

# Resident Report

A NEWSLETTER FOR SUNY UPSTATE MEDICAL UNIVERSITY RESIDENTS AND FELLOWS | FALL 2016

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[www.upstate.edu/gme](http://www.upstate.edu/gme)

## 'I put my foot forward to take care of those kids'

A simple "thank you" from a young patient helped persuade Registered Nurse Dave Swaby to go to medical school and become a pediatrician.

That expression of gratitude came from a young girl he treated in a hospital in Iraq in 2006, when he was a clinical staff nurse and Lieutenant with the U.S. Army.

A decade later, Dr. Swaby is now a second-year Pediatric resident at Upstate.

He remains in the Reserves, and is currently assigned to Ft. Campbell, Kentucky, where he serves as the OIC (Officer in Charge) of the medical-surgical unit during deployment/activation.

As a reservist, Dr. Swaby fulfills his military obligation doing annual two-week stints at Fort Campbell. He is also authorized to perform additional duties each month if he chooses. Dr. Swaby said he typically uses his vacation time for his reserve duty because he does not want to take additional time away from his residency training.

And he has never forgotten that "thank you" he received 10 years ago.

During his 13-month tour a decade ago, he was working in an

*continued on page 5*

## Stroke Simulations Help Neurology Residents – and Their Patients

After an hour of observing and evaluating Neurology residents going through two simulated stroke cases in an Upstate University Hospital conference room, Dr. Hesham Masoud was impressed.

"A lot of good stuff," said Dr. Masoud, assistant professor of neurology and neurosurgery, and clinical assistant professor of radiology.

The simulation program was developed by last year's chief Neurology residents, Dr. Awss Zidan and Dr. Umair Afzal, and draws on actual cases at Upstate. Current chief residents, Dr. Vishal Shah and Dr. Gurmeen Kaur and senior co-resident, Dr. Puneet Kapur, facilitate the sessions, in which residents must diagnose and treat a "patient," played by another resident.

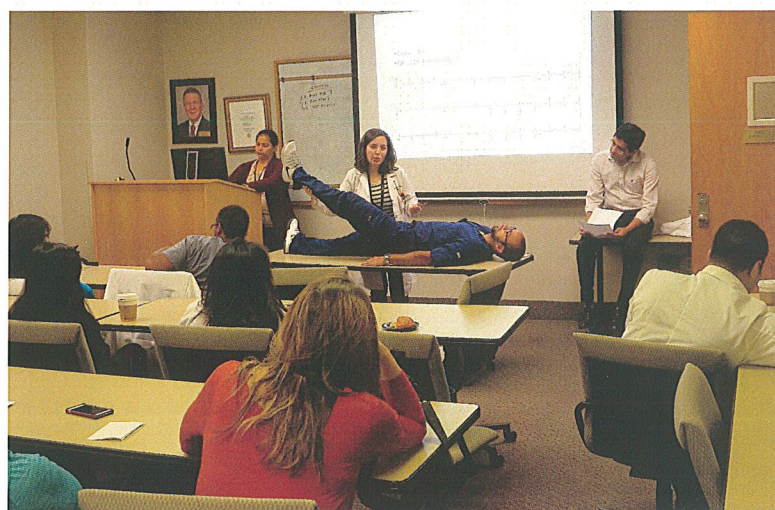
Two cases are usually presented, one after the other, with two residents in the spotlight in front of about 17 neurology colleagues and faculty and a few Emergency Department residents.

"It's essentially a confidence-building exercise," Dr. Shah said. "We started this last year and it's been very helpful. We took it up a notch this year. That's how stroke codes are in the ED. You run the show, with the help of nurses and pharmacists."

Dr. Masoud, who joined Upstate's faculty last year, is impressed with the simulations and with the interdisciplinary approach, which may soon have nurses, pharmacists and standardized patients joining the residents.

With a formal debriefing after each case, Neurology residents learn what they did well and what they could have done differently.

"They're getting education reinforced on different levels," Dr. Masoud said. "All residents have to go through NIH stroke scale training, but this is different from watching videos on the Internet. There's a lot of utility and advantage in practicing stroke skills in front of an audience."



