

Residents Have Options (continued from front)

- Concerns about mental health
- Knowing of or involved in abusive relationships
- Concerns about mistreatment/ accommodation/workplace violence

The office then worked with administration and others to identify the specific initial contact point(s) for each of these. This was done to take the 'work' out of the decision process for someone needing a rapid and direct answer. For example, we identified direct lines to each of the risk management offices not only in our own facility but also for each of the main participating sites for all residency programs. We identified and documented local, state and federal hotlines for various issues.

To assure that this information was available to residents and others, we produced ID card hang tags with the information and phone numbers of each of the agencies. We produced and distributed 11x14-inch laminated wall posters with the information included. We added the poster information to our GME resources site on the web.

Residents are urged to use, where appropriate or possible, their own chain of command to address specific issues. However, if the issues are such a resident does not feel comfortable or does not feel safe using their own program or departmental resources, there are other options. Residents may confidentially visit with senior members of the GME office, and may also avail themselves of an anonymized web site where they may leave comments, questions, and suggestions for the GME staff. The site strips the IP address information from any posting. Residents who want direct outcome feedback may leave their address or some have chosen to use 'throw-away' addresses from Yahoo or Gmail temporary accounts.

The purpose of our efforts is not to develop an environment of secretive communication events, but rather to open up and begin to demonstrate the advantages of honest information exchange and to take away any barriers which prevent us from identifying and directly addressing issues which may arise.

RESIDENT'S REPORTING PROCESS

Step 1: Your chain of command
Step 2: Appropriate section below

PATIENT ISSUES

I have a concern about patient safety, harm, or potential for harm or wish to report a medical error, near miss, or unintended outcome:

- UH desktop: Clinical Launch Pad: Occurrence Reporting (UHC Safety Intelligence)
- UH & CC Safety Hotline.....464-7233
- UH Compliance Hotline.....464-6444
- UH Risk Management.....464-6177
- VA..... desktop: Go to VISTA; Shift 6 (A); type in Incident Report
- VA Quality Management425-4400 ext. 52430
- CC.....upstate.edu/hospital/intranet/risk/psn
- CC Risk Management492-5867
- CrouseCNN: Occurrence Reporting
- Crouse470-7087
- St. Joe's..... Intranet: Work Tools: MIDAS
- St. Joe's.....448-5765

I have a patient management issue:

- Administrative Supervisor (staffing concerns, patient falls, etc.)467-7280
- Bed Control Supervisor (patient transfer to higher level of care, etc.)467-7265

I have a general suggestion:

- GME Office.....464-8948
- GME Resident Feedback Formupstate.edu/gme/resident/res.feedback.php
- UH CMO464-4255
- VA Chief of Staff.....425-4888
- Crouse470-7183
- St. Joe's Medical Education Office448-5537

PHYSICIAN WELLNESS

I have a concern about duty hours/fatigue:

- GME Office.....464-5136
- GME Resident Feedback Formupstate.edu/gme/resident/res.feedback.php
- I have a concern about my mental health:*
- BalanceWorks (ENI)my.balanceworks.com
- BalanceWorks (ENI)1-800-327-2255
- Employee Assistance Program464-5760
- Committee for Physicians Health1-800-398-1833

I am, or know someone who is, being abused:

- Sheriff's Department Abused Persons Unit.....435-3092
- NYS Domestic Violence Hotline800-942-6906
- Runaway Hotline.....800-231-6946
- Vera House (Shelter)468-3260
- Victim-Witness Assistance Center473-2891

I have a concern about mistreatment/ accommodations/workplace violence:

- GME Office.....464-5136
- GME Resident Feedback Formupstate.edu/gme/resident/res.feedback.php
- I have contacted the other resources and still have concerns:*
- ACGME Resident Servicesresidentservices@acgme.org

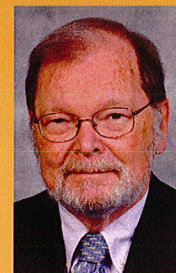
Resident Report

A NEWSLETTER FOR SUNY UPSTATE MEDICAL UNIVERSITY RESIDENTS AND FELLOWS | SPRING 2015

For more information about the residency programs at Upstate Medical University please visit:
www.upstate.edu/gme

Residents Have Options for Reporting or Assistance

Within the complex environment of today's hospital, clinical, reimbursement and regulatory settings it is often difficult to know where to turn. Our institution has a wide array of resources for residents to address almost every conceivable occurrence. However, knowing where and to whom to turn often presents a seemingly overwhelming task.



