



UPSTATE of Mind

a student-run, student-focused publication

Fall 2011

**Inaugural
Edition**

Interview with
Dr. Shanley

**Baby steps towards
becoming an
independent physician**

**Stories from the
inside**

**The Fistula: Bringing
faculty and students
together**

**Classroom Chronicles,
Bedside Manners,**

Upstate *Out* of Mind and MORE!

Contents

Classroom Chronicles

Getting by with a little help from our friends.....3

Stories from the inside:
Dreaded words.....4

The Fistula

Bringing faculty and students together.....5

Bedside Manners

Not ready for palliative care.....7

Inside Upstate's Refugee Clinic.....8

Cuse'n through my eyes.....9

Dean's Differential

Committed to the committed: A conversation with Dean White.....11

PG Perspectives

Bringing the ruckus: Or, taking baby steps towards becoming an independent physician.....12

Interview with Paul Iskander, MD Upstate Radiology Department.....13

Upstate *Out* of Mind

Apple finds solution to physician shortage.....15

Keys for Cancer raises 14.2 trillion.....16

MS-1 Franzone outed as Canadian spy.....18

Interview with Dr. Shanley.....19



Contributing Authors:

Samuel A. Schueler

Wasnard Victor

Daniel C. Thomas

Hassan Naqvi

David M. Gibbs

Gabe Plourde

Devin R. Halleran

Jasmin Sahbaz

Chas Hannum

Daniel Kaufman

Dominick Maggio, MD

Mickey Daugherty

Bhargav Mudda

Art by:

Rachelle Antos

Tiffany Lee Khim

Photography

and

Layout:

David M. Gibbs

Founded/Edited by:

Samuel A. Schueler

Wasnard Victor

Daniel C. Thomas

David M. Gibbs

Our Motto is
STUDENTS *first!*

Acknowledgements

This is a student-run, student-focused publication. But that doesn't mean we haven't received tremendous support, guidance, and encouragement from the faculty and staff. This magazine was officially born when we got the green light from Dean Julie White's office. We would like to thank and acknowledge the following individuals:

Dr. Julie White, Dr. Susan Stearns, Chuck Simpson, Cheryl Alger, and Dan Dippel

Classroom

Chronicles

Getting by with a little help from our friends

by Devin R. Halleran and Jasmin Sahbaz

We came into medical school expecting the worst. After all, stories of gunning medical students ripping pages from library-owned textbooks and passing out study guides filled with deliberate errors must have been born from some truth. It became evident very early on, however, that this was not the case at Upstate.

The first time we came together as an entire class was at the white coat ceremony. For budding physicians, this ritual is a time of simultaneous excitement and anxiety. What was apparent then and remains



true today is that our class has a unique bond that is founded on a sense of partnership - the same partnership that was encouraged during Dr. Scheinman's first address to our class during the ceremony. This can be seen through the cooperation that takes place on the Facebook group pages when a question posed to the class is generally answered in a couple minutes. It is as though there is a mutual understanding that working together over these next four years is not only better for us as individuals, but better for our future patients as well.

Maybe more important than the partnerships that have developed are the sincere friendships. Look around the auditorium next time you're in MLC and see how many people you don't just consider a classmate, but rather a good friend. That we have become so close in only two months truly speaks to the unique quality of people who comprise our class. Where else could you sit in a lecture on the developing heart next to a former veterinarian on one side and a screenwriter on the other?

The first two months of medical school have been quite a challenge,

R_x

Medication: After finishing an exam, don't do anything related to coursework for the rest of the day. You've worked hard, so give yourself a break!



MS1s and MS2s after an inter-class kickball game.

but one that has certainly been made easier by our ever-growing circle of friends. Keep that in mind as we move forward. Think back to the single file lines we formed in the atrium of the Oncenter back in August. We were forced to leave the comfort zones afforded by our small number of friends and stand next to and interact with the two strangers on our right and left sides. It is likely by this point that those two people have become friends. And we're all better for it.

Stories from the Inside: Dreaded Words

by Wasnard Victor

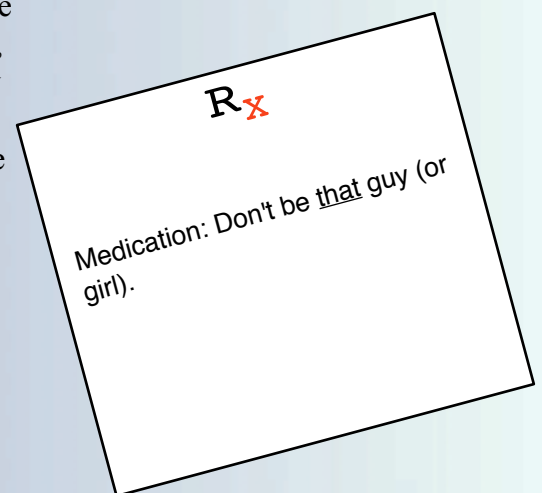
It was one of those nights when you knew something was going to happen. The peace and quiet was not here to stay. The longer it lingered, the heavier the suspense, the harder it was to breathe. It is as if a heavy cloud named Dyspnea hovered over me and consequently I started feeling short of breath. I was hungry too, so I decided to step outside for some fresh air.

In my line of work constant chaos makes you wish for some nights like this, but like SKL once told me "equilibrium equals death", and I was not about to let the quiet fool me. So tense, it wouldn't take much to throw off this homeostasis, and then all would

go awry trying to return to this almost perfect steady state. Everything seemed in order, not even a disgruntled Endothelial Cell in sight. Then I heard a ruckus. What's going on? "There's an INFLAMMATION!" I hear from a stranger rushing by. He moved so fast I couldn't make out whom. Then I put it together, segmented nucleus, carrying tiny sacs of enzymes, definitely the Neutrophil unit; must be an acute emergency, no wonder I didn't hear about this yet.

But what set this off? Must have been C5a, always too eager for a fight - this is probably just a minor insult. I better get down there and see what all the fuss is

about. I catch a cab on the corner, Chemotaxis are always there in times like this. So off we go zooming through, traffic moves nicely now. Nearing the hysteria, I see Plasma Proteins jumping ship and sneaking away, leaking is not uncommon at this



stage, the Leukocytes already assumed their positions against the wall, margination, how typical... whatever, makes it easier for me to get through. Then we get to the site, I jump out and look around ready to engulf any intruders. The sooner we get this over with the better...no need to turn this into a chronic matter.

Then a unit in black jackets, helmets, boots and with batons flashed by me going in every which way, when I realized the middle letter wasn't a "G," I knew they could only spell trouble at this point in the process. To my dismay I saw the letters plain and clear now..."T-N-F"! At that point I knew this has just become worse. Unable to control my anger I started heating up feverishly, only attracting their attention as more approached from the distance. Then I heard it, like trumpets announcing an impending onslaught, those two dreaded words I knew far too well: CYTOKINE STORM...



The Fistula

Bringing faculty and students together

by Gabe Plourde (with contributions from Dan Harris)

R_x

Prescriber: William Osler
Medication: "The best preparation for tomorrow is to do today's work superbly well."

We hope you like it. The new Advisory Dean (AD) format was conceived with you in mind. Its conception was not immaculate nor do we expect our offspring to walk on water. There are, however, several topics that this new system allows Dan and I to discuss with you.

Perhaps most importantly, Drs. White and Maimone recognized a generalized discontent with the

Advisory Dean program and proactively sought to rectify it. There was no survey or task force, just a dude—who in passing mentioned a palpable trend—and then a reaction. Drs. White and Maimone did not hesitate to seek constructive criticism of a program that they had both invested deeply in.

With dissatisfaction identified, volunteers from the classes of 2012, 2013, 2014 sought to further

delineate the sources of our frustration and identified the following issues: lack of consistency in information provided between advisory groups, timing, relevance/pertinence, and mediums. We will address each point individually.

Lack of consistency – while materials were provided for dissemination to all the Advisory Deans, the conversation surrounding the materials was highly variable and sometimes even contradictory. That was an inevitable consequence of having advisors with such diverse and varied backgrounds. Dissemination of critical information in a large group format was deemed the best way to ensure universal access to information. Furthermore, centralized powerpoints for smaller advisory groups could be vetted by numerous sources and provide more consistency while allowing for a more personalized meeting.

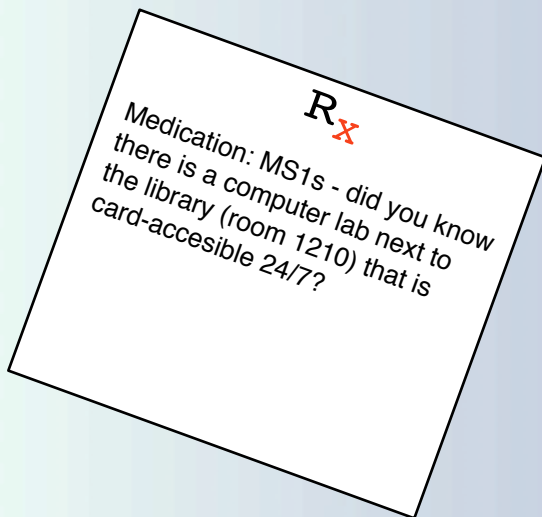
Timing – five o'clock was chosen as a time to hold AD meetings so that Advisory Physicians could attend. However, as many clinicians were unable to attend the later meetings anyway, we decided that meetings should occur during the noon hour. This will hopefully alleviate some of the commuter hassles associated with a 5:00 PM start and reduce any artificially lengthened school days. With only two of these meetings scheduled per year, it is our hope that physicians who wish to maintain an active relationship with their advisees will be able to carve out these two hours well in advance of the meetings.

Relevance/Pertinence – one of the major complaints we all encountered in speaking with our peers was that many of us did not find the information being presented at our advisory dean meetings to be pertinent to us at the time. Much of it appeared to lack immediacy, e.g. having a working CV by the end of our first year and was quickly forgotten. Addressing this issue falls largely under the auspices of the final topic...

Mediums – much of the advice we found most interesting came from our peers in the classes ahead of us. Often this advice

was sort of blended up and regurgitated to us by our Advisory Deans, relaying the experiences of previous students and occasionally by students who volunteered their time to answer our questions. This new format is an attempt to increase your direct access to your peers, and ideally, also improve the relevance of our Advisory Dean meetings. For whatever reason, perhaps ageism, or perhaps anti-establishmentarianism, a fourth year suggesting that I work on my CV carries an air of relevance that the same statement lacks when coming from a grown-up, even one with a PhD.

This is a new program that will probably hit a few pot holes along its journey but we ask that everyone be proactive in their criticism. We can further refine this new Advisory Dean system into one that best utilizes our outstanding Advisory Deans and our peers. Also, please thank Drs. White and Maimone for being so invested in making this work. They are a testament to both the faculty's and the administration's commitment to ensuring our success (As hard as it is to believe when Dr. Spring-Mills has tagged a solar plexus for identification on the first anatomy exam).

