

Concerns? Problems? Take them to the RAC.

The nearly 500 medical residents at Upstate Medical University have a singular voice – the Resident Advisory Council – to address concerns they have with policies, facilities and educational programs.

Council representative David Padalino MD, PGY-5 in neurosurgery, said the RAC is an effective and efficient advocate for residents. “It’s an open forum and it allows us to speak up and make changes,” he said.

A recent example, Padalino said, is the expansion of Internet access in the East Tower. Residents working in some areas told their representatives on the RAC that they couldn’t get access to important information on computers there.

“Everyone has to have access to as much information as possible to provide the best care possible,” Padalino said.

The issue was resolved.

“Issues are raised and action is taken because of this forum,” Padalino said after a recent RAC meeting. “Without it, action would be muted or muffled. It allows for a current response to issues, not months later.”



Srivalli Gopaluni MD, PGY-4 in hematology-oncology, said the RAC gives residents a collective voice about issues that they don’t have time to deal with on an individual basis.

“Residency and fellowship are extremely busy periods for us,” she said. “Some days we’re just too busy to complain. We have umpteen things going on in our personal and professional lives, and the RAC helps put forth issues we have. The RAC serves as a platform for us to help our fellow residents and fellows.”

For example, Gopaluni said, concerns regarding work hours, hospital policies, resource books and space to work in the Emergency Department were voiced to the RAC and the situation has improved.

“If not for this committee, these things wouldn’t be addressed,” Gopaluni said.

The RAC is composed of 41 peer-selected resident representatives of each of the accredited residency programs at Upstate. The RAC meets every few months, and representatives discuss general issues or specific problems that have been brought to their attention.

Minutes from RAC meetings are distributed to all residents and are maintained on the GME website.

Five RAC members serve one-year terms as voting members of Upstate’s Graduate Medical Education Committee, which oversees residency programs. The GMEC meets monthly to establish policies and procedures related to education and work environment in all programs.

“We actually get exposure to a lot of management details that you’re not typically privy to when you’re on service,” Padalino said.

Resident Advisory Council members listen, left, as issues are discussed at the most recent RAC meeting in Weiskotten Hall.

UPSTATE MEDICAL UNIVERSITY

Resident Report

A NEWSLETTER FOR SUNY UPSTATE MEDICAL UNIVERSITY RESIDENTS AND FELLOWS | SPRING 2010



First-year radiology residents M. Reza Rajebi MD and Anne Marie Sullivan MD, above, received scholarships to attend the 2010 Society of Interventional Radiology annual scientific meeting in Tampa, Florida.

“I am excited to have the opportunity to explore the specialty of IR while representing Upstate Medical University,” Sullivan said. “I am thankful for the radiology department’s support, especially that of SIR member Russel Smith MD.”

Rajebi thanked Frank Vogel III MD and Rolf Grage MD for their help. “I am confident venues such as the SIR meeting will provide me with the opportunities to expand on my academic and scientific career,” he said.

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

Learners’ Retreat Reinforces ACGME Competencies

When more than 30 Upstate medical residents and fellows visited the Clinical Skills Teaching Center Feb. 24, not all was as it seemed.

Vincent Huang MD, PGY-2 in Physical Medicine & Rehabilitation, saw a Standardized Patient whose documented information showed a problem with one leg. But when he and other residents entered the room, the patient had rolled up the *other* pant leg.

The deception was designed to promote the use of the procedure verification documentation checklist and to reinforce the importance of re-verifying informed consent.

The encounter was part of a daylong “First Year Learners’ Retreat” at Upstate. Participants saw standardized patients, role-played in supervision cases, and learned the importance of their teaching and research responsibilities.

The annual event is designed to help residency programs meet the competencies outlined by the ACGME. It was led by Sara Jo Grethlein MD, associate dean for Graduate Medical Education, who was assisted by Steve Harris MS, director of the Standardized Patient Program, and Jeremy Shefner MD PhD, professor and chair of Neurology.

“Unfortunately, these mistakes are made at hospitals,” Joshua Kaye MD, PGY-2 in PM&R, said of the wrong-leg scenario. “Our primary goal is patient care. By having a role-playing scenario, it reinforces that these situations do happen and it will help prevent us from making those kinds of mistakes in the future.”

Another focus of the retreat was supervision. Case scenarios in which residents were assigned different roles – nurse, attending physician, lawyer, risk manager and even a hospital CEO – were developed to demonstrate systems-based learning and improvement measures.

Juan Lebron MD, PGY-2 in PM&R, was assigned the role of a nurse, and learned to appreciate how much nurses do to communicate with patients and their families.

“Communication is one of the most important things in the transfer of information from doctor to patient,” Lebron said. In one scenario, a patient had been treated by a resident during the night, but the attending physician wasn’t told an important piece of information ... until the patient’s attorney called four weeks later.