Neurology resident Dr. Ruham Alshiekh-Nasany has a "patient" (senior resident Apoorv Prasad) move his legs during a recent stroke simulation. Chief residents Dr. Gurmeen Kaur and Dr. Vishal Shah, at the front of the room, facilitate these regular simulations to help residents diagnose and treat stroke.

The results indicate the program is working. "We've had a significant drop in our times to therapy," Dr. Masoud said. "We exceed the national standards on a daily basis. It speaks well of the Neuro residents."

In the simulations, fairly common cases are used, with the occasional unusual one added to the mix.

Residents Dr. Ruham Alshiekh-Nasany and Dr. Claribel Wee were under the spotlight at a recent simulation and handled their cases quite well.

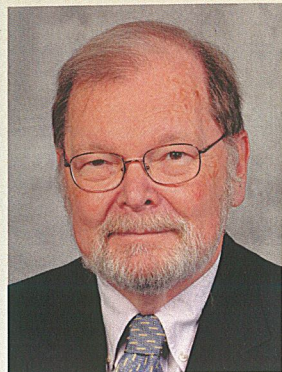
Dr. Masoud grilled them on their diagnoses, praised several things that each did right, and asked the other residents about what they observed and what they would have done in those situations.

A sampling of his questions and comments: "All right, what did you want to do? ... I'm not going to give you the right answers, I want to know your thought processes. ... What did you do well here? What do you feel good about? ... I was impressed with that, you didn't belabor the exam, which is good. ... More information is always better, unless it comes with the consequence of delay."

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## Proceed with Caution – if you go there at all



William Grant, EdD

Social media as a means of sharing information, ideas, personal contacts, networking with similarly minded others is not going away.

There is such a strong pull to this means of communication that Facebook™ has 1.71 billion monthly

active users; WhatsApp™ 1 billion, Tumblr™ 555 million, Instagram™ 500 million and Twitter™ 313 million. These and other various communication modes are so ingrained that often the consequences and limitations of their use are not considered.

Started as a means of private communication among friends, these programs have found expanded uses by business, special interest groups of all stripes and others. These are now open channels of communication that have

evolved into what could be considered public use spaces. Physicians in particular need to understand the limitations of these sites and to carefully select any related activities.

There are many misunderstandings that users bring to these sites.

Are the sites secure? No.

Are the sites private? No.

Are the sites safe? No.

What contributes to this? A belief by users that all other users behave the same way that they do and that they want to be treated. A single news story about the damage that an Internet Troll can produce should be enough to make individuals think twice, but it apparently does not. Trolls are not necessarily hackers. Their specific intent is to sow seeds of discontent, spread untruths, and act as bullies.

Some rules. These apply not only to your 'computer,' but increasingly to your smart phones which are computers in and of themselves. Never say or post anything that you would not want repeated or which you would not want public. Even information posted on a 'private' site for a few seconds can and likely will be copied and may

then be reposted or re-sent in minutes.

Nothing is private. Nothing on the Internet ever goes away.

Even if you deleted it somewhere, the post or other information has been cached and will be available forever. If you post something, someone else can use it in often not-helpful ways. Anything that goes out into the 'wild' may end up in a country in which the use and privacy laws are completely different from those in the U.S. So something that is illegal here may not be so someplace else. Remember that in the health care environment your computer use is highly monitored and regularly audited.

As a physician you are never not a physician. Your activities follow you all of the time. Posts will likely be seen by your patients and their families. Also current and potential employers do monitor the sites when questions arise. Consider not using any of the social media outlets for personal use. Clearly there is a growing interest in the business aspects and micro-blogging, which with appropriate restraints and ongoing monitoring may provide useful links for patients – but use with caution.

## Residents receive Excellence in Teaching honors

Six Upstate medical residents were selected by third-year medical students to receive Arnold P. Gold Foundation Humanism and Excellence in Teaching awards, comprised of a stipend from the foundation and an award certificate. The selection was based on their commitment to teaching and compassionate treatment of patients and families, students and colleagues. Recipients are from right, Dr. Mario Fahed, Dr. Alison Goldenberg, Dr. Michaela-Kollisch-Singule, Dr. Arkadiy Kheyfits, and Dr. Michael Galgano. Missing from the photograph is Dr. Rachel Weaver.



