

Connections - 2011

Bulletin of the Government Medical College Chandigarh Old Students Association (GMCCOSA)

From the Editors Desk

Navneet Majhail, 1991 batch

To begin with, wishing all of you a very happy, healthy and prosperous New Year 2011. May you have the strength to break your New Year resolutions without any undue feelings of guilt or despair. Another year gone by and another year taken away from our expected life expectancy. Hopefully, global warming will reach Minnesota in 2011, and I can discard my snow shovel.

It is hard to believe that GMCCOSA is in its 8th year as we put together this 22nd edition of Connections. On this auspicious occasion, I have decided to make public the secrets of our editorial process while using this issue as an example. At the outset, my apologies to my co-editors (Hammy, Kochar, DRK, CJ and Anuj), who will first see this article after it is in print (to save my skin I do acknowledge that below is a mix of fact and fiction).



First week of December – me in a frantic email to my co-editors – “Guys, one month left – what shall we do for the January 1st issue?” One week later, there have been no replies, so I write – “I know you are reading your emails...” Over the next few days, some replies trickle in: “How about we recycle something from 5 years ago – no one will notice.” “How about that article we wrote 6 months ago but forgot to include in the last issue.” “Koi gal nahi Sirjee, I will pester CJ till he writes something!” “Connections, what Connections ... ooh, Connections – but I am on the inpatient service rotation – I will put together something while on call in between answering pages.”

Two weeks to deadline, we start flattering and then threatening each other. “Hammy, hamari bees saal ki dosti ka vaasta.” “CJ, do you want to live in Minneapolis?” “DRK, &%\$#^@!” “Anuj, interview someone from GMCH – how about that dhobi who sits outside the hospital gate.”

Finally, Kochar intervenes – he is our usual savior – he replies, “I will write something” – and I sigh with relief (we will be able to fill two pages). Anuj, knowing that things come to this before each issue, has already interviewed someone (another two pages occupied). We all dive into our photograph folders and find photographs of when we met our classmates (enough to cover one or two pages – now we are in business).

Then we start checking the gmciosa@yahoo.com mailbox – we always find a treasure trove of material that you all have sent to us over the preceding four months – photographs, anecdotes, articles and updates about GMCH, friends, family, faculty, juniors and seniors.

One week to go, and we are feeling good about ourselves. But who will put it all together? So I send another email to my co-editors, fingers crossed that someone will volunteer. Fortunate for me, my email always catches CJ in one of his melancholic moments – he replies all, “I will do it” – and then curses himself right after he has pressed the send button. DRK wipes his brow and mutters as he reads CJ’s reply, “phir bacch gaye.”

Midnight, December 31st, I am calling and cussing CJ – “WHERE IS THE ISSUE?” Finally, at 1AM, I get the much awaited email. I start uploading the issue to the GMCCOSA website – and I freeze in horror – we forgot to write an editorial for this edition. So I start typing ... anything ... something ...

Till we start this cycle again in three months, Happy New Year, and stay connected!

The Memoirs of an Accidental Traveler

Kanwaljit Singh, 1999 batch

March, 2010: The story begins on a lazy Sunday morning, when Charanjeet (aka CJ) calls me repeatedly, while I, fast asleep at 11AM, try to ignore his calls. Finally sick of his repeatedly disturbing my sleep, I call him back to hear him excitedly recite the idea of vacationing in the Yellowstone National Park in summer. At that time, I do not see the reason for such urgency, but soon we realize that we are already way too late for that place - all accommodations have been sapped up. That's when my wife, Aparna, decides to take the matters in her own hands and does a search on "suitable places" to go and stumbles upon the Rockies! Initially I am skeptical, and so is CJ, but when we see the photographs, and being the mountain enthusiast that I am, I am sold. Take my word for it, the decision to span a part of the American spine was probably the best I made since Ladakh (and marriage, Aparna is staring at me right now!).

Preparation: Rockies tend to be quite a busy place all year round, so it is best to book your accommodation as early as possible, ideally 3-4 months prior. Doing a Google search on "Rocky Mountain National Park Accommodations" will give you many options. You will not find any hotels inside the park itself, but the borders of the park have towns with many hotels and cabins. We decided to be "moderately adventurous", and booked a cabin instead of a hotel room, in a small village on the shores of Grand Lake, a large lake on the western border of the Rocky Mountain National Park. For the "more adventurous", you can try camping - but beware of the ticks and Rocky Mountain spotted fever. Most good cabins are available at \$100 per night and are equipped with a kitchen, washroom, one bed and one futon. You are hopefully going to such a place to get away from civilization and close to nature, and staying in a cabin or in a make-shift tent allows you to do just that.

Most people stay on the eastern gate to the Rockies. It is called the Estes Park and is near the beautiful city of Boulder, Colorado. This place is touristier, and has more options for shopping and activities such as trekking, biking and hiking, cable-cars and other things of adventure.

