Residents Have Options for Reporting or Assistance

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 anonymous 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.

Physician Wellness Issues

Resident’s Reporting Process

Step 1: Your chain of command

Step 2: Appropriate section below

Physician Wellness Issues

A case involving a stroke patient brought into Upstate’s Emergency Department last December was a classic case of teamwork, said Dr. Awas 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 was wrong 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 physicians, Dr. Antonia Culebras.

“I could see it was a stroke immediately,” Dr. Zidan said. “He was ignoring his left side, had gaz 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.

“Week 24 minutes, door-to-needle,” Dr. Zidan said, from the time the patient arrived at Upstate to the administering of TPA. “I not only do 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

Dr. Rahul Duhadi

It may be the best cup of coffee Dr. Rahul Duhadi will ever have. In June of 2012, Dr. Duhadi went to Café Kohali in downtown Syracuse for coffee and noticed a man inside who was having trouble with his cell phone. Dr. Duhadi 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. Duhadi introduced himself — at the time he hadn’t yet started residency training in surgery at Upstate — and helped Dr. Smith access the café’s wireless network.

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. Duhadi, “You may have helped save this child. I’m going to have him brought in” to Crouse Hospital’s neonatal intensive care unit. Dr. Duhadi 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 was glad I used Wi-Fi on the newly new cell phone that I had. I definitely never done FaceTime before. I was having trouble getting on the Internet, and so I looked for the nearest person I could find, looking to see what would they know how to connect to the Internet better than they in surgery.” 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 thank 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 potently a life or death situation for the baby,” he said. “The baby underwent surgical repair by Dr. George Affilieris and has done very well.”

A couple of months later, Dr. Duhadi 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. Duhadi said, “but I could have gotten haip 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 the Doctorate Research Day. He used an anonymous online survey, incorporating the Patient Health Questionnaire-9 (PHQ-9) to screen for Major Depressive Disorder, and the Generalized Anxiety Disorder Scale (GAD-7) to screen for anxiety. Dr. Mousa received responses from 126 residents and 238 medical students. He found that both groups, when compared to the general population, showed a significantly higher incidence of Major Depressive Disorder (about 2x) and Generalized Anxiety Disorder (5x-7x). Positive screens for both disorders were more common among higher PGY levels and 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 MDI and GAD.”

Residents are reminded that they can avail themselves of the en 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 Kuryandich and Keith Stowell are diving deep 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 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. Kuryandich 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 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. Kuryandich, who was born in Poland and speaks several languages. “You have to get the full picture.”

Dr. Stowell is on an one-year sabbatical from the University of Pittsburgh Medical Center, where he is director of psychiatric emergency 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. Kuryandich said it’s fascinating to spend hours evaluating people who have done “harmful” 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. Kuryandich 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 even 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 evolutionary, but now realize that the possibility of malingering must be considered.”

Dr. Stowell’s been an emergency department psychiatry consultant 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 minimize things for a variety of reasons. We have to be meticulous in our assessments to avoid missing important points.”

Experience helps, Dr. Stowell said. “You realize in the ER or other settings that there’s sort of an undefined thing,” he said, “an overall gestalt there’s oft’ Subtle signs.”

Dr. Stowell and Kuryandich 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 “hit and run” people 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 more what is portrayed on television. Most cases don’t go to trial, 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 Shafter, Ph.D., of Yale University, and a poster presentation featuring 22 research projects by residents and post-docs.

Right: Dr. Alicia Bodman of the Departments of Neurosurgery and Pharmacology gives her platform presentation, and Dr. Steve Hicks of the Psychology Institute speaks to the crowd. Above: Without during the poster session. Awards for this year’s presentations will be given to Dr. Mukhi Kottkath of the Department of General Surgery (best platform presentation) and Dr. Hicks (best poster).