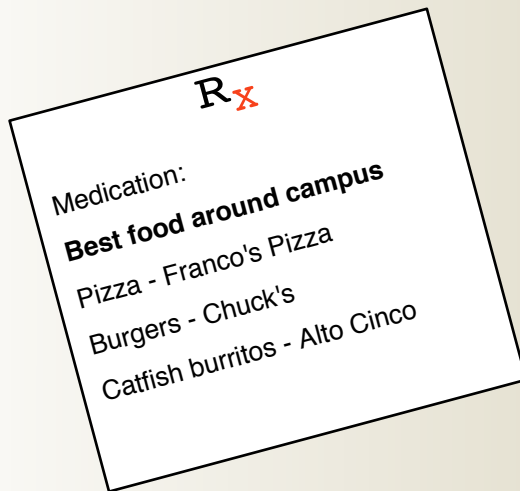




BEDSIDE MANNERS

Not Ready for Palliative Care

by Samuel A. Schueler



Second year was a difficult time to stay motivated. Correction: It was a difficult time to stay afloat. Life, unfortunately, doesn't stop and say "Oh, you're a second year medical student? I'll stay off your back until you get through Step 1". The courses are equally unrelenting. Despite all the sacrifice and time invested, many of us spent much of the year feeling like we still didn't really know anything. Then you start studying for Step 1, and your suspicions that you don't know anything are confirmed.

No one came to medical school to be a second year medical student. Most of my friends were pushed to the brink at least once or twice during the year, and others (myself included) spent the majority of the year hanging on by a thread. You try to tell yourself that everything you learn will benefit a future patient (which I've found to be true so far in third year... sorry for this

awkward tangent, but its worth noting here that third year is awesome and 2nd year already feels like some strange, distant memory – hang in there MSIs), but this mindset doesn't always hold up when the only substantial applications of the material are monthly multiple choice question beat-downs. Whereas 1st year ends with just three classes and no cumulative finals, second year ends with a storm of cumulative finals. You get one weekend to catch your breath (Read: Binge drink for 48 hours), and then you enter a 4-7 week study period which I won't describe here in case any children accidentally pick up this magazine. This, of course, ends in one final 322-question beat down.

With this kind of workload and pressure, extracurricular pursuits, volunteer work, and thinking outside-the-box would seemingly be eliminated in lieu of surviving school and maintaining interpersonal relationships in and out of the classroom. For a time, I thought this magazine would be one such casualty.

Then I went to the Upstate Vocal Club's cabaret in November of last year. I laughed my butt off, then

came close to tears, then laughed some more. It was therapeutic – I took life less seriously for a few hours. It was eye-opening – I didn't realize how talented and musically inclined my classmates were, and I was reminded of how fortunate we all are to share each-others company. It was inspiring – I admired my peers for creating the group, organizing the event, and finding the time to practice despite our heavy course load. After the performance, I was out of excuses for not persevering with the magazine.

I don't really have any talent – at least not the kind a lot of you have. My hobbies include doing spin moves in the hallways of the hospital when opportunities arise (ask me and I'll show you), eating sandwiches with peanut-butter, pickles, bananas and cornflakes, and incorporating harry potter terminology into every day conversation, The most interesting thing I did this past week was drop a lean pocket on my leg while walking to the PBS building. It gushed cheese onto my pant leg and shoe before I had to scoop it off the ground – I wasn't about to skip breakfast.

Luckily, you don't have to be the most interesting, talented, or put-together person to make a difference at a place like this. All you have to do is open your eyes. Go to events and concerts that your classmates organize. Get out in the community and spend some time improving the life of a young boy or girl who may not get a fair shot at going to college, much less graduate school. Make this institution better for future classes, as previous classes have done for us.

It is on that note that Dan Thomas, Wasnard Victor, Dave Gibbs and I proudly present you the first issue of "Upstate of Mind". We hope you will help us with writing, editing, designing, and other words that end in -ing that belong in this sentence. More importantly, we hope this project will inspire you to do something you've always thought about doing but never did because of all the excuses I had before I went to the cabaret.



Inside Upstate's Refugee Clinic by Chas Hannum

R_x

Medication: Weekday events

Tuesday night trivia at Coleman's

Wednesday night Flip Night at Faegan's

For refugees who settle in the Syracuse area, the Refugee Clinic is one of their first stops. Twice a month, students and interns from Upstate share the important responsibility of assessing their health before they begin their new lives in the United States, and you have the opportunity to become involved!

Volunteering at the Refugee Clinic is easy, fun and educational. The twice a month clinic is held on Wednesday afternoons, from 4:00 to around 8:00 on the second floor of UHCC. Usually eight to ten students made up of mostly MSIs and MSIIIs volunteer at each session. Students start off by taking vitals and are paired with an internal medicine resident to perform a complete history and physical exam. The case is then presented to the attending physician, Dr. Peter J. Cronkright, and a plan of action is made.

"Volunteering at refugee clinic is a really unique experience," says Connie Vernetti (MSIII), one of two Chief Coordinators last year. "Due to the nature of the patient population, you have the potential to see some really interesting stuff that correlates nicely with what you learn about in class." In addition, the clinic is an excellent

place to practice the skills learned in the Practice of Medicine course and is a great way to experience global medicine right here in Syracuse.

In addition to Vernetti, Nikolai Kolotiniuk (MSIII) also acted as Chief Coordinator of the clinic. Helping out as additional coordinators were Megan Pope, Chris McQuinn and Laura Andrews (all MSIIIs) and Sean Haley (MSII), who replaced Vernetti and Kolotiniuk as Chief Coordinator when they moved on to their third year.

The clinic runs year-round and is always looking for volunteers during the summer season. If you will be in Syracuse, you are encouraged to come and see what Refugee Clinic is all about. "These are the most polite, grateful group of patients we'll probably ever have the opportunity to work with," Vernetti says. "It's nice to take a break from studying every once and a while and remember why you wanted to go to medical school in the first place."