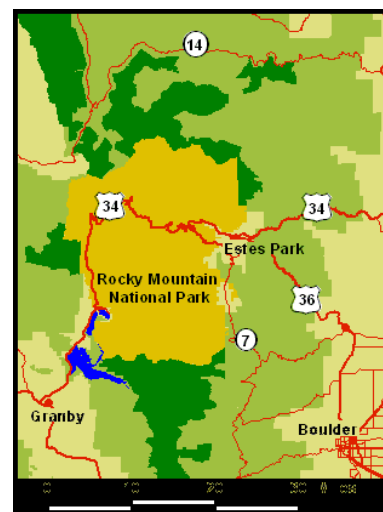
Much awaited - July 2010: We arrived at the Denver International Airport at midnight, and then rented a car to drive 150 miles to Grand Lake. Unfortunately our flight from Boston was delayed, and CJ, having arrived the day before, was getting very impatient for us to reach Denver. So here I leave a tip for you, if you do not want to listen to some indecent words at that hour from your best friend, make sure you plan your arrival at a decent hour.

We got the car and our driver (read CJ) drove at the most ungodly hour possible, on a treacherous pitch dark hilly terrain and we reached our destination at 5 am. The serenity of sun rise from behind the lake and gophers running free on the shore was enough to recharge our batteries.

On the day of arrival we decided to jump right into the thick of things, and ventured into the Park from its western inlet. We drove into the Estes Park with CJ at the wheel of our rented Ford Expedition (another wise decision: it will be cost \$10 extra every day to get a SUV, but, given the terrain where the road is at 14,000 feet with inclines of 7-10° - it was worth every penny). We were left breathless - by the beauty, the altitude, the expanse, the sun and the glaciers and a realization that altitude sickness was setting in. At that elevation with one land roads, driving was not easy and CJ kept reminding himself and us that he will never again drive in this terrain.

When back at the cabin that evening, we decided to hone our grilling skills. Skewers of marinated chicken, mushrooms, pineapples, bell peppers and onions, grilled on charcoal was our staple dinner during our stay. Colorado's local beer, COOR, was the beverage of choice. The best thing about the beer, other than its smooth taste, was a temperature sensitive label that would warn you if it wasn't at the perfect drinkable temperature!

There are many ways in which people like to travel, one way is to plan meticulously and another is to do it all impromptu. If you survived reading the article till now, you would realize that we belong to the latter category. The next morning, we decided to hike a trail; there is nothing wrong about that, except that we began our hike at





noon and with the knowledge that it was going to rain. Being daring and foolish (in retrospect) paid off well, because with the overcast weather and drizzle we did not tire much and the scenery was beautiful. We felt like little children on reaching the first half of our eventual destination; it was beautiful – with the green pastures with a rivulet running through it and a log that served as a makeshift bridge. Torrential rain prevented us from going any further – and we returned home to relax.

Yet another day, yet another unplanned ordeal – this time we drove about 60 miles out of the forest area to the nearest city to catch a ride on a really old steam engine as it pulled its cars on a wooden bridge across two hills ... however, we were a tad too late to book for that day. Nonetheless we ended up exploring the small three street downtown of a town with a population of about 1600. Here one of the locals told us about the Winter Park that we could visit on our way back. On our arrival there, CJ and I were excited about using a cable car to go to the park. Although Aparna was not so sure, Lord Shiva (as she would say) saved her life and she made it safely to the other end. This park was a man made oasis full of wonderful eating joints, a mini golf course, and had multiple musical instruments on open display and I and CJ turned into pretend masters of music. We tried them one by one and were undoubtedly the loudest and most unsynchronized of all – hey, but it was fun.

The misadventure of the first day brought us back to the same spot the next day, the reason this time was downhill biking. Sounds crazy, huh! It was our chauffer's frenzy, and my wife and I were jittery – but after talking to David, our instructor - a onetime successful broker on Wall Street who gave it all up to pursue his passion – we decided to do mountain biking (riding a mountain bike is different from riding the desi "Hero Hawk"). David demonstrated how to negotiate close turns, go downhill and how not to sit on a bike – the crux was not to paddle but let it run down the slope while maneuvering it. Aparna gave up in the trial phase; David, CJ and I took a cable car – ahem, to a height of 11,000 feet – about 4000 feet from where we started. We were tentative, but David assured us that he would get us down with no more holes in our body than we already had. We finally did sweat it out and made it without any accidents. Both of us, after we reached our base, decided that someday we were going to do it again.

The last day took us to one of the most beautiful and apparently treacherous trails on the west side of the park; our destination was Lake Verna. When we saw the map of the trail, I thought that this hike should be a piece of cake. But CJ was skeptical and asked the ranger if we would get back home in time for supper! The track was not through a dense forest this time, but rather was a dusty strip by the edge of a mountain. The hike was wonderful; the views at each turn were breathtaking and mesmerizing. After three quarters of the way up CJ, and soon after Aparna, called it a day. We had to turn back. But we took time to capture it all in camera before our descent.

Epilogue: Despite all the lack of planning, despite all the ups and downs through this journey – it was the best time we all had in a while. After all it was all about "being with friends, motivating them and pushing them to achieve newer and un-treaded dimensions" ... Aglee Waari Aseen Kithhe Jaana Hai Bhaji!! ... Let's plan it out for Yellow Stone National Park ... Kee Khyal Hai!!