## Lounge Open

Upstate residents and fellows have a new space to relax and catch up on work. The lounge on the eighth floor of University Hospital opened in May, and features a flat-screen TV, computer terminals, a workout room, lockers and kitchenette.



## Alumni News: Doubling up on awards, pediatric style

Wednesday, Sept. 14, was another busy day for Dr. Manika Suryadevara – but far from a typically busy day.

She spent part of the afternoon with actor Richard Gere at the Salvation Army's Civic Celebration in the OnCenter, where she and Dr. Joseph Domachowske were honored for increasing vaccinations among low-income families in Syracuse.

A couple of hours later, Dr. Suryadevara, assistant professor of pediatrics, was being honored again – this time by Upstate. At the Fall Convocation in Weiskotten Hall's Medical Alumni Auditorium, she received the President's Award for Excellence in Clinical Research by a Young Investigator.

Dr. Suryadevara co-directs numerous clinical trials, and has written 22 peer-reviewed papers and five book chapters. She also has received funding for studies of novel therapeutics for treating common respiratory infections in children and for her work in vaccination hesitancy education.

The Salvation Army's award stems from the successful vaccination program Drs. Suryadevara and Domachowske began in 2011 to increase immunizations and reduce hesitancy.

"We determined the obstacles to vaccination and developed an intervention," Dr. Suryadevara said. The main obstacles were misperceptions about vaccination safety and poor access to vaccination sites – lack of transportation and funds.

"We found if we met them at the Salvation Army's Christmas Bureau and brought (free) vaccinations with us, we could provide individual education and set up a 'medical home' where we could give the vaccine," she said. "The first year we wanted to see if we increased the vaccination rates, and we did, compared to the state (statistics)."

Drs. Suryadevara and Domachowske enlist the help of fellow physicians and Upstate medical students to administer the vaccines

each year at the Christmas Bureau.

She estimates they've administered more than 3,000 free vaccines in the five years of the program, and enrolled more than 1,000 people each year in vaccination studies. Participants were given assistance securing primary care or family physicians, help with insurance

"Following up with these families has offered us a better understanding about the barriers that keep parents from immunizing their children and an opportunity to provide solutions," said Dr. Domachowske, who completed his medical degree and residency at Upstate. He joined the faculty in 1989 and is also a professor of Microbiology and Immunology.

Dr. Suryadevara also is involved in Quality Improvement projects with Upstate residents, including research into HPV vaccination rates and attitudes among family medicine providers toward vaccination.

Dr. Suryadevara earned her MD from Upstate's College of Medicine in 2004, and completed her pediatric residency here in 2007.

She and her husband, Amar Suryadevara, MD, associate professor of Otolaryngology and Communication Sciences, spent 2008-09 on fellowships in Seattle with their two children, now 7 and 10. They returned, and Manika Suryadevara began a three-year fellowship in pediatric infectious diseases in 2009. She joined the faculty in 2012.

"A lot of the people who trained me are still here," she said. "It was enticing to come back. I wanted to return to work with them and make a difference by training the same people with my mentors."

Upstate Golisano Children's

Hospital does a great job establishing new services and caring for children, she said. "Our outreach is large. The Pediatrics department is good with new ideas and maximizing resources.

"I became a pediatrician to help those who can't do it themselves," she said. "Children are tough and resilient, but they also need advocates. It's rewarding to see them bounce back from illness or injury."



**Upstate pediatricians Dr. Joseph Domachowske, left, and Manika Suryadevara, right, with actor/advocate Richard Gere and Cynthia Bonville, senior research support specialist at Upstate Golisano Children's Hospital, at the Salvation Army's annual civic celebration. All three from Upstate were honored.**

enrollment processes and an opportunity to voice their opinions on vaccinations.