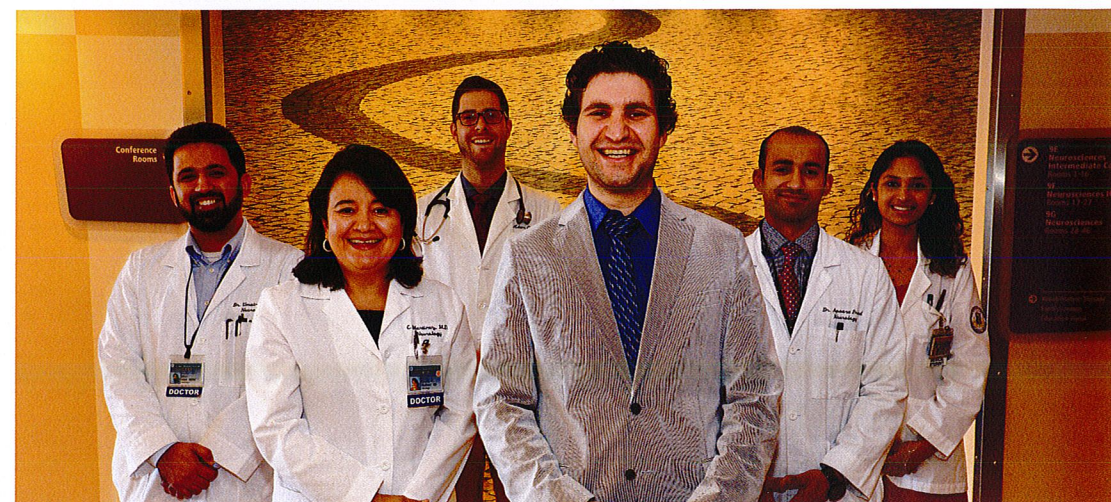
William Grant, EdD

To help residents and others quickly assess options for reporting or assistance, the GME office first identified two general areas of concern and six groups in which to summarize resource contacts:

- Patient Issues
 - Issues related to patient safety, harm or potential for harm or for reporting medical error, near miss, or unintended outcome
- Patient management issues
- General suggestions
- Physician Wellness Issues
 - Concerns about duty hours/fatigue

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Neurology resident shares stroke team successes



Dr. Awss Zidan, center, flanked by Dr. Umair Afzal, Dr. Carmen Martinez, medical student Adam Green, Dr. Apoorv Prasad and medical student Leesha Alex.

A case involving a stroke patient brought into Upstate's Emergency Department last December was a classic case of teamwork, said Dr. Awss Zidan, the neurology resident who treated the patient.

A man in his 60s who was traveling through Syracuse with his wife felt ill at their hotel. They knew enough about stroke symptoms to suspect that's what was happening (he was showing weakness throughout the left side of his body).

"The man and his wife knew something wrong was going on, even though he wasn't in any pain," Dr. Zidan said. "Unfortunately, patients appreciate pain more than anything else. That can be a big mistake. With a stroke, it's all about time."

The couple called 911, and the EMS crew that responded suspected a stroke, or blockage of blood flow to the brain.

"Every minute, a patient with a stroke loses two million neurons in the brain," Dr. Zidan said. "The goal is to stop the damage and try to reverse what happened."

EMS personnel notified Upstate they were bringing in a possible stroke patient – Upstate is the region's only comprehensive stroke center – and the hospital activated its stroke code, said Dr. Zidan.