If you would like to have more information, contact Sean Haley at haleys@upstate.edu.

Cuse'n through my eyes

by Bhargav Mudda

"Exits 16-28A - Syracuse" - read the sign as I was driving up 81 North. First thoughts, "Sweet, I should never be late to work" considering the fact that I can drive through the whole city in 20 minutes - especially if I channeled my inner Vin Diesel. Nevertheless, my stay in the city was scheduled for twenty five days which were indeed quite memorable.

I was asked to write an outsider's perspective of Syracuse during my stay and I took the offer. I hope to give you an appetizer of what the city has to offer. Few things about me: I love food. I've also lived in Dallas, Miami, the D.C. area, attended school in the Caribbean and spent most of 2011 in NYC. Finally, I'm awesome. You'll see.

Perhaps the biggest thing I can take away from my time here are the people of Syracuse. I think there's something to say about the environment around you. New York City is tremendous in all the different things it has to offer. There is no other place in the world that will let millions of people stay in an area so confined and still manage to co-exist, but it comes with something extra. It's a working hypothesis of mine that the constant hustle-n-flow of the city has a lasting impact on its own. You kind of become the non-stop, moving machine that the city is. Every step seems faster than the one before. Syracuse is on the other end

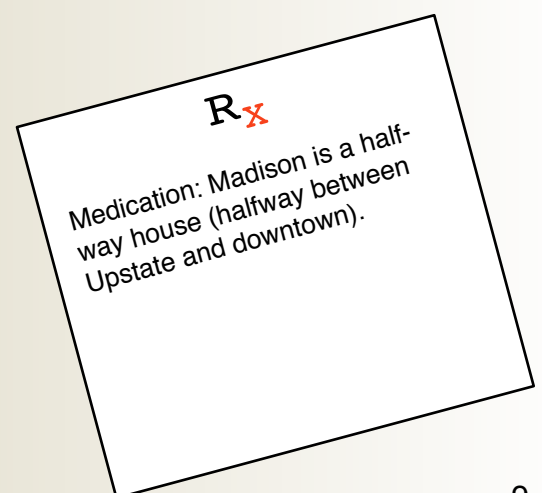
of the spectrum. The people here are so warm and genuinely welcoming that it allows you to slow down to a comfortable pace.

I grew up in Texas where we take tons of pride in "Southern hospitality" and it's refreshing to see it extend to the far North. For an outsider like me, it was so important to be in an environment that allowed me to settle in and perform at a high level. In fact, it put me in such a good mood that I might have taken it too far. Let me frame a picture, I DON'T run. I hate it - it's so boring and mundane. Actually, I just suck at it. Playing sports has always been a way to stay in shape. But one day, as I was going to the cafeteria, two of the nicest ladies sitting in the main lobby started speaking to me. Ten minutes later, I signed up for a 5K run in potentially sub-40 degree weather for Breast Cancer Awareness. Wait what? How did we get here? The run was terrific although cold. Every time I took a break, I'd see a group of mothers stroll their babies by me. A proud moment for the athlete within me. Don't judge.

I had ONE opportunity to go out on a Friday night. I know - it's very unfortunate but I haven't completely formed an opinion on the nightlife yet. I have a simple formula for a good night for any guy in his mid-late 20's. You have to hit 66.7% of my 3 question scale. How cheap are the drinks? Am I gonna

have stimulating and/or thought provoking conversations with members of the opposite sex? Where are we getting food after? Let's just say I went 1/3. I was taken to PJ's on the Friday night Syracuse University was playing WVU in football. The place was lively as SU was beating a ranked team, a tone-setter for the evening. As the night came upon us, the lights got dimmer and the DJ (I wonder if his name was DJ PJ) started reaching into the good ole bag of Late 1990's - Early 2000's hip-hop. He had me at "Oooh that dress so scandalous....."

I lived one exit away from the mall and you know what that means - it's "Don't cheat yourself, treat yourself" day, everyday. Carousel Center is the mall here and it's got everything you need x 3. I remember one Saturday it took me more time to find parking than walk the mall. Pretty sure half of Canada migrated to do some shopping for some reason on that day. Sidenote: there's an ongoing turf battle between two Chinese food establishments in the food





court. All I know is that they were a few sample chicken pieces away from having an all-out toothpick war.

I also had a chance to eat at probably the best BBQ restaurant EVER. Dinosaur BBQ. I walked in and ordered some food after my 5K for takeout: A 3/4 rack of ribs, fresh cut fries, and mac-n-cheese. Let's just say I woke up 14 hours later. If you like Thai - try Lemon Grass. If you like Sushi, try Ichiban on Old Liverpool Rd. If you like apples make sure you hit up the annual Apple Festival which I didn't have a chance to go to. People love their apples here. I wish my stay here was longer so that I could see all the beautiful lakes I've heard so much about. Also nearby is the Cornell campus - a must see. I hope that I have a chance to one day come back to this city. There are way too many stones unturned and lots of apples left to take a bite out of.

Dean's DIFFERENTIAL

Committed to the committed: A conversation with Dean White

by Daniel Kaufman



By all accounts, Dean of Student Affairs sounds like a pretty weighty title. There is no denying that this office holds enormous import to student life here at Upstate, having a hand (or seven) in events ranging from orientation to graduation, and everything in between. One might therefore expect Dr. Julie R. White to have a demeanor concordant with the serious nature of her position. Fortunately for the Upstate student body, the levity evident in Dr. White's unrelenting smile suggests otherwise.