Again, communication is key, said Michael Akinyemi MD, PGY-1 in general surgery. “Your attending physician really depends on the things residents say,” said Akinyemi, who portrayed a hospital CEO. “You realize you are a very important part of a team. It makes you aware that every time you write a note or do a procedure, you ask yourself, ‘Am I making the right decision?’ ”

The retreat is scheduled with the residents’ well being in mind. Nationally, February is the month in which most interns exhibit signs of depression. The retreat was well received, and the GME Office is looking forward to next year’s activities.

Britton Chan MD, a PGY-1 in Medicine, talks to a Standardized Patient during the Learners’ Retreat.



Study Reflects Radiology Training

A research project by Glenn Groat MD, PGY-4, and Rolf Grage MD, assistant professor of radiology, showed a low rate of discrepancies in Upstate radiology residents' interpretations of images.

The study was accepted for a poster presentation at the Association of University Radiologists annual meeting in San Diego in March.

Dr. Groat and Dr. Grage retrospectively analyzed data for discrepant interpretations of on-call cases among radiology residents at different levels of post-graduate training in a one-year period at Upstate University Hospital.

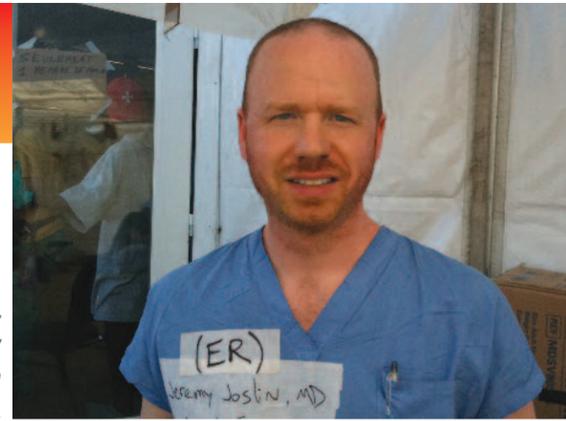
On-call cases consist of all the studies (all imaging modalities) performed on an emergent/urgent basis when the attending radiologist is not in-house, between 9 p.m. and 8 a.m. A preliminary interpretation was characterized as either having a discrepancy or not. A discrepancy was defined as an attending interpretation that resulted in a change in diagnosis, treatment, or disposition that required communication with the ordering physician.

The study showed a discrepancy occurred in only 1% of all cases, a rate similar to published reports at other academic medical centers. Discrepancy rates were higher in the least-experienced residents, and at every level of training, discrepancies decreased over time.

"For me, this reinforces that the training I'm getting here is on par nationally with what other radiology residents are receiving," Dr. Groat said. "Our numbers show that with more experience, the number of discrepancies decreases."

Upstate's Department of Radiology, which has 24 medical residents, maintains quality assurance and improvement through quarterly resident education conferences, where discrepancies are reviewed, Dr. Grage said.

"As a first-year when there is no independent call, you have to learn all of the imaging modalities and the learning curve is quite steep," Dr. Groat said, referring to CT, MRI, Ultrasound and other diagnostic modalities. "Then, as your training progresses and you start taking call, you realize what you do and do not know, and there is an even steeper learning curve."



Jeremy Joslin MD,
PGY-3 in Emergency
Medicine, in
Port-au-Prince.

A Week in Haiti, After the Earthquake

When the Jan. 12 earthquake struck Haiti, Jeremy Joslin MD, PGY-3 in Emergency Medicine, knew where he would spend most of his upcoming time off.

"I just went down on my own," Joslin said. "I had to fly into the Dominican Republic and I rode into Haiti by taxi."

Joslin spent seven full days and nights treating patients in a University of Miami medical tent in Port-au-Prince.

"It was just like what it looked like on the news," Joslin said. "There was a lot of trauma. I was seeing people 10 to 14 days after the initial trauma, so it was different from what I usually see (in the ER)."

Joslin said the medical tent was essentially a tertiary care center. "All day long, pickup trucks would come in with three or four patients in the back with broken arms or legs, pelvises."

Joslin also saw some patients who had been trapped for two weeks, but were lucky enough to have ended up in pockets where they had access to food and water. "They were shaken up, but medically dischargeable," he said.

His work in Haiti allowed Joslin to see a degree of injury and disease he doesn't see at Upstate University Hospital, such as advanced tetanus spread throughout the body.

The experience also reinforced the value of emergency medicine training in general, and the breadth of training he has received at Upstate in particular.

