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www.upstate.edu/gme

Fourth annual Beyond the Doctorate Research Day a success

The Office of Postdoctoral Affairs and the Office of Graduate Medical Education celebrated Upstate's fourth annual Beyond the Doctorate Research Day March 5, highlighting the research accomplishments of Upstate's residents, fellows and post-doctoral students.

Five residents and three post-doctoral researchers gave 15-minute oral presentations. A poster session spotlighting two dozen research projects by residents and post-docs was also held. Presentations and posters were selected after a faculty peer review of submitted applications.

For the second straight year, Dr. Bryanna Emr (PGY 2, Department of Surgery) was selected as the medical resident winner of the day-long event's oral platform award. Dr. Emr's presentation was, "Electroporation Mediated Gene Delivery Attenuates ARDS (Acute Respiratory Distress Syndrome)."

Dr. Emr and her team found that gene therapy can attenuate acute respiratory distress syndrome pathophysiology, suggesting a potentially exciting new therapy for ARDS patients.



Dr. Rushikesh Shah, right, discusses his research project with Dr. Amit Sharma at the Beyond the Doctorate Research Day poster session in Weiskotten Hall.



Bryanna Emr, MD



Amritpal S. Nat, MD

In the poster session Dr. Amritpal S. Nat (PGY-3 Department of Medicine) was recognized for his work applying the Milwaukee Protocol in the real case of a 24-year-old U.S. soldier who was diagnosed with rabies after being bitten by a feral dog in Afghanistan.

Dr. Emr, Dr. Nat and their teams were recognized with an honorary plaque and each presenter received a cash recognition of \$500.



Theodore Bania, MD

The day also featured a keynote presentation by Theodore Bania, MD, MS, Director of Research and Toxicology at Mt. Sinai St. Luke's and Roosevelt Hospital in New York City. His talk was titled: Lipid emulsion as a new antidote: Current use and extension from lipophilic local anesthetics to other drugs' toxicity.

The fifth annual Beyond the Doctorate Research Day will be held March 11, 2015. Save the date!

Work-life balance is crucial for medical residents



Eric Quilty, MD

Dr. Erik Quilty looked relaxed when he arrived for a Resident Report interview about the need for medical residents to maintain a

healthy work-life balance.

Dr. Quilty, a third-year resident in anesthesia, had recently returned from a week's vacation in Costa Rica, so there was good reason for his calm demeanor.

Medical residents know better than many professionals the benefits of quality rest-and-relaxation periods. Maintaining that equilibrium during a streak of 60- to 80-hour weeks in the hospital is the tough part.

"You always have to take time out for yourself," Dr. Quilty said. "My father (a stockbroker) has always told me, 'You need something other than work.' You need to destress and decompress. Even if you only go out and run one mile, or read five pages of your favorite book, you can re-center yourself."

Coming from a family of distance runners, Dr. Quilty counts on running and working out to stay balanced. He goes out for a run three days a week in addition to regular cross-training sessions in the gym.

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Incoming chief residents attend national meeting in Nashville

This year's conference in Nashville gave us the opportunity to interact with other incoming chief residents, and at the same time learn from experts what qualities a good leader must possess. I have learned that a chief resident has multiple roles, and it is important to find a balance among these various and occasionally conflicting roles.

One of the more memorable experiences was attending a session on clinical coaching by Dr. Jeffrey Wiese, Internal Medicine Residency Program Director at Tulane University. He emphasized the power we, as teachers, have to make a big difference in the world through exponential teaching – that is, teaching doctors who will themselves become teachers one day. Surely, the next year will be filled with challenges but I am positive that it will be as fulfilling.

— Emerald Banas

The conference in Nashville was an eye-opening experience. We live in a pseudo-bubble here in Syracuse and for the majority of us, all we know is what we do at Upstate. One of the best



Upstate's incoming chief residents in the Department of Medicine attend the annual APDIM chiefs meeting in Nashville, TN. Left to right are Drs. Josh Harrison, Omair Chaudhary and Emerald Banas.

parts of meeting these future chiefs from programs of all sizes and calibers from all of the country was to see how they do things in their respective institutions.

The ways programs have come to solve their unique problems based on their size and location is really interesting. Some programs did not have a night float system and were manning night rotations with senior residents; other programs had

an entire overnight curriculum with educational meetings and rounds. I came out with some fine tweaks of what we can do in our program, but honestly for the most part I think we have a finely tuned machine when it's running right.