As the Dean of Student Affairs for the last three and a half years, Dr. White has and continues to be one of the most visible and pleasant faces of Upstate's administration. She describes her position as "uniquely challenging and uniquely gratifying," attributing the intricacy of her job to the complexity of the student body with which she has the pleasure of working. "The students here comprise a strange and focused

organism," Dr. White remarked. "And I have the privilege of ushering them through their experience here, from cradle to grave—orientation to commencement."

In speaking about her job, it became abundantly clear that Dr. White does not regard what she does here at Upstate as work, but rather as an experience. Though the experience may be wrought with commotion, it is one that unflinchingly cultivates growth. While describing her role as the Dean of Student Affairs, Dr. White spoke of the ten different offices in the division of Student Affairs, shrewdly identifying the common denominator: advocacy.

Dr. White considers herself, as well as the dedicated people with whom she works, to be student advocates, first and foremost. She earnestly described the synergistic partnership that she strives to develop with the students here, principally outside of the classroom.

"Upstate's students demonstrate unwavering commitment and compassion, qualities that are infectious. I have been struck, not only by the obvious intellectual ability exhibited by the students, but by the fact that they are genuinely good people." Dr. White makes her best effort to make students keenly aware of the support that is always available to them. "I want our

students to know that this office is safely accessible to them, not only during the extremes of need and accomplishment, but in the middle as well." She excitedly described the typical highlight of her day as the conversation with a student who drops in unexpectedly, just to say hello. Dr. White also spoke passionately about "all the fun stuff we get to do." Fondly recalling her involvement in events ranging from Orientation Dinner Dances, to monthly comedy shows, Dr. White described the sense of inclusion she feels from the students with a wide smile. "That's when I know I've made it."

The energy and enthusiasm with which Dr. White carries out her responsibilities is infectious. Life exists beyond the academic rigors that students face, and Dr. White works relentlessly to ensure that our lives are as enjoyable as they are challenging. Uniform throughout the accounts of her time at Upstate was the use of the word "we." Students should rest assured that in Dr. White, we have not only an advocate, but a partner in the experience at Upstate. When asked to identify the song that best describes her, Dr. White responded "I'm not sure about that. Whatever it is, the word 'fun' would definitely be in it."

THE FOLLOWING SECTION HAS BEEN RATED



BY UPSTATE OF MIND STAFF

Bringing the ruckus: Or baby steps towards becoming an independent physician

by Dominick Maggio, MD

The statement, “Doctor, what would you like to do?” is probably the most frightening utterance an intern can hear. The assumption that it carries is that medical school trains you to become a free-standing mini-physician, who is comfortable making independent decisions based on a solid foundation of practical knowledge. In reality, most of our knowledge is theoretical, not practical, and we are entirely uncomfortable, not comfortable, with making independent decisions. Our discomfort stems from learning our clinical skills by bouncing ideas off attending physicians. The day comes for every intern where their opinion is the last stop in the line of decision making; this experience is one of the most exhilarating and awkward points in your education.

As a theoretically educated medical student in my third year I remember feeling brilliant as I presented the biochemistry of diabetic ketoacidosis (DKA) and laid out my plan for IV fluids and insulin. As a resident, I’ve stumbled on grading the severity of DKA, on which labs to get and at what time, on the amount of IV fluid to provide, and on how much insulin to give.

As a resident you receive your patients as naked pathology from the outside, meaning that nothing but your history, physical and laboratory tests can guide you towards both diagnosis and treatment. I received an outstanding foundation of training at Upstate, and I largely blame myself for failing to imagine myself as the sole

provider for a patient during my medical education. Luckily, each awkward, unintelligible moment I have in the hospital cements a practical lesson in my patient handbook. Even luckier, it seems that everyone else suffers from the same problem, so I’m not alone.

The spectrum of comfort with independent decision making is also large. Imagine yourself watching an asystolic patient wheeling into the ambulance bay straddled by a paramedic providing CPR. Now imagine that the next words from your attending’s mouth are to the paramedics, “Gentlemen, this is Dr. Maggio, he will be running this case”. Frightening, right? Unfortunately, from the smallest abscess to the largest code, your taste of independence as a medical student will bring you only to the threshold of comfort with these situations. Everyone learns the hard way, and I’m just beginning my path of sweating under the bright lights of independence.

I’m also learning the consequences of this independence. In the busy emergency department I’ve already made plenty of mistakes: I’ve snowed^[1] many patients because I didn’t yet understand how to dose pain medication, I’ve tried to discharge an asthmatic on beta blockers, and I’ve punctured the carotid artery while placing a central line. I’m miserable with every mistake, but my memory of the pain I’ve caused, the missed diagnoses, or the minor mishap keeps me diligent in my approach

to the next patient with the same condition.

One of the hardest lessons to learn was that I will make mistakes. However, mistakes are expected from residents, and are guarded against by your supervisors; the leash is never long enough for you to hang yourself.

I’ve commented on two of the largest differences I’ve experienced between medical school and residency, the growth of practical knowledge and making autonomous decisions. Both topics are anxiety provoking because no student wants to be wrong. However, there comes a time early in your residency where you realize that these differences are the primary motivators for you becoming a capable independent provider. Once taken in this light, you’ll understand that these moments will be more worthwhile to your career than any time spent studying in the library. We are privileged to engage in these experiences with our patients, and I look forward to hearing your stories of growth in the future.

[1] Snowing is a term describing over-prescribing medication to the point that your patient falls asleep.

Dominick Maggio was the Class of 2011 President and is currently an emergency medicine resident in California.