"I met a lot of other docs trained in emergency medicine who were able to do various jobs you wouldn't expect," Joslin said. "There was an ER guy working as an impromptu radiologist, another working in the pharmacy, and another as an anesthesiologist because we didn't have one that day. Things we kind of do on a daily basis in the ER, we could jump in and fill specialty niches."

Joslin is back working in University Hospital's Emergency Department, but he has other excursions planned -- including one in June that kicks off a wilderness medicine elective he has devised for Upstate medical students and residents.

Joslin will serve as medical director of the six-day, 148-mile "Desert RATS" (Race Across The Sand) ultramarathon in Utah. He will be accompanied by two other Upstate students or residents, who will monitor and treat the several dozen competitors each day. It's a grueling, multi-stage race that includes a 50-mile day and shorter stages over rugged terrain.

"For me, it's a great demographic to work with," Joslin said of the ultramarathoners.

For more on Jeremy Joslin, visit: <http://jeremyjoslin.com/>

Surgery Resident Finds Success in Research, Running

Keri Seymour DO finished her first two years of residency in surgery at Upstate last summer before starting a two-year research fellowship with Vivian Gahtan MD, professor of surgery.

So far, Seymour has been awarded two grants totaling \$17,000 and was second author of a published study on pulmonary emboli.

"I think my research experience over the next two years will help me gain a better understanding of how to accomplish respectable, high-quality research," she said. Seymour hopes to pursue a fellowship in vascular surgery and put her research to clinical use in areas such as diabetes and obesity.

"I ultimately plan on becoming an academic surgeon and know the training I gain from the lab will continue to be useful in my career," she said.

Last month, Seymour was awarded \$2,500 from the AMA Foundation Seed Grant Research Program. The grant allows her to study vascular smooth muscle cells and the ability to proliferate in a high cholesterol and high glucose environment. It will also look at the ability of nitric oxide and statins to limit the proliferation.

In January, Seymour was awarded a \$14,500 grant from the Peripheral Vascular Surgery Society for her research into the potential additional benefits of statins in cases of arterial disease. Statins are drugs known to reduce cholesterol levels in the blood.

Seymour will present an update on the statin project in June at the PVSS spring meeting, which is combined with the Society for Vascular Surgery's annual meeting in Boston.

Last August Seymour was second author of a study published in the Journal of Vascular and Endovascular Surgery. The Upstate researchers, led by Kwame Amankwah MD, assistant professor of surgery, reviewed the effectiveness of an advanced method of preventing pulmonary emboli in the ICU.

"I have found incredible support in the labs here at Upstate and at the VA," she said. Gahtan's lab is in the Veterans Administration Health Center.

Seymour is a Central New York native who earned her DO from Midwestern University in Phoenix, Arizona. She also lived in Vail, Colo. for three years, which allowed her to pursue her passion of skiing.

Seymour also resumed running last summer after finishing her PGY-2 year. Skiing is her primary sport, but she has always run for conditioning and other sports like soccer.

When Seymour's sister, who lives in Las Vegas,

suggested that she come for a visit -- and run the Las Vegas Marathon -- Seymour went for it. She trained for months and completed the 26.2-mile race in 4 hours, 35 minutes.

Seymour found key similarities between studying to be a surgeon and training in athletics.

"I enjoy running, skiing, and surgery as they are all challenging fields where there is endless opportunity to improve," she said. "Every day brings another chance to refine your skills and ability. Practice and preparation will continue to help me reach my next set of goals."



Keri Seymour DO

Medical residents and fellows at Upstate have an advocate in the State Department of Health.

Steven J. Scheinman MD, senior vice president and dean of the College of Medicine at Upstate, has been appointed by the governor's office to the New York State Council on Graduate Medical Education (COGME).

"Having Dr. Scheinman on the council not only reflects the prestigious standing of Upstate Medical University, but will benefit our 475 residents and fellows and the patients they serve," said Sara Jo Grethlein MD, associate dean for Graduate Medical Education.

The 30-member council advises the governor and health commissioner on state policies relating to graduate medical education. These include primary care training and practice, consortia development, minority participation in graduate medical education and healthcare reform.

COGME has helped establish New York as a national leader in Graduate Medical Education by advocating for primary care education, increasing underrepresented minorities in medicine, and reducing resident work hours.

The Council has participated with other organizations in sponsoring several conferences and events to increase educational opportunities in medicine for minorities and economically disadvantaged students along the academic pipeline and to promote training in primary care and ambulatory care settings.

Scheinman, a member of the Upstate faculty since 1984, holds key positions with various associations, including as officer of the Associated Medical Schools of New York and as member of the administrative board of the Association of American Medical College's Council of Deans.



Steven J. Scheinman MD

Radiology resident **Glenn Groat MD** and assistant professor of radiology **Rolf Grage MD** review a CT scan of an abdomen and pelvis.

