEV₁ was 1.8 ± 0.4 L. The mean FVC was 2.8 ± 0.6 L. The mean PEF was 320 ± 80 L/min. The mean FEV₁/FVC was 64.3 ± 3.2%. The mean FeNO was 12.5 ± 4.5 ppb. The mean %RV was 10.5 ± 3.5%. The mean %IRV was 15.5 ± 4.5%. The mean %D₉₅ was 10.5 ± 3.5%. The mean %D₉₀ was 15.5 ± 4.5%. The mean %D₈₅ was 10.5 ± 3.5%. The mean %D₈₀ was 15.5 ± 4.5%. The mean %D₇₅ was 10.5 ± 3.5%. The mean %D₇₀ was 15.5 ± 4.5%. The mean %D₆₅ was 10.5 ± 3.5%. The mean %D₆₀ was 15.5 ± 4.5%. The mean %D₅₅ was 10.5 ± 3.5%. The mean %D₅₀ was 15.5 ± 4.5%. The mean %D₄₅ was 10.5 ± 3.5%. The mean %D₄₀ was 15.5 ± 4.5%. The mean %D₃₅ was 10.5 ± 3.5%. The mean %D₃₀ was 15.5 ± 4.5%. The mean %D₂₅ was 10.5 ± 3.5%. The mean %D₂₀ was 15.5 ± 4.5%. The mean %D₁₅ was 10.5 ± 3.5%. The mean %D₁₀ was 15.5 ± 4.5%. The mean %D₅ was 10.5 ± 3.5%. The mean %D₀ was 15.5 ± 4.5%.

Conclusions:
 In our study of distal airway disease, patients with reversible airway disease (RAD) following bronchodilation had significantly higher FeNO and lower %RV, %IRV, and %D₉₅ compared to patients with non-reversible airway disease (NRAD). These findings suggest that RAD is associated with increased distal airway inflammation and decreased distal airway volume. These findings suggest that RAD is associated with increased distal airway inflammation and decreased distal airway volume.



Outcomes Relationship of Heart Transplantation United States: A 4-year Perspective
 United States: A 4-year Perspective

Results:
 The study included 1,234 patients who underwent heart transplantation between 2013 and 2017. The mean age was 58.2 ± 12.1 years. The mean BMI was 28.5 ± 4.2 kg/m². The mean FEV₁ was 1.8 ± 0.4 L. The mean FVC was 2.8 ± 0.6 L. The mean PEF was 320 ± 80 L/min. The mean FEV₁/FVC was 64.3 ± 3.2%. The mean FeNO was 12.5 ± 4.5 ppb. The mean %RV was 10.5 ± 3.5%. The mean %IRV was 15.5 ± 4.5%. The mean %D₉₅ was 10.5 ± 3.5%. The mean %D₉₀ was 15.5 ± 4.5%. The mean %D₈₅ was 10.5 ± 3.5%. The mean %D₈₀ was 15.5 ± 4.5%. The mean %D₇₅ was 10.5 ± 3.5%. The mean %D₇₀ was 15.5 ± 4.5%. The mean %D₆₅ was 10.5 ± 3.5%. The mean %D₆₀ was 15.5 ± 4.5%. The mean %D₅₅ was 10.5 ± 3.5%. The mean %D₅₀ was 15.5 ± 4.5%. The mean %D₄₅ was 10.5 ± 3.5%. The mean %D₄₀ was 15.5 ± 4.5%. The mean %D₃₅ was 10.5 ± 3.5%. The mean %D₃₀ was 15.5 ± 4.5%. The mean %D₂₅ was 10.5 ± 3.5%. The mean %D₂₀ was 15.5 ± 4.5%. The mean %D₁₅ was 10.5 ± 3.5%. The mean %D₁₀ was 15.5 ± 4.5%. The mean %D₅ was 10.5 ± 3.5%. The mean %D₀ was 15.5 ± 4.5%.