Interview with Paul Iskander, MD

Upstate Radiology Department

by Daniel C. Thomas

Q: *A first-year medical student might not have a full grasp on what is involved in radiology, aside from all the coffee needed (thank you, Dr. Cohen). What is a typical day for you?*

A: Radiology is a bit different from other specialties in that there are no rounds to make or progress notes to write. Your day typically starts at 7:30 with a morning conference. After that your day begins, primarily reading studies on inpatients that were performed overnight. Patients in the hospital as well as outpatients are also routinely imaged throughout the



medical student stereotypes of Radiology:

Q: *Many students consider radiology to be a field with minimal patient contact. How often do you interact with patients and do you have the chance to make personal connections with patients?*

A: There are a few parts of radiology that do actually involve patient contact. The most notable is interventional radiology, where you routinely see patients before, during, and after each procedure. In some hospitals, the interventionalist will also round on their own patients.

There are a few other parts of radiology where patient contact comes into play that are not as popularly known. One of these is pediatric radiology, where a large portion of the imaging studies (primarily fluoroscopy and ultrasound) involve direct patient contact and patient cooperation in order to be performed properly.

Nuclear medicine is another area where you routinely see your patients. At Upstate, we see and treat a good number of patients with thyroid cancer as well as hyperthyroidism [requiring radioiodine therapy]. As part of treatment, we will typically review the imaging with our patients as well as discuss all treatment options.

Q: *Radiology is known as one of the E-ROAD specialties that is said to have better hours and is easier to have a life outside of medicine. Have you found this to be true during residency?*

A: Yes. Call can be quite busy, but otherwise you do have more nights/weekends off than you would expect in some other specialties. While this may translate into more time to pursue a life outside of medicine, keep in mind that the average radiology resident has to hit the books much harder than some other specialties (1-2 hours of reading per

R_x
Medication: Did you know you can go all the way from the West Garage to Marshall street without stepping foot outside?

the day, so often you will see your worklist get longer before it gets shorter. Each resident typically looks at a handful of studies (depending on which section you are on and what level resident you are) and then reviews them with the attending, after which you move on to the next handful.

Let's address some common

night is typical).

Q: *How did you decide to choose radiology? What factors lead you to radiology?*

A: Radiology for me was a late decision. Like many other medical schools, it was not a mandatory rotation at my school. My first exposure to radiology was during internal medicine where we routinely had radiology rounds for new admissions with imaging. This continued into my surgery rotation. By the end of the core rotations, I had become very interested in what a radiologist does. The way I saw it, imaging was a large part of the patient workup, and instead of asking for the radiologist's interpretation, I decided I would rather be the one providing the interpretation.

Future plans:

Q: *What do most radiology residents do after their training? What are some of the more popular choices for careers/fellowships?*

A: There are accredited and non-accredited fellowships in radiology. Most are universally recognized by academic institutions and employers, with the biggest difference being the ability to take a CAQ exam (certificate of added qualification) in the accredited

fellowships. These are neuroradiology, pediatric radiology, nuclear radiology (nuclear medicine), and interventional radiology. Other very common fellowships include body imaging, women's imaging, MRI, musculoskeletal.

Most residents graduating from our program pursue a 1 year fellowship after residency. The most popular in recent years are musculoskeletal, women's imaging, and neuro-radiology.

I personally have a pediatric radiology fellowship already lined up.

Q: *What has been the most positive aspect of radiology you've encountered in residency?*

A: Sometimes you're the only person who can figure out what's wrong with patient X.

Q: *What has been the most negative aspect of radiology you've encountered in residency?*

A: Sometimes your work doesn't matter.





UPSTATE *Out of Mind*

Practicing only the best speculative journalism without the need of "facts" for over 1000 years.

Apple finds solution to physician shortage

by David M. Gibbs



SCRANTON, PA - With the release of Apple's new iPhone 4S only a few weeks old, individuals and companies are already scrambling to find innovative uses for the best-selling smart phone. One hospital in Scranton, PA has discovered a way to address personnel shortages in their Emergency Department.

Patients can describe their symptoms directly to the iPhone using Siri, the robotic voice recognition program reminiscent of the murderous computer HAL in Stanley Kubrick's 1968 film *2001: A Space Odyssey*. Siri then utilizes a complicated algorithm to search the web for a variety of well-respected medical references including

Wikipedia, WebMD, and episodes of House, finally arriving at a most likely diagnosis.

"It's great," responded Phil Fickel, chief administrator for the Scranton hospital. "We can buy a phone for the fraction of the cost of an actual doctor and pay someone to walk around holding it up to patients. It's really going to revolutionize medicine."

Response by the AMA revealed concern over the new direction the medical field was heading. Apple released a statement yesterday reassuring doctors that their jobs would not be at risk, stating "We will always need someone to hold the phones."

Mutant Academy

"With great power, comes great responsibility"

For great responsibility comes
years and years of training,

Like a story beginning with one dark night
Or several nights constituting many years spent in
twenty-four hour libraries

Just to be the chosen few, selected to be trained...

In the Mutant Academy of Syracuse

Of all those who apply only a lucky

13% make it to training

They successfully equipped their
utility belts with sharp #2 pencils,

Used initially to defeat the first villain

The Mad CAT

On induction day

short white capes are granted and worn

To play Robin to the Long White Cape of Batman

Soon gadgets such as super hearing devices and reflex

mallets are fancied for the trainees

First year is spent learning

the terrain of Gotham City

In the Gothamony lab

2nd year you learn the ways of jokers, riddlers,

scarecrows, and the like

of how they invade and penetrate the city, especially

taking advantage of any

Breaks in barriers

You learn of the tools you have to

exploit their weaknesses,

of how to keep the order in the midst of the
malady of riot, chaos, cytokine storms, and more

3rd and 4th year you get to change your guise in

telephone booths

and test your short cape,

but still not long enough to fly.