A few things I really liked:

- Some programs use smart phone-based response apps to allow greater participation from medical students, applicants and others for their morning reports. I think our morning report system is great because it's a small, focused learning group and forces the residents to take ownership of their MKSAP questions and their answers.

- Emerald and I attended a workshop about making an app for the program. It's an idea that we have been tossing around but there are a lot of factors that have to be sorted out.

- Dr. Jeffrey Wiese from Tulane gave an inspirational lecture about clinical teaching vs. clinical "coaching," and inspired everyone in the room to take a personal interest in every one of their residents.

— Omair A Chaudhary

CLER: A new institutional assessment approach



William Grant, EdD

As a part of its "Next Accreditation System" the ACGME has revamped the process by which institutions will undergo analysis. The new process is entitled CLER (Clinical Learning Environment Review) and employs a more global focus on the entire

'environment' in which resident learning occurs.

The process reflects the ACGME change in focus from capacity assessment (how many beds does the hospital have) to competency assessment (how well do the institution and its programs prepare an individual to independently practice medicine in their specialty).

The ACGME has moved individual program formal assessments to about once every 10 years but has placed increased burden on the institution for program monitoring. In addition, the ACGME intends to visit the teaching institutions every 18 months with only a two-week notice.

These visits will not only examine the activities conducted at the GME level but will also include direct assessments of the physical environment as well as support staff involvement in resident education.

The support staff includes administrators, nursing and other staff. This will be the first time that the ACGME has specifically included support staff in their global assessment. The visits will take place over a one- to five-day period.

The CLER visits will focus on six areas: Patient Safety, Health Care Quality, Care Transitions, Supervision, Duty Hours/Fatigue Management & Mitigation, and Professionalism.

The ACGME team will be interested in gathering data on five specific questions:

- Who/what form the institutional infrastructure designed to address the six focus areas?
- How integrated is the GME leadership and faculty in institutional efforts across the six focus areas?
- How integrated are the residents and fellows?
- How does the sponsoring institution determine its success of its efforts to integrate residents into the six focus areas?
- What are the areas the hospital has identified for improvement?

As they visit various institutional departments they will be asking:

- Is supervision adequate?
- Do residents and support staff know who to call when clinical circumstances exceed their ability?
- Do you have concerns about mistreatment?
- Do residents know the hospital's quality goals?
- Do residents know how their individual QI or PS projects relate to the hospital's PQI and PS initiatives?

- Are communications among residents, faculty and support staff and patients appropriate and adequate?
- Do residents know how to file reports of safety concerns? Do they do it? Do they leave it for the nurses to do?
- If a resident reports a safety concern, does he/she get feedback about what action was taken?

The ACGME has already visited about 100 institutions under the CLER process. From those visits we already know that in general:

- There is a lack of consistency in after-hours supervision.
- Residents are not provided data to improve clinical effectiveness.
- Residents are not sure how they fit into hospital systems and initiatives.
- There is an institutional responsibility for promoting truthfulness and integrity.
- There is a lack of consistency in standardization of the hand-off process.

Because the process is so new, a series of instructional meetings is being conducted with various constituencies around the institution. Educational materials on CLER are being disseminated. A major CLER retreat was held on March 31 to provide information on our current status to a wide audience of Chairs, program directors, coordinators, administrators and others.

For more information on CLER please contact the GME office or the ACGME web site's homepage link to the Next Accreditation System <http://www.acgme.org/acgmeweb/>

Neurology resident selected for advocacy leadership forum



Sonia Nayyar, MD

Dr. Sonia Nayyar, a PGY-3 Neurology resident, was one of 29 neurologists worldwide selected to attend the American Academy of Neurology's prestigious Donald M. Palatucci Advocacy Leadership Forum last January in San Diego, California.

The Palatucci Advocacy Leadership Forum was developed by the AAN in 2003 to train members to be successful grassroots advocates and effective spokespeople for their patients and the neurology profession. Fellows are chosen on the basis of their strong leadership potential and ability to motivate others through effective communication and collaboration.

As a Palatucci Fellow, Dr. Nayyar learned how to tailor messages to share with lawmakers and the media. Her advocacy project on

"Adapting Medical Education Theory to Patient Communication" was completed under the mentorship of Dr. John Morren of the Cleveland Clinic.

The American Academy of Neurology, an association of more than 26,000 neurologists and neuroscience professionals, is dedicated to promoting the highest quality patient-centered neurologic care.

