

CLASS PRESIDENT REPORTS

MS I

Greggy Laroche

President, Class of 2009



Greggy Laroche '09

The MS I's are really excited to be here at SUNY Upstate! We are close to finishing our first major medical school course in Molecular Foundations of Medicine (MFM). Most of us, though, are anxious to

get MFM over with so that we can get into the Cadaver Lab and really get our hands dirty. Those that took Summer Human Anatomy are eager to see what many opportunities Upstate has to offer.

While still adjusting to the rigorousness that is medical school, we have found ways to relax. Already, many of us have joined clubs and are doing activities that offer us the chance to see patients and/or doctors at work. The Practice of Medicine course has given us the opportunity to use our new stethoscopes that were provided by the alumni, which we are thoroughly grateful for. Although most of us have only been here for about six weeks as I write this, it already feels like months!

We now have a long journey ahead of us; nevertheless, we are prepared to make Upstate proud.

MS II

Ross Sullivan

President, Class of 2008



Ross Sullivan '08

The 2005-2006 school year is off to a fast and furious start. Our first month-and-a-half of second year is already under our belt. We're learning clinically relevant science, and are all excited to use our new-

found knowledge on any brave soul who will let us. Many of us are doing just that through Upstate Preceptorships: a day of shadowing area physicians.

The main focus, however, is the next exam!

MS III

Ralph Milillo

President, Class of 2007
Syracuse Campus



Ralph Milillo '07

It seems as if only yesterday, orientation ended and we sheepishly introduced ourselves to the residents of our various clerkships. Amazingly, four months have flown by, and some of us have finished as many as three

clerkships, while others pride themselves on making it through "eternal" medicine. As students, we still are choosing our specialties. Some of us have already decided, but others want to experience each clerkship and see what fits best before making any decisions.

Although we may have very different schedules, the one thing we all have in common has been learning to adapt to early morning starts and ending late at night, not to mention the hour of suggested reading before collapsing in bed to begin another day just five to six hours

later. Despite the long days, I believe my classmates and I have learned that nothing is more fulfilling than helping a sick patient become well again. Medicine at Upstate is a team effort and being an active part of that team is what drives us to excel.

It's hard to explain the feeling one gets when a patient thanks them for caring, but it is a feeling that doctors and medical students alike can revel in after a long day's work.

MS IV

Kathleen Morrell

President, Class of 2006
Syracuse Campus



Kathleen Morrell '06

During the fall of our fourth year, most final decisions on a residency have been made, but some of us are still wavering or uncertain. Interview season is coming upon us and more questions are being

raised than answered. How many interviews do I need to go on? Who can I believe when they say they want me at their program? Will I really get in where I want? Could I really survive four more Syracuse winters if I had to?

As if this wasn't enough, we are still going to school. Most of us are now taking electives in our chosen specialty, finishing up a final required clerkship, revisiting the first two years in a basic science elective, or just enjoying something we may not see again after May. Add to this the looming Step II exams—now with the two components of a written exam and standardized patient exam—and fourth year is certainly not a breeze!

We were able this year to tap into the Upstate alumni through the Career Advisory Network. This has proved helpful for contacting specific alumni for advice on specialties, programs, and even locations. We would like to thank all of the alumni who have reached out through this program in guiding the careers of future Upstate alumni!

From Patient, To Doctor

Erin Hannagan's road to a medical career began in a hospital bed.

No one ever taught Erin Hannagan, MD '03 what it's like to be a patient.

She learned that on her own, the hard way. At age 16 she was diagnosed with Hodgkin's disease, a malignant cancer of the lymph nodes. Dr. Hannagan, who lived in Binghamton at the time with her family, endured an 11-month battery of chemotherapy, radiation and other treatments at SUNY Upstate Medical University.

Twelve years later she's still at Upstate, cancer-free and completing her training as a pediatrician.

"I think I'm a much better doctor because of it than I would have been had I not been sick," Hannagan said.

Before she got cancer, Hannagan wanted to be a lawyer. The disease shifted her plans. After graduating from SUNY Binghamton, she attended medical school at Upstate and is in the final year of a three-year residency. Next, the 28-year-old will train more so she can specialize in pediatric emergency medicine.

Ronald Dubowy, MD, and Gloria Kennedy, MD '89, who cared for Hannagan at Upstate when she was a cancer patient, became her role models.

"I didn't appreciate how important doctors can be in people's lives, especially kids' lives," she said. "My doctors are my friends. They were at my medical school graduation. I go over to their house for dinner. I know their kids. They are very important people to me."