That meant the Emergency Department, the nursing supervisor, and neurology, radiology and pharmacy personnel all were prepared to handle the patient. When the patient arrived, his vitals were checked and his medication history was checked to ensure stroke medication wouldn't be contraindicated. Dr. Zidan examined the patient, ordered a CT scan

and consulted with attending physician, Dr. Antonio Culebras.

"I could see it was a stroke immediately," Dr. Zidan said. "He was ignoring his left side, had gaze deviation and his left arm and leg were flaccid."

Once the CT scan showed there was no bleeding in the brain – the presence of blood would indicate a hemorrhagic stroke, as opposed to an ischemic stroke – Dr. Zidan proceeded with administering an injection of tissue plasminogen activator (TPA), a drug that dissolves the clot and restores blood flow.

"Within 24 minutes, door-to-needle," Dr. Zidan said, from the time the patient arrived at Upstate to the administering of TPA. Not only is that well below the recommended 60-minute threshold for administering TPA, the case was the first of four in a month in which an Upstate stroke patient was treated in under 30 minutes.

The next day, Dr. Zidan said, he checked on the patient and found him reading from his iPad, and able to use both hands.

"From the first second I saw him in his room, I could see and feel a big change in the patient's life," he said. "He improved, and he was discharged with an active physical therapy program, and we anticipate a good outcome."

Dr. Zidan extended his appreciation to everyone involved in the case, calling it a true team effort. "It was definitely one of the brightest moments I witnessed here," he said. "Neurology is not always a happy ending."

Resident's coffee shop stop helps newborn's heart diagnosis

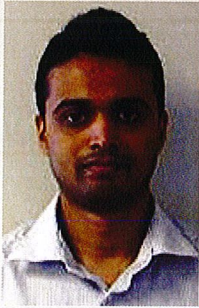
It may be the best cup of coffee Dr. Rahul Dudhani will ever have.

In June of 2012, Dr. Dudhani went to Café Kubal in downtown Syracuse for coffee and noticed a man inside who was having trouble with his cell phone.

Dr. Dudhani offered his help, and the man – who turned out to be Dr. Frank Smith, pediatric cardiologist – said he was having trouble accessing FaceTime to see images of a newborn's echocardiogram, a digital movie of various images of the heart.

Samaritan Hospital in Watertown had contacted Dr. Smith for his expertise, because the newborn was in cardiac distress and there was no pediatric cardiologist on hand.

Dr. Dudhani introduced himself – at the time he hadn't yet started his residency in surgery at Upstate – and helped Dr. Smith access the café's wireless network.



Dr. Rahul Dudhani

In less than a minute, Dr. Smith diagnosed a rare and dangerous condition, total anomalous pulmonary venous return (TAPVR), in which blood doesn't flow properly within the heart's chambers.

Dr. Smith told Dr. Dudhani, "You may have helped save this child. I'm going to have him brought in" (to Crouse Hospital's neonatal intensive care unit).

Dr. Dudhani smiles at the memory of that very random and very serendipitous encounter with Dr. Smith, who enjoys retelling the story.

"I had actually tried several other restaurants and stores to see if they had Wi-Fi, and they didn't," Dr. Smith recalled in a recent e-mail. "It was quite a coincidence. I had never used Wi-Fi on the relatively new cell phone that I had. I had certainly never done FaceTime before. I was having trouble getting on the Internet, and so I looked for the nearest younger person I could find, presuming that they would know how to connect to the Internet better than I could."

Dr. Smith said he was very pleased to discover that Rahul was a physician. "I guess

he had his first lesson in cardiac pathology even before his internship began," Dr. Smith said, noting that the data transmission had no identifying information on it.

"Rahul watched the excellent echo images acquired by Mr. Matheson, the cardiac sonographer at Samaritan, while I explained the rare heart problem that the child had," Dr. Smith said. "So, I'd like to think that our serendipitous meeting was mutually educational!"

Dr. Smith said this wasn't the optimal way of sending the echo data to him, but it was the fastest. "The situation was truly potentially a life or death situation for the baby," he said. "The baby underwent surgical repair by Dr. George Alfieris and has done very well."