Each year at the Christmas Bureau, the educational focus is on a different vaccine, such as flu, pertussis or HPV.

"We try to determine the knowledge level, and tailor the education to that," Dr. Suryadevara said. "This program has allowed me to make a difference with people who want to be helped. I can use my resources to help others."



## Addiction: 'Everybody has someone close to them who's affected'

When we see an addict, or read about someone who has died of an overdose, what's our first thought?

Dr. Tolani Ajagbe, Upstate's addiction fellow in Psychiatry and Behavioral Sciences, offers his perspective as a psychiatrist specializing in addiction treatment:

"My first thought is usually 'see them as a person,' rather than as a statistical number. I believe that makes it easy for me to connect to some extent, and have a better understanding of what they are dealing with," Dr. Ajagbe said. "Unfortunately, we tend, as a society, to have a broad-brush approach to addiction, which focuses on the behavioral aspect of the problem, while ignoring the psychological and biological aspects."

Addiction is a very complex disease, he said.

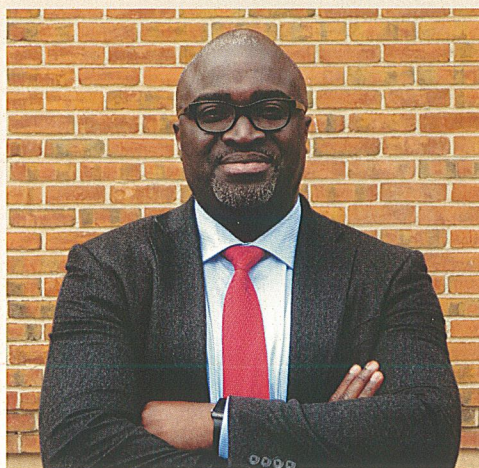
"It is a chronic, relapsing disease just like diabetes, hypertension, heart disease, vascular disease, kidney disease and a lot of neurological diseases," Dr. Ajagbe said. "Patients with these conditions see their physicians regularly, and are often managed with lifestyle modifications and medications."

It is no different for addiction, he said. It is a brain-altering disease that requires behavioral modifications, medication and other forms of therapy.

"What really bothers me is the stigma often attached to this disease in our society," Dr. Ajagbe said. "The factors that influence the first episode of drug use are often not the same ones that sustain the habit over the long run. They vary from one stage of the addiction process to another, and can include the individual's genetic makeup, peer pressure, social acceptability of alcohol and drug use, availability of the drugs, as well as self-medication with drugs and alcohol in coping with stress."

The bigger issue, he said, is that some of these factors are out of the individual's control, and we don't often consider that.

"We tend to do a lot of finger pointing and name calling, which then results in such individuals becoming more isolated in their families and in the society as a whole, further perpetuating the disease," he said. "I think these individuals will most benefit from a healthy



**Dr. Tolani Ajagbe**

balance of compassion, a problem-solving attitude, while avoiding enabling or being in denial of the disease."

Dr. Ajagbe points out that addiction takes many forms – drugs, both prescribed and illicit, food, gambling, etc. – and it doesn't discriminate. It cuts across all ages, socio-economic, racial and ethnic lines.

"Everybody has someone close to them who's affected," he said. "It is so pervasive."

Some families who have lost loved ones to overdose will include that fact in the obituary. "Pain is tolerated better when we share it," Dr. Ajagbe said. "It's an honorable thing, and they can help other families. This thing is real, it can happen to anyone."

Dr. Ajagbe knows this all too well.

In 1998, his 44-year-old cousin, a general surgeon in Nigeria, died from complications of alcoholism. This happened in Dr. Ajagbe's last year in medical school, and was a major factor in his decision to pursue addiction psychiatry.

"I have seen people who worked their entire lives for something, and watch it wither away as a result of their addiction," Dr. Ajagbe said. "They sometimes develop serious medical problems like HIV or Hepatitis C; they may end up homeless, in prison, disabled or with lost jobs. Families are sometimes totally destroyed."

Drug abuse can be difficult to track, he said, with new and more deadly synthetic drugs emerging seemingly out of nowhere.