On foot you make your way

Soon the academy is over and you're ready to go...

WAIT!

No X-ray vision, web spewing, or
adamantium claws, you say

No worries, there are specialties for that...

we'll save those stories for

Another Day

By Wasnard Victor

Keys for Cancer silences critics by raising a deafening \$14.2 trillion

by Anonymous

"Laughter is not the best medicine. Medicine is."

SYRACUSE, NY (AP) – After arduous months of meticulous, coordinated, and above all, efficient planning, the night had finally arrived for the inaugural event, Keys for Cancer (KFC), showcasing the much anticipated Music 'N Medicine Initiative at SUNY Upstate Medical University. Thousands were expected to attend this landmark event, and indeed, hundreds filled out the audience. Earlier that day, USG president Samantha "Sam" Shoeller was quoted as saying, "I was really impressed at how a ragtag bunch of students were able to put aside their egos, and through a lot of hard work and dedication, pull off this impressive event... Oh, wait, you were asking about Keys for Cancer? I haven't heard of that. When is it?"

The Syracuse Symphony Orchestra was scheduled to open the show. The Upstate Vocal Music Club was the

first to take the stage and surprised the audience with a medley of autotuned classics including Cher's unforgettable Life after Love, T-Pain's controversial Buy U a Drank, and national anthem runner up, Seasons of Love from the musical Rent. Once the tears had dried, pianist Michael Battle grabbed the spotlight and the audience let out a collective sigh, finally understanding the brilliance behind the event's namesake. When asked following the performance, Syracuse native Jim Boenheim said, "Ohhh, like piano keys! Huh? Oh, yeah, the [expletive deleted] on the piano was pretty good, too."

But it was Dean Scheinman's Pink Floyd cover band, Schein On You Crazy Diamond, that stole the show. The set included fresh takes on Pink Floyd classics, such as Wish You Were Here (In My Proximal Tubule), Comfortably Numb (After My Epidural), Welcome to the (Dialysis) Machine, and Have a Cigar (You Probably Shouldn't). Following the performance, 2nd year medical student Kurrin Keeley said, "My MLC grade will probably suffer for saying this, but those guys rocked way harder than last year's similarly themed cover band, Shanley and the Rolling Kidney Stones." The crowd was once again brought to its feet when Scheinman came back on stage for an encore, threw his trademark men's sartorial accessory into the crowd and closed the show with "Mo' Bowties, Mo' Problems," a high energy throwback to his

residency days.

Initially, KFC was met with resistance throughout the Syracuse community, due to its perceived pro-cancer agenda. Said 1st year med students Allan Taylor and Chris Guanine, "I haven't taken ethics yet, but something doesn't feel right about raising money to give people cancer." However, once news of the event went national, a key corporate sponsor, Kentucky Fried Chicken (KFC), joined the cause and turned the tide of public opinion. "Once I heard that KFC was sponsoring KFC," said systems analyst Colin Sanders, "I couldn't wait to get my ticket... along with two free sides."

From there, no dose of vitamin K could stem the hemorrhage of donations from the Syracuse community. Ticket sales soon shattered expectations, and after just three days, the program was moved to the Upstate Cancer Center Stadium, with construction on the Upstate Cancer Center delayed indefinitely due to lack of funding.

In addition to achieving their goal of providing all pediatric patient rooms with clean running water, the surplus funds were used to fund the Golisano Concert Series featuring Three 6 Mafia, DMX, and Celine Dion, pay off the national debt, and establish the KFC endowed professorship of Bariatric Surgery.



Under new leadership, the organization planning the event transformed from a tangled, clotted arteriovenous malformation into an anastomosis throbbing with stroke volumes of potential. The club that brought you THE GROUP RUN (meets in front of the CAB at 5:30) is already planning their next event. Honey for Hobos, a Food Drive/Meet and Greet, is set to take place this coming Valentine's Day at the Amaus clinic to benefit the local homeless population. When asked for comment, the club spokesperson said matter-of-factly, "Those who don't put a dollar in the pumpkin will have blood on their hands."

While Keys for Cancer failed to raise any actual funds for the Upstate Cancer Center, revenue from this event far surpassed previous fundraising attempts, including "Shave Smith's 'Stache" and "Scheinmann Wears a Neck Tie." Adding insult to injury, this year's edition of the critically acclaimed Patients of Geriatrics Swimsuit Calendar was sidelined due to HIPAA violations.

Despite all of the pleased patrons, one in particular expressed dissatisfaction. Dr. Vertino released a statement after the events which read, "Guys, why wasn't I invited to perform? I already have a real band. Y'all got nothin' on Ace of Basal Ganglia!"



MSII Dan Harris is not dejected even though his guitar shrunk in the washing machine.

MS1 Franzon outed as Canadian spy

by David M. Gibbs



Left: Bordeaux-Le Châtelier photographed at the United States Embassy in Ottawa, Ontario.



Right: Classmates who had no idea Franzon was a spy.

SYRACUSE, NY—The Upstate campus is still reeling from news that one of its own students is actually an operative working for a foreign government. The report comes in the wake of a massive sting operation conducted by the CIA that resulted in the apprehension of current MS1 Tom Franzon, Canadian national and agent for the Canadian Security Intelligence Service (CSIS).

Franzon, who we now know is actually named François

Bordeaux-Le Châtelier, was apparently on a long-term assignment to infiltrate the United States. Le Châtelier was raised by cover family Astrid and Olof Franzon (aka Amelie Gaspard and Joseph Hubble), and although the ultimate goals of the operation are unclear, the CIA speculates that Le Châtelier was attempting to acquire “cooler” sports for his native country, said a CIA spokesperson Tuesday.

Apparently a principle part of Le Châtelier's plan was maintaining a constant state of equilibrium between his life as a medical student and his secret life as a spy.

However, Le Châtelier's cover wasn't as strong as he believed. None of his classmates were all that surprised.

“I literally had no idea Tom, er François, was a spy,” said Dan Finnin, MS1 and fellow classmate of Le Châtelier’s. “But it makes sense. He is entirely too athletic,

good-looking, and persuasive to be just an ordinary medical student. I know this from experience.”

Le Châtelier had maintained a nice balance between his medical school obligations and CSIS responsibilities until a recent class trip to Toronto for a Yankees game. There, his equilibrium shifted when he inadvertently blew his cover to his classmates. They then promptly reported him to the CIA.

The CSIS declined to comment on the incident, but disavowed all knowledge of Le Châtelier or his principles.

When Organs Go Bad



"Congenital Mega Colon"

Drawing by Tiffany Lee Khim

R_x
 Prescriber: David M. Gibbs
 Medication: Spies like Le Châtelier can be reported to the CIA's anonymous tip line at
 1-(800) I-SNITCH

Interview with Dr. Paul Shanley

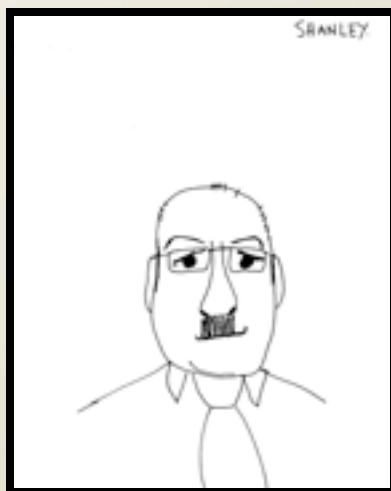
by Hassan Naqvi

Do you think that new technology like the new iPhone will replace doctors?

PS: Have you seen this ad about Watson, the IBM computer? They start out with saying there are thousands and thousands of diseases and basically try to awe us with the complexity of medicine, of which we are all aware. So this computer, which apparently can interpret natural language, has access to all existing databases, and is very quick, which would likely make it better at medicine than we would be. Some might say that you would still have to have somebody do the physical exam to give it the data. The patient's story is the patient's story, and although it can interpret natural language, it may not be able to interpret body language.

...What about replacing pathologists?

PS: That's probably easier, actually. In terms of picking up data visually off a slide, which can be digitized and compared to others, what do pathologists really do? Steve Landas sometimes says our job is like



Artwork by Rachelle Antos

matching wallpaper... which I don't completely buy into, but there is an aspect of it that is "it looks like this, so there it is" in pathology. [Dr. Shanley picks up the iPhone.] What if you had something like this that picked up the heartbeat and printed out a phonogram for example? And what would stop you from having the thing be an echo machine? [Dr. Shanley puts down the iPhone...] I don't know which side is up...

[Laughter]

I'm obviously not going to be the one designing this...

I've seen seven seasons of Scrubs, so I know a lot about medical specialties.

PS: Okay...

But not all of the students have seen Scrubs...

PS: Nor have all the faculty!

Ode to Shanley:

A Haiku

by Mickey Daugherty

Lupus does it all
Glomerulonephritis
Corticosteroids?

So what can you tell them about pathology and why you chose it as a speciality?

PS: I've been interested, almost from the start, in the biology of disease. It seemed to me in medical school that the biology of disease was most closely going to be dealt with by pathology, and that probably turns out to be true. I have some issues... I'm color blind for example, so I went into something in which the histology is almost unimportant. I quickly started to diverge into research and a very esoteric speciality within pathology. Kidney pathology is more integrating multiple modes of information and trying to put together a pathophysiological diagnosis. To me that has meaning... as opposed to just recognizing something.

What would you say to students that want to know what they're supposed to get out of MLC?



Dr. Shanley (left) recommends a bit of light reading to Hassan Naqvi (right).

PS: I want you to start talking and thinking like physicians. So how do you do that? The approach which I've endorsed and made a course out of is just to say dive in and see the distance between yourself and the goal of being able to talk and think like whoever is writing this case. Phonics versus whole reading is the same controversy: Does the teacher sound out everything and try to teach the fundamentals of letters and sounds, or does the teacher just get you to start reading? In my view, five year olds, medical students, or sixty year old pathologists, we all have to learn by taking on things, struggling with them, and figuring out how to learn.

Let's give you a case! 21 year old medical school student presents with a bad case of 'drowning in medical school.' What professional recommendations would you give them?

PS: Why would a student be drowning?

A student might be overwhelmed with the amount of work and at the same time know that the work only increases over time.

PS: The problem that we have in medical school is that we have a bunch of high achievers... You come in during the first exam and half of the class was in the bottom of the class. Maybe these feelings have to do with expectations that are not realistic... either for how much effort you were going to put in or ultimately what you were going to come out with in terms of class rank or career. If you learn to love the stuff of the profession, I think it will be a lot less frustrating than if your ambitions are driving you. Learning to love the stuff and accepting your own limits... That is a fun ride... But trying to achieve something that is out of your reach and constantly being frustrated... that's not a fun ride and I think that's at the bottom of a lot of it.

Even the person who graduates at the bottom of their medical school class is called a Doctor, right?

PS: That's true! There's a lot of room in medicine for different careers. Not everybody has to be a neurosurgeon.

If you could be one organ, which one would you be and why?

PS: I have no idea...

You cannot choose the kidney.

PS: I guess the exclusively human thing is the brain, so there would be no reason to be without one I suppose. I wonder if you could be one all by itself, in a jar or something.