In Conversation with Dr Rohit Jindal

Anuj Sharma, 2007 batch

Dr. Rohit Jindal, Assistant Professor in the Department of Orthopedics, is an alumnus of the 1993 batch of GMCH

Message from Dr Jindal:

Take pride in being a part of GMCH. Still there are various things we need to do for making our institute the best. Also I would like to hear your problems and act as a bridge between you and the faculty.

I would like to wish good luck to the whole team of GMCCOSA. We should plan a reunion. We can have student coordinators. I welcome any such efforts and would like to be a part of it. In few years we will be having the 25th anniversary of our college and we should start working for it.

My best wishes to all of you!

You are the first and the only GMCHite to join the parent institute as a faculty member. Please tell us about your journey.

I joined the college in 1993. After completing my MBBS, I did my MS in Orthopaedics from GMC & Rajindra Hospital, Patiala from 1999-02. I came back to GMCH as a senior resident. Later, I was appointed as a faculty member on a contract basis at GMCH. Thankfully, in May this year, I joined the Department Of Orthopaedics as a permanent faculty member through the UPSC.

We have heard from the faculty about the struggles and hardships the college faced during its formative years. Please tell us about the same from the students' perspective?

We were among the earliest batches of GMCH. We had our hostel in the Sarai building in sector-32. We had our lectures in the polyclinic of sector 22. From there we used to go for our clinics in General Hospital, sector 16 (GMSH) on our bicycles. There was a strike during the time the '91 batch had their exams. Altogether we faced great hardships but since the college was in its budding stage, there was a lot of enthusiasm amongst us. I feel that the enthusiasm is lacking amongst the students now.

How is the experience of being a teacher different from that of a faulty member?

As a student, you are always very proud and possessive about your institution. You feel that your college is the best. Later, you realise as a teacher that we still have a long way to go. The departments need to work a lot for creating state-of-the-art facilities and introducing more super-specialities.

Any memorable moment you would like to share with us of your college times.

There are many funny and memorable instances of those days. I fondly recollect one regarding the way we brought out the first edition of 'Glimpse', our college magazine. We were interns posted in the Department of Medicine under Prof. Malhotra who was the then head. He was really strict regarding the duty hours. At the request of Prof. Harsh Mohan (the then Editor of the magazine), we took samples of the whole ward at 5 a.m. in the morning and then rushed through the whole printing. We were barely able to prepare 5 copies which we got in the nick of the time breaking all the traffic signals and rushing through all the lanes. Thankfully, we saved our faces on the annual function. In the end, the first edition was a success and the legacy has been carried on well.

What do you think is the difference in the under-graduate teaching between GMCH and other colleges?

Our students are doing well. The results of PGIMER and All-India PG entrance exams are a testimony. The students are well trained and confident about the exams. Things which are currently lacking include a poor attendance of the students and lesser inclination towards the clinics. I know it is a mutual problem. The faculty too, are not able to devote enough time due to our busy schedules during clinics. However, I remember of having learned to apply plaster casts in my 2nd Prof. Now I don't see the 2nd Prof. students attending regular clinic.

Agreed, that there are various events organised by them (Euphoria, Plexus), but those should be managed with academics.

You are also a part of the Sports Committee. What all issues you feel need attention, seeing the current lack of proper sports infrastructure?

We definitely lack a full-fledged play ground. We used to play in our lunch time in the play ground near Prayaas. Even during my post graduation days, we used to play cricket in the beautiful ground at Patiala. The attitude of the authorities is first to see the interest of the students and then provide the facilities. I personally feel that we should first provide the facilities and then it will cater to everyone's interest.

Please tell us about your department and your interest in Orthopaedics?

We have an excellent department with the latest facilities comparable to any institute nation-wide. This is evident from the fact that recently we had 42 applicants for merely 3 senior resident vacancies. We perform almost 4000 surgeries every year. Currently my field of interest is spinal surgery and I am very happy to learn under the guidance of Prof. Raj Bahadur.

How well-connected are you with your college friends? Do you have any reunions?

I guess that with time, one tends to lose track of one's friends. However, I am still in touch with many of my batch-mates, seniors and juniors. We recently had a mini re-union of around 14-15 friends in May, 2010. It was fun.

Congratulations

Saurabh Behl ('01) and Bakul ('02) on their engagement

Prajeet Arora ('02) on his betrothal

Suchit Khanduja ('02) on his engagement

Sandeep Sarpal ('02) on his engagement

Mitesh Bedi and Mandeep Sodhi (both '02) on their engagement

Barjinder Singh ('02) on his marriage

Sumedha and Sanjeev Dhankar (both '97) for being blessed with a daughter

Ashish Pal Saini ('97) and Natinder Saini on birth of their son

Residency Updates

Manik Jain ('02): Resident, Internal Medicine, St. Barnabas Hospital, NY, USA

Anita Singhal ('03): Resident, Internal Medicine, State University of New York- Buffalo, NY, USA

Arihant Jain ('04): MD, Internal Medicine, PGIMER, Chandigarh

Natasha Garg ('04): MS, Obstetrics & Gynecology, PGIMER, Chandigