

STUDENT ROUNDS is a new section of the *Alumni Journal* featuring reports from the president of each class as well as commentary and creative work from current College of Medicine students.

Spring Fever MS I

Ross Sullivan
President, Class of 2008



Ross Sullivan '08

Spring is in the air, and to us first years, that means the start of physiology and histology. For histology, we received our microscopes and slides and were given a crash course in the art of using a microscope.

Some people were naturals. Others, like me, couldn't see anything the entire class period, until some kindly soul plugged in the microscope.

The MS I's are also planning and organizing the Anatomy Ceremony, honoring those people who donated their bodies to our education. Scheduled for late April, we plan on not only honoring their sacrifice, but also providing their family members with an appropriate 'goodbye.'

With only two months of school left this academic year, the MS I's are astonished and excited that we have almost completed our first medical school year.

Switching Gears MS II

Roan Glocker
President, Class of 2007



Roan Glocker '07

By the time this *Alumni Journal* is published, the second years will be finished with their classroom experience at Upstate. This will mark the welcome beginning of our clinical years.

Preparations have already begun, with students picking their clerkship tracks and setting the

dates for their board exams. What the second-year class is anticipating most, however, is the brief break between second and third year. Although the amount of vacation time decreases in medical school, it is more cherished than ever. Many students are planning to travel, both within the United States and abroad, while others are going to use the break to spend time with family, or just to catch up on sleep. When we reconvene in early July we will all be refreshed and very ready to begin the second half of our medical school experience here at Upstate.

Decision Time MS III

Jodie Fiacco
President, Class of 2006
Binghamton Clinical Campus

With third year quickly coming to a close, we MSIII's have all started to realize how far we have come and yet how many decisions remain. It seems like just yesterday we were first years, slightly naive medical students unsure of what the future held and uncertain about whether we were equipped with what it took to be successful medical students. Now that we have made it through the basic science years and have survived on the wards, we can look back with a sense of accomplishment while looking to the future and the long road that still lies ahead.

The Class of 2006 is currently busy deciding on a fourth-year schedule, which includes acting internships, away electives, and a basic science component. It is the only time in medical school that we will be able to choose a course based on our own interests. We are all trying to choose electives that will be beneficial to our future. After the elective lottery is complete, our focus and anxiety will shift to residency planning. It is time to decide what field of medicine is right for us, what part of the country we want to live in, what programs to apply to, who to ask for reference letters; the list goes on. Over the next few months we will be faced with more career decisions than during all of our

other years of medical school combined. Undoubtedly, however, it is the work of the past three years that has prepared us for these crucial decisions.

The Journey MS IV

Josef Toussaint, MD
President, Class of 2005
Binghamton Clinical Campus



Josef Toussaint, MD '05

It all began four or so years ago with the donning of our white coats at the White Coat Ceremony. There were the medical bags in which we put our first stethoscope, ophthalmoscope, and sphygmomanometer for the POM (Practice of Medicine) course. This was it, we were equipped and on our way to becoming doctors.

We toiled through the daunting course load of the basic science years and struggled to survive the grueling hours of the clinical years; well third year anyway. And now we have arrived on the verge of a new horizon. With Match Day and Commencement behind us, we prepare to journey coast to coast to begin our new lives as residents. For the next one to seven or more years in training, we will hone the skills we have acquired as students into ones we will employ as practitioners of medicine: Doctors.

Although we began together at orientation and will arrive at the same destination on Commencement, the journey has been a little different for each of us. For some it was rocky, like a stormy sea. For others it was as smooth as a kite flowing in the summer breeze. There were engagements, anniversaries, and a few visits from the stork. All in all, we managed to make it safely to our final destination, graduation day.

We ask that your prayers be with us as we pack our bags and prepare to embark on the next leg of our respective journeys across the country. Be on the look out for us, for we may be joining a hospital near you.

The Medical Home

By **Ericalyn Kasdorf, MD '05**
and **Elissa Yozawitz, MD '05**



Ericalyn Kasdorf, MD '05

During the month of February, we completed a Public Health Selective, working with Linda Karmen, the director of the Onondaga County Health Department

Bureau of Special Children Services' Children with Special Health Care Needs (CSHCN) program, in conjunction with Exceptional Family Resources. Together, we created a project in which we would learn more about the medical home, while identifying gaps in the services and care offered to children with special health care needs in the Greater Syracuse community.

A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met.

As we are both entering pediatric residencies next year, we wanted to learn more about the medical home for our own future practices. During this project, we spent a day at Exceptional Family Resources meeting the advocates and learning about the vast number of community resources available, participated in a conference call with New York State Department of Health staff regarding resources and concepts for the medical home project, and attended a Committee on Special Education advocacy workshop for families.



Elissa Yozawitz, MD '05

Perhaps most valuable was our interaction with special needs children and their families. It was a pleasure to meet these children in a setting other than the hospital

or clinic. The parents were encouraged to hear about the concept of the medical home, as many have not been exposed to this model. In addition to taking a survey we adopted from the American Academy of Pediatrics, the parents were eager to tell us about many of their own experiences raising a child with special health care needs.

On the Front Lines

One family recounted their first days after their child was born with spina bifida. The only explanation they received on the disease was that their child would "not be able to walk." They had no idea how many surgeries, catheterizations, and physical therapy sessions they would face. This family went from knowing nothing about the disease to remodeling their home so that their child would be in a less-limiting environment. They also began to keep a daily log of medications administered, doctor appointments, test results, and hospitalizations. Many of the changes they made in their lives were due to trial and error, and therefore took longer than would have been necessary.

Another family told us of their struggle administering injections to their newborn baby at home. It was not until this ordeal was over that they learned they were entitled to nursing care at home. If only their pediatrician had known about resources in the area, their struggle could have been avoided.

We also met with school nurses to discuss the same medical home principles. We were surprised and impressed to see how schools are adapting to the mainstreaming of children with special health-care needs. One local elementary school had everything from a physical therapy/occupational therapy program to a sensory stimulation room. However, the nurse was disappointed by the lack of communication that she had with the children's physicians. Although we understand that this is partly limited by HIPPA, we believe that communication can and should be better. We wanted to see if this is a common theme, so we sent out more than 100 mailings to school nurses in the area. To date, we have received 50 survey responses. A recurrent theme was the lack of adequate communication between the child's primary care provider and school nurse, as well as insufficient information on the child's previous medical history.

Survey Results

We also adapted the American Academy of Pediatrics survey for physicians regarding the medical home for this project. This survey assesses the extent to which primary care providers in the area are implementing the medical home concept. It will be interesting to compare the areas viewed by the medical providers as needing improvement with those of the families.

We learned a great deal from this project and will consciously incorporate the principles of the medical home into our future practices based on this unique opportunity.