A couple of months later, Dr. Dudhani began his surgical residency at Upstate. He intends to go into pediatric cardiac surgery.

"I know there are forces you have no control over that make things happen," Dr. Dudhani said. "He could have gotten help from others, but something was at play."

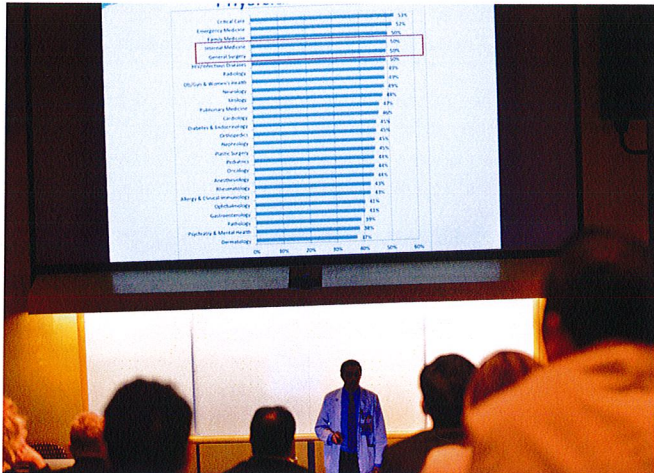
Depression and anxiety rates higher among residents, students

Residents and medical students at Upstate showed significantly higher incidence of depression and anxiety than the general population, according to a study presented by Dr. Omar Mousa, Internal Medicine.

Dr. Mousa presented his findings last month during Beyond the Doctorate Research Day. He used an anonymous online survey, incorporating the Patient Health Questionnaire2 (PHQ2) to screen for Major Depressive Disorder, and the Generalized Anxiety Disorder scale (GAD7) to screen for anxiety.

Dr. Mousa received responses from 126 residents and 336 medical students. He found that both groups, when compared to the general population, showed a significantly higher incidence of Major Depressive Disorder (about x3) and Generalized Anxiety Disorder (x5 to 7).

Positive screens for both disorders were more common among higher PGY levels and



Dr. Omar Mousa presents his findings on depression and anxiety at Beyond the Doctrate Research Day.

lower MS levels. Male residents were more likely than female residents to screen positive for depression. About one-third of residents and medical students who responded felt the

disorders had a significant impact on their academic performance.

Citing statistics showing 300 to 400 physicians per year in the United States commit suicide, Dr. Mousa recommended screening of residents and medical students periodically during training, exploring the relationship to academic performance and providing readily available assistance.

"Medical training, while critical to build a competent generation of future physicians, is onerous and stressful..." Dr. Mousa wrote. "Institutional officials should be aware of the unrecognized high rates of possible MDD and GAD."

Residents are reminded that they can avail themselves of the eni Balance Works resident wellness program for confidential counseling services that are not located at Upstate. www.mybalanceworks.com

Forensic psychiatry residents 'one piece of the puzzle'

As one-year fellows in Forensic Psychiatry at Upstate, Drs. Diana Kurlyandchik and Keith Stowell are delving deeper into the mysteries of the brain and of human behavior.

They make regular visits to jails, psychiatric centers and youth residential facilities to conduct risk assessments. They also interview individuals in cases ranging from worker's compensation claims to requests for firearms permits.

The two doctors also spend a lot of time reviewing case reports and meeting with their team, led by James Knoll, MD, professor of psychiatry and director of the forensic fellowship program.

"We're one small step in the process," said Dr. Stowell. "Our assessment is one piece of the puzzle."