## Patients, Foundation Show Appreciation for Doctors



**Dr. Jonathan Sotosky, Jo Yancey**

As part of the Grateful Patient and Family Program, the Upstate Foundation celebrates National Doctors' Day each year on March 30 by inviting patients at Upstate University Hospital to pay tribute to their doctors for the extraordinary and compassionate care doctors provide 365 days a year.

In addition to a celebratory banner and signage throughout both the Downtown and Community campuses, the Upstate Foundation staff and hospital administrators hand-deliver hundreds of handwritten thank you notes from grateful patients and a framed National Doctors' Day certificate.

Among the recipients was Dr. Jonathan Sotosky, Anesthesiology, pictured with Jo Yancey, the department's Education and Pain Fellowship Coordinator.

"A patient had written a nice note about the help I gave her in the Upstate Pain Management clinic," Dr. Sotosky said. "Essentially, she was thankful for someone who listened to her and she was happy with her visit."

The Foundation staff has celebrated National Doctors' Day for five years, hand-delivering a total of more than 2,600 tributes from grateful patients and their families.

"This distinction comes as no surprise, knowing these doctors as well as we do, and having read so many of the tributes we've received in the past five years," said Eileen Pezzi, vice president for development at Upstate. "We are touched by the heartwarming words from their patients and the gratitude they feel in their care, and are pleased to be the conduits in delivering their sentiments to all Upstate doctors."



## 'I put my foot forward to take care of those kids'

(continued from front)

ICU in a Baghdad hospital where "collateral damage" – civilian injuries and deaths – was greater than anticipated.

"We ended up with a lot of pediatric patients and no one to care for them," Dr. Swaby said. "We did not travel with pediatricians or pediatric nurses."

He decided to do something about it. "I put my foot forward to take care of those kids."

One patient was a young girl, maybe 9 or 10 years old, who had been injured when a natural gas leak in her home caused an explosion. It took some time, but Dr. Swaby earned the trust of the girl and her parents, who "kept a close eye on me," he said.

"She broke my heart," Dr. Swaby said recently during a rare

break at Upstate Golisano Children's Hospital. "When I was leaving, the only words this girl said in English were, 'Thank you.'"

Dr. Swaby said the hospital setting there wasn't ideal – children were treated in the same rooms as military personnel and Iraqi insurgents.

"Our mission there was to treat coalition forces, but about 25 percent of our patients were civilians," Dr. Swaby said. "There were some bad guys. We treated everybody the same."

After his tour ended, Dr. Swaby served as the head nurse of a medical-surgical



Dr. Dave Swaby as a registered nurse in Iraq.

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## Addiction: 'Everybody has someone close to them...'

(continued from page 4)

"People are finding new ways to get high," Dr. Ajagbe said. "A lot of deaths we are seeing in our community in recent years are from fentanyl, a substance 100 times more potent than morphine. We tend to see patients who think they're buying heroin on the streets, not knowing it's being laced with fentanyl."

While overdoses and deaths from illegal drugs remain in the news, prescription opioid abuse may be on the decline.

With the advent of more regulation and enforcement, doctors have had their prescribing privileges limited or taken away if they violate any prescription laws and guidelines, Dr. Ajagbe said.

Several states have prescription databases where doctors can see all the providers prescribing controlled medications to a patient, "thus mitigating the problem of doctor shopping and excessive drug prescription," he said.

In his fellowship, which started in July, Dr. Ajagbe sees patients at Upstate, Crouse Hospital and through CNY Services. Each clinical site takes a different approach.

"In psychiatry, there are two major treatment modalities, psychotherapy and psychopharmacology," he said. "I wanted to find a place where they merge. We have a unique addiction service here

at Upstate directed by Dr. Brian Johnson. It's strong in both, and meets right in the middle. The other two sites are also great, providing me with a broad diversity of patients, and strong clinical experience. The exposure I get in these three different clinical sites is priceless."

There are success stories.

"We've seen significant progress," Dr.

Ajagbe said. "I've heard patients' stories, and it's very encouraging. Some patients come to their initial appointments with their 'sober support person,' who sometimes is a successfully treated former patient. Twelve-step programs also help a lot. There's a lot of pride involved in these success stories."