—James T. Mulder

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Erin Hannagan, MD '03, is a pediatric resident at Upstate.

In her own words:

I had a cough for a long time. It would come and go. I thought I had a cold. The coughing got worse and I had to stay home from school two days. I remember the day I got my diagnosis so vividly. I went to the doctor's office. They did this chest X-ray and said, "You have a mass in your chest."

At first I was in a state of disbelief. Then I was really angry. They wanted to tell me I couldn't do things. But I was a 16-year-old girl and I was busy. I was a cheerleader. I was vice president of my class in high school. I said, "No way. You can't tell me what to do." I was angry and stubborn.

For a 16-year-old girl, the worst part of the experience was losing my hair. I was in the bathroom and I went to brush my hair. It was all coming out. It was awful. That might have been the first day I remember

really crying. Being an adolescent is a hard time for anyone. Then to be sick and not normal . . . when that's all you want is to be normal, is a really hard thing. Once you start with chemotherapy . . . you kind of forget what it's like to not feel bad. It becomes normal. I was sick and tired a lot.

Toward the end of my treatment in my junior year of high school, I was realizing I was interested in medicine. I used to think medicine was like taking your car to a mechanic. They find out what's wrong, they fix it and that's it. I didn't realize there was as much detective work that goes into medicine, critical thinking and the kinds of skills you actually need to make a diagnosis. It appealed to me in the scientific, detective work sort of thing and on the personal, people level.

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Urology

Chair: Gabriel Haas, MD

- In July, University Hospital became the first Syracuse-area hospital to offer minimally invasive surgery for prostate cancer that uses the latest advance in robotics and computer technology. Robot-assisted prostatectomy (RAP) with the daVinci surgical system has been shown to improve outcomes following prostate surgery, particularly early recovery, and proven to be as effective as traditional surgery in removing prostate cancer.

- **Ali Moinzadeh, MD**, recently joined the faculty as an assistant professor of urology and chief of laparoscopic and robotic urologic surgery.

Dr. Moinzadeh completed a two-year fellowship at the Cleveland Clinic in advanced laparoscopic and robotic surgery. His clinical interests are in urologic oncology including minimally invasive surgery of the prostate, bladder, ureter, kidney, and the adrenal gland.

Moinzadeh has worked closely with the department of radiology at Upstate to implement a three-dimensional CT scan protocol allowing for better vascular and anatomic delineation of the kidney/tumor. Moinzadeh is also trained in both laparoscopic and robotic surgical removal of the prostate for cancer and plans on investigating clinical outcomes comparing these two techniques. He is excited to teach and expose residents and medical students to the contemporary techniques of minimally invasive urologic surgery.

From Patient, To Doctor *continued from page 31*

I think that one thing missing in medical training is most people don't know what it's like to be a patient. If I were in charge of training, there would be a week where you have to spend a few days in the hospital, get some blood tests, get woken up to get your vitals taken at 4 in the morning, all those things. I've had every test you can possibly imagine. I know what it feels like to have six people walk into the room and you're laying there in bed in your pajamas feeling yucky while they're talking about you. It's important to know what it feels like to be that person. It makes you a little more considerate.

I wanted to do pediatric hematology-oncology, exactly what all of my doctors did when I was sick. In this residency program you spend a fair amount of time . . . dealing with kids with cancer. I love the kids. It was a lot more emotionally difficult than I could handle. I don't know if

it's because I feel a little closer to the situation than other people. Being there when a kid is diagnosed and telling their family, that to me is the hardest part. I always see my family in that situation. That makes it more difficult. It's mostly the parents who make me feel sad because it makes me think about my parents.

I decided I wanted to do pediatric emergency medicine. In the ER you get to take care of really sick kids, but you don't love them and know them personally the same way. It's not quite as difficult. It's fast paced. I like procedures. I like examining people. I like getting to talk to people. I just love kids. I can't imagine doing a job where I didn't get to hang around with kids everyday.

I wish we had more time to spend with patients. I wish we could fix everyone.

I've been cancer-free 11 years. The chances of Hodgkin's recurring are pretty

low. With childhood cancer survivors the main risk is actually in secondary malignancies that can result from the chemotherapy and radiation they received to treat the initial cancer. It kills the cancer cells but it can sometimes damage other cells. I have to go once a year and get all kinds of tests.

Surviving cancer makes me appreciate things a lot more. There are a lot of things people worry about that are not that important. There are worse things. That's how I feel a lot of times when people are complaining. It's not worth complaining about some of them. It's important to live every day, not miss out on things and appreciate your family. It also taught me to never give up because you can do anything if you put your mind to it.