<https://www.aan.com/>

Medical Scholars, AMSNY programs helped prepare resident



Samantha Jones, MD

Samantha Jones, MD, a third-year medical resident at Upstate Medical University, is one of hundreds of successful graduates of the Associated Medical Schools of New York (AMSNY) Post-Baccalaureate program.

After earning a bachelor's degree at SUNY Environmental Science and Forestry, Dr. Jones earned a master's degree in Medical Technology at Upstate Medical University through its Medical Scholars program. She then enrolled in Upstate's College of Medicine and earned her MD in 2011.

"The preparation and training provided by the program allows you to be confident that you will be able to handle the rigorous demands of medical school," Dr. Jones said. "Our program had the added benefit of allowing us to make important networking contacts, conduct globally important and publishable research and obtain a master's degree."

During her final year at Upstate, Dr. Jones matched into the competitive Emergency Medicine specialty and then was able to sub-specialize in Pediatric Emergency Medicine.

The AMSNY Post-Baccalaureate programs offer opportunities for underrepresented minority students who narrowly missed admission to medical school. This may be because the

students come from economically or academically disadvantaged backgrounds, yet they hold promise to become quality physicians.

After they succeed in medical school, these new physicians often return to communities with limited access to health care in our state to practice medicine.

Upstate's Medical Scholars program is one of three AMSNY spinoffs begun in 2008 at medical universities; the others are New York Medical College and Stony Brook University School of Medicine.

"I have been very blessed and I consider the Medical Scholars program one of those blessings," Dr. Jones said.

Work-life Balance, continued

"That's the hard part," he said of finding time for exercise. "If it's a really long day (in the O.R.), I won't go for a run. It depends on when I get out of work."

Dr. Quilty saves long runs for the weekends when he's not on call, and averages 20-plus miles a week.

In addition to those solo opportunities to clear his head, he said he and other anesthesia residents can count on each other if needed.

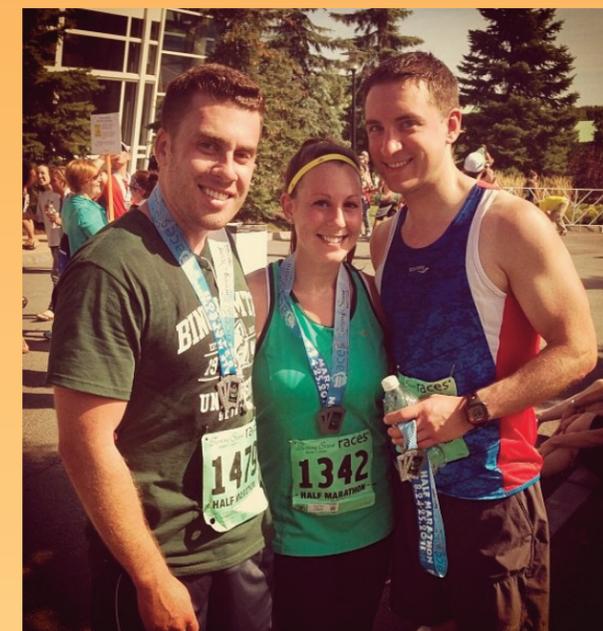
"In my program there are 14 of us and we all know each other pretty well," he said. "When we see each other we talk and check in. Everybody's pretty open."

Stressors for anesthesia residents include having a patient who's very sick, lengthy operations and just the very nature of surgery.

"We're always anticipating what's going to happen, and what could happen," he said. "We look up the next day's cases before we go home, and talk to the Attending about the patient's medical problems and the surgery."

Resources are available at Upstate to help medical residents struggling to keep a balance. The GME office and individual programs are there to help, Dr. Quilty said.

"The one thing that helped me when things got stressful was the realization that you're not



Dr. Erik Quilty, far right, after the 2013 Turning Stone half-marathon with Ryan Crouse, left, and Becky Sargis, middle.

the only person who's going through it," he said. "There are others with you, and there have been others who have gone through residencies successfully. It's temporary, even if it seems like a long temporary."

Dr. Quilty allows himself to think about what's at the end of that "long temporary" — completing medical residency.

"It's a great accomplishment," he said. "You're about to accomplish something that not a lot of people have done."



Member Guide

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When calling our confidential counseling services, your Residence Assistance Program Specialist will take you through our intake process, where we ask structured questions to assess your situation and determine the best level of care.



Dr. Erik Quilty recommends the following to keep the workload and stress manageable:

- time management skills
- organization
- able to prioritize everything from daily work to studying
- strive for good relationships with people at work, including physicians, nurses, support staff and cleaning crews.
- make time for yourself