Treating addiction is rewarding, but it can be daunting and at times frustrating, especially when patients have frequent relapses.

"When they have setbacks, or relapse, and sometimes lie about it, it's discouraging," Dr. Ajagbe said. "I tell myself, 'This job is about other people's lives. It's not about us.' ... You always remove yourself from the situation. There's a lot of transference. We try not to personalize our patients' struggles, and think their behavior is meant to undermine us, or to harm us."

There's also genetics to consider.

"It's easier for some people to be addicted," Dr. Ajagbe said. "They're predisposed to it by virtue of who they are and how they are biologically wired."

The phrase "addictive personality" has some merit, he said, but he tries to be careful in applying the term.

"I personally don't believe that any single set of personality traits are predictive of who develops an addiction down the road," he said. "Some of the identified traits, although seen in people who later became addicted, and also seen in people who did not. I worry about a situation where we further stereotype people, or suggest that people with these types of personalities are destined to develop an addiction."

### ABOUT DR. AJAGBE:

He earned a medical degree from the University of Ibadan College of Medicine in Ibadan, Nigeria.

He came to Upstate in 2012 to begin his four-year residency in Psychiatry, and then began his fellowship here in July. He and his wife, Olamide Ajagbe, MD, a pediatric hospitalist at Upstate, have three children, ages 14, 11 and 9.



# UPSTATE

## MEDICAL UNIVERSITY

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### 'I put my foot forward to take care of those kids'

(continued from page 5)

unit at a South Carolina hospital, and then enrolled in medical school at American University School of Medicine in Antigua.

While maintaining his Army reserve status, he spent a year in residency at Richmond University Medical Center on Staten Island.

It's difficult to switch residency after one year, but Dr. Swaby said Upstate gave him an opportunity to gain more experience in critical care, which he wants to focus on.

After he completes his residency here in 2018, his goal is to land a critical care fellowship with the U.S. Air Force or U.S. Army. By then, he hopes he and his family can be in the same place at the same time.

His wife, Tanya, is stationed in Hawaii as a non-commissioned officer in charge at the Army's Pacific Region Dental Command. Their 11-year-old daughter, Shania, is in Hawaii as well.

### Stroke Simulations Help Residents

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Resident Dr. Puneet Kapur, who helped prepare the cases and played the role of patient, said the pre-tests and post-tests are helpful to strengthen residents' knowledge of vascular neurology.

"The idea is to get faster, efficient and more confident," he said. "The tests give us data that help our knowledge base and comfort level."

Each simulation session is followed by in-depth literature review pertaining to the education activity from that day, consisting of landmark and most recent articles. Dr. Shah said this is to ensure evidence-based medicine provides the guidelines for policies and understanding of latest practices.

Dr. Kaur said Neurology residents at Upstate learn skills earlier than residents at other institutions. Residents – not just fellows with more years of experience – administer the clot-busting drug tPA, which is a testament to the strong educational activities of the program.

Dr. Shah pointed out that Dr. Kaur has the fastest door-to-puncture time administering tPA to a stroke patient – 15 minutes. The recommended window for tPA is under 60 minutes.

"It's not a simple thing," Dr. Masoud said of diagnosing and treating a stroke quickly. "It takes coordination and rapid analysis. ... It's a very sophisticated interpretation. That our



**Chief Neurology residents Dr. Gurmeen Kaur and Dr. Vishal Shah facilitate a stroke simulation with resident Dr. Claribel Wee and a "patient" (Dr. Puneet Kapur).**

residents can do this so early (in their training) and so competently is really something."

In three years, Dr. Kaur said, the number of stroke patients at Upstate has increased significantly, including those transferred from other hospitals. Tele-neurology links to smaller hospitals in the region mean that tPA can be administered elsewhere, and the patient comes to Upstate – designated as the region's first Comprehensive Stroke Center – for more advanced care.

"'Comprehensive' is really comprehensive here," said Dr. Masoud. "This is the place to be for stroke care in Central New York."