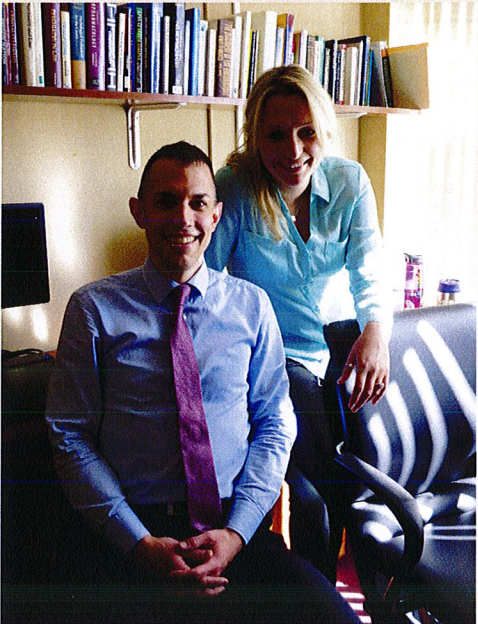
Dr. Kurlyandchik stressed that the team makes recommendations -- not decisions -- on cases that come before them. Decisions are made by courts, employers or agencies, depending on the specific case, she said.

For instance, the team may get a referral about an individual who has been in some legal trouble and is petitioning a court to have a gun permit reinstated.

The team researches the case file, interviews the individual and others who know the person. The team then discusses its findings and formulates a risk assessment, which is given to the State to consider in making its ultimate decision.

"Dr. Knoll drills it into us to be meticulous," said Dr. Kurlyandchik, who was born in Poland and speaks several languages. "You have to get the full picture."

Dr. Stowell is on a one-year sabbatical from the University of Pittsburgh Medical Center, where he is director of psychiatric emergency



Dr. Keith Stowell and Dr. Diana Kurlyandchik

services and an assistant professor. His work there, and at Upstate, has "taught me to be more attentive to people's actions, to documents and record reviews. There are key details that might be missed. You need time to study it."

Dr. Kurlyandchik said it's fascinating to spend hours evaluating people who have done "heinous" things, and trying to determine what caused them to act that way. Mental illness? Sexual abuse? Alcohol or drugs?

While some psychiatrists may lean toward forensics because cases may be high-profile and involve court testimony, Dr. Kurlyandchik said she is more interested in treating individual patients. She's fascinated by the human brain.

"The brain is something no one has a grasp on," she said. "We have no idea why it does

some things. We have assumptions, but there are more unknowns."

Most forensic psychiatrists handle private cases, she said, such as worker's compensation, risk assessment and disability claims. "It's a puzzle, and you try to pin things down to figure out what's behind the surface. I'm still kind of naïve, but now realize that the possibility of malingering must be considered."

Dr. Stowell's been an emergency department psychiatrist for five years, conducting risk assessments and developing research in violence risk assessment.

"In the ER, I teach residents, especially junior trainees who tend to take things at face value ... to look at records, patterns from before, collateral information from others," he said. "People may misrepresent things for a variety of reasons. We have to be meticulous in our assessments to avoiding missing important points."

Experience helps, Dr. Stowell said. "You realize in the ER or other settings that there's sort of an unidentifiable thing," he said, "an overall gestalt that's 'off.' Subtle signs."

Drs. Stowell and Kurlyandchik both say personal biases are a reality, and it's best to acknowledge that they exist and not let them influence a recommendation.

There's a perception of forensic psychiatrists as "hired guns" who are biased one way or the other. "Ideally, you base a recommendation on what the weight of the behavioral evidence supports," Dr. Stowell said. "The standard is 'reasonable medical certainty.'"

The reality of forensic psychiatry is far from what is portrayed on television. Most cases don't go to trial, he said, and "most of our time is spent reviewing records and writing reports."

The Graduate Medical Education office and the College of Graduate Studies hosted Upstate's annual Beyond the Doctorate Research Day March 11. A total of eight residents and post-docs gave platform presentations, followed by a keynote address by Dr. Gerald Shadel, PhD, of Yale University, and a poster presentation featuring 32 research projects by residents and post-docs.

Right, Dr. Alexa Bodman of the Departments of Neurosurgery and Pharmacology gives her platform presentation, and Dr. Steve Hicks of Pediatrics speaks to MD/PhD student Eric Wohlford during the poster session. Awards for residents went to Dr. Mikki Kollisch, Department of General Surgery (best platform presentation) and Dr. Hicks (best poster).