Regional Disparities and National Trends in Mortality among Cardiac Arrest Patients managed with Extracorporeal Life Support
 Regional Disparities and National Trends in Mortality among Cardiac Arrest Patients managed with Extracorporeal Life Support

Methods:
 We conducted a retrospective analysis of cardiac arrest patients managed with extracorporeal life support (ECLS) in the United States between 2013 and 2017. The study included 1,234 patients. The mean age was 58.2 ± 12.1 years. The mean BMI was 28.5 ± 4.2 kg/m². The mean FEV₁ was 1.8 ± 0.4 L. The mean FVC was 2.8 ± 0.6 L. The mean PEF was 320 ± 80 L/min. The mean FEV₁/FVC was 64.3 ± 3.2%. The mean FeNO was 12.5 ± 4.5 ppb. The mean %RV was 10.5 ± 3.5%. The mean %IRV was 15.5 ± 4.5%. The mean %D₉₅ was 10.5 ± 3.5%. The mean %D₉₀ was 15.5 ± 4.5%. The mean %D₈₅ was 10.5 ± 3.5%. The mean %D₈₀ was 15.5 ± 4.5%. The mean %D₇₅ was 10.5 ± 3.5%. The mean %D₇₀ was 15.5 ± 4.5%. The mean %D₆₅ was 10.5 ± 3.5%. The mean %D₆₀ was 15.5 ± 4.5%. The mean %D₅₅ was 10.5 ± 3.5%. The mean %D₅₀ was 15.5 ± 4.5%. The mean %D₄₅ was 10.5 ± 3.5%. The mean %D₄₀ was 15.5 ± 4.5%. The mean %D₃₅ was 10.5 ± 3.5%. The mean %D₃₀ was 15.5 ± 4.5%. The mean %D₂₅ was 10.5 ± 3.5%. The mean %D₂₀ was 15.5 ± 4.5%. The mean %D₁₅ was 10.5 ± 3.5%. The mean %D₁₀ was 15.5 ± 4.5%. The mean %D₅ was 10.5 ± 3.5%. The mean %D₀ was 15.5 ± 4.5%.

IN-HOSPITAL OUTCOMES
CARDIOVASCULAR RISK

Results:
 The study included 1,234 patients who underwent heart transplantation between 2013 and 2017. The mean age was 58.2 ± 12.1 years. The mean BMI was 28.5 ± 4.2 kg/m². The mean FEV₁ was 1.8 ± 0.4 L. The mean FVC was 2.8 ± 0.6 L. The mean PEF was 320 ± 80 L/min. The mean FEV₁/FVC was 64.3 ± 3.2%. The mean FeNO was 12.5 ± 4.5 ppb. The mean %RV was 10.5 ± 3.5%. The mean %IRV was 15.5 ± 4.5%. The mean %D₉₅ was 10.5 ± 3.5%. The mean %D₉₀ was 15.5 ± 4.5%. The mean %D₈₅ was 10.5 ± 3.5%. The mean %D₈₀ was 15.5 ± 4.5%. The mean %D₇₅ was 10.5 ± 3.5%. The mean %D₇₀ was 15.5 ± 4.5%. The mean %D₆₅ was 10.5 ± 3.5%. The mean %D₆₀ was 15.5 ± 4.5%. The mean %D₅₅ was 10.5 ± 3.5%. The mean %D₅₀ was 15.5 ± 4.5%. The mean %D₄₅ was 10.5 ± 3.5%. The mean %D₄₀ was 15.5 ± 4.5%. The mean %D₃₅ was 10.5 ± 3.5%. The mean %D₃₀ was 15.5 ± 4.5%. The mean %D₂₅ was 10.5 ± 3.5%. The mean %D₂₀ was 15.5 ± 4.5%. The mean %D₁₅ was 10.5 ± 3.5%. The mean %D₁₀ was 15.5 ± 4.5%. The mean %D₅ was 10.5 ± 3.5%. The mean %D₀ was 15.5 ± 4.5%.



Who's Who: Dr. Igor Eyzner



This past year you may have noticed a familiar face walking around University Hospital at night. After graduating from the Rutgers NJMS Internal Medicine residency program last June, Dr. Igor Eyzner joined the Academic Hospitalist group at University Hospital as their newest nocturnist.

Dr. Eyzner was born in Odessa, Ukraine and immigrated to the US in 1991, at age 3. With his typical humor, Igor explains: "I have no siblings, which is why I am so well-adjusted." He commuted to high school by subway, where he was often greeted by advertisements for New York's most famous physician, Dr. Jonathon Zizmor (if you don't know who he is –you are either too young or not a New Yorker!), spurring his initial interest in medicine. Yet, he attended New York

University (NYU), where he majored in history with a minor in math. His favorite book was Vietnam Wars 1945-1990 and his least favorite was Grundrisse: Foundations of the Critique of Political Economy.

While at NYU, he played on the baseball team for 4 months, but due to lack of athletic ability and worsening eyesight he did not find much success. He finished his college baseball career 0-3 with 1 strikeout. That same year he started wearing glasses.



After graduating from NYU, Igor attended NYIT medical school. Internal medicine was his first rotation during his third year, and he was hooked! Despite enjoying all other rotations, nothing matched "the fame and fortune internal medicine could offer"!

In his free time, Igor enjoys watching movies and Netflix original series, and playing Blink 182 songs on his guitar. He is an avid NY Yankees and Giants fan. This year, he looks forward to officiating Jacquie Burnell's wedding and hopefully overcoming his biggest fear, learning how to swim.



Who's Who: Drs. Barbara Danek & Aris Karatasakis

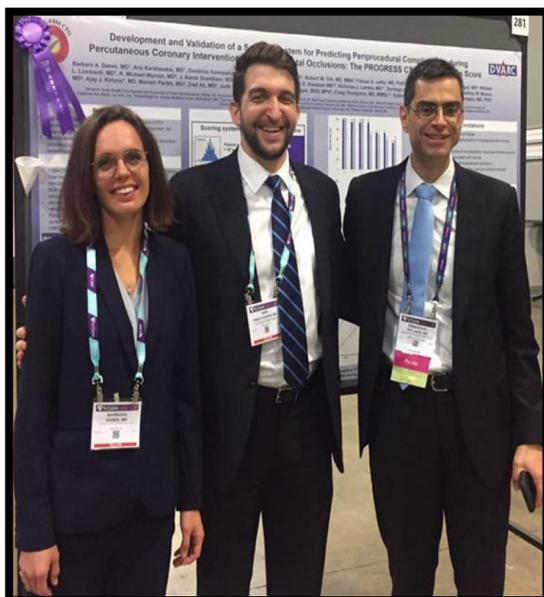
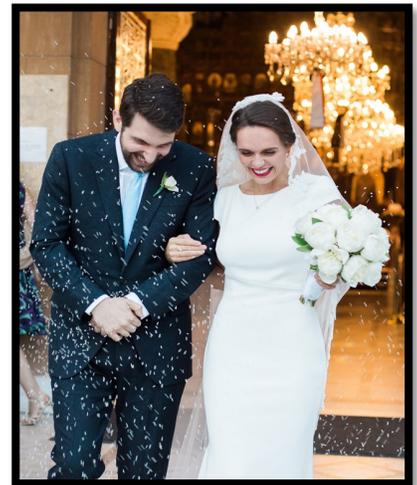
Hello! We are Aris Karatasakis and Barbara Danek – we are both categorical interns and we couples-matched! Aris is from Athens, Greece and I was born in the Czech Republic and lived in the US (Boston and San Francisco Bay Area) for most of

my childhood before returning to Prague. Aris and I met on the first day of medical school. It was love at first sight as we soon realized that we were meant to be together forever. After we graduated from medical school, we had the opportunity to join a cardiology research group at the University of Texas Southwestern in Dallas. We took a trans-Atlantic leap and moved from Prague to Texas together. During our post-doctoral fellowships, we learned a lot about clinical research, a little bit about interventional cardiology, presented our

work at national conferences, and realized that we both want to pursue careers in academic cardiology. But the best part of doing a research fellowship was working with an incredible team of brilliant and dedicated colleagues.

Last year we went through the residency match process together, which took us on a 3-month long trip around the US. We were very excited to reach the four corners of the US exploring new cities together with every new interview! During our interview day, Rutgers stood out as a program where we both felt that we would be challenged and nurtured as clinicians. We are very proud to be part of this enthusiastic and talented group of residents!

Aris and I had our wedding ceremony in Athens, followed by a honeymoon on the Greek islands, Koufonisi and Naxos, just before relocating from Texas to New Jersey to start residency. During our free time, we enjoy doing simple things together, like cooking, watching movies, running, and biking. Aris enjoys developing new obsessions periodically (currently: wristwatches). We usually spend our vacation time visiting family in the Czech Republic, Greece, or California, but we love to travel and explore new places as well. After residency, we both look forward to pursuing fellowships in Cardiovascular Disease and to a new round of traveling.



Medical Mission: Taking Care of Syria

This past year future chief residents and current roommates Natasha Piracha and Eman Rashed embarked on medical missions to assist the Syrian refugees in Jordan. As two of our most humanistic residents, we are proud of their accomplishments and thank them for all of their hard work!

A Reflection By: Natasha Piracha, MD

In November of 2017, I was able to take my second mission trip to Jordan. We spent our time in some of the smaller, less regulated, Syrian refugee camps, which house an estimated 75-80% of the refugee populations. Before going on any of these mission trips, I worried that I wouldn't know anything and wouldn't be able to help these people in any way. Only when I got there and met the patients, I realized that patients around the world are so similar to the ones I take care of at home!

The worry about their day-to-day living, losing their homes, and raising their children in such an uncertain environment impacts refugee health in tremendous ways. Some of the diagnoses are quite straightforward and easily treatable: asthma gets steroids and pneumonia gets antibiotics. Others, such as depression and anxiety, are a little trickier in this setting and leave you feeling disappointed in yourself. Our organization, IMANA, is looking to provide more stable, long-term primary care and mental health, to help combat a lot of the chronic illnesses of this vulnerable population. I hope to continue providing services to those vulnerable around the world, not just in Jordan but also in other deserving countries, for years to come!



A Reflection by Eman Rashed, MD PhD

In the lengthy years of training, it's easy to lose sight of why you chose to go into medicine. Our time is accounted for months in advance, we have schedules, rotations, exams, and evaluations. We are constantly thinking about the "next step", and we forget how much good we can do right now. The ability to help people and to utilize our training for the purpose of easing the suffering that is rampant in the world, is an immense gift and responsibility. I have been fortunate enough to travel to Jordan on several mission trips to treat Syrian refugees. As you probably know, Jordan is home to about one hundred thousand Syrian refugee men, women, and children who have been displaced from their home country in the wake of the Syrian war.

As physicians today, we are pressed for time, judged by our efficiency, and our speed. Empathy needs time for reflection and time has become a luxury, yet empathy is necessary and we cannot and should not do without it. I leave Jordan always with a renewed sense of purpose, a fresh dedication to my craft, and a larger perspective on what it means to be a physician. The faces and the stories, all live on in my mind, for better or for worse. I am not sure how much I gave to the refugees, yet I feel they gave me so much more!



Wellness Corner!

From happy hours to holiday parties to Haiku workshops, our residents know how to have fun and enjoy some R&R! This year we celebrated the holidays with the annual luncheon at University Hospital and the HUMC holiday party. Our new social chair, David Song, has organized many outings over the past year, bringing together residents and interns for some well-deserved fun! This year, under the direction of Dr. Aggarwal, monthly interdepartmental events have been organized to deepen our sense of community across programs. The Department of Medicine's event in April will be rock climbing followed by a happy hour in Hoboken!



RCQ Brought To You By:

Chief Residents: Khaled Abu-Ihweji, Daniel Bodek, Jacqueline Burnell, Natalie Cedeno, Njambi Mathenge, Genevieve Matthews, Claudia Miranda

Program Director: Mirela Feurdean

Comments: Email ruchiefs@gmail.com

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New Jersey Medical School



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We're on the Web!

http://njms.rutgers.edu/departments/medicine/internal_medicine/



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

Housestaff Awards

Congratulations!

OCTOBER

Interns:
Daria Popescu
Benjamin Perrella
Rick Wang

Seniors:
Adam Tsangaris
Ning Dong
Beth Swift-Taylor

NOVEMBER

Interns:
Abhinav Changa
Marshall McKenna
Omry Zuckerman

Seniors:
Ricardo Parrondo
Piyumika DeSilva
Sarah Abbassi

DECEMBER

Interns:
John Kuster
Ranye Efobi
John Park
Marshall McKenna

Seniors:

Arooj Babar
Brijesh Patel
Sarah Abbassi
Ramyra Undamatta

JANUARY

Interns:
Peter Sharoupim
Ryan Golden
Sunil Chulani

Seniors:
Rahool Dave
Thayer Nasereddin
Maulin Patel

FEBRUARY

Interns:
Jonathan Packer
Barbara Danek
Hassaan Arshad

Seniors:
Faheem Malik
Jonathan Lim
JP Zertuche

NEJM Image Challenge

An 86-year-old man presented with an absent right pectoralis major muscle and brachydactyly of the right hand since birth. What is the diagnosis?



- A. Down Syndrome
- B. Poland Syndrome
- C. Prenatal thalidomide exposure
- D. Fanconi anemia
- E. Ehlers-Danlos syndrome

Answer: B

Announcements:

Career Night: May 10th

Research Day: May 3rd

Graduation Day: June 7th



"You have a rare condition called 'good health'. Frankly, I'm not sure how to treat it."

Questions? Need to talk? Call!



UH
973-972-5584 or
6054
HUMC
551-996-2591 or
2592
VA
973-676-1000
x1873, 1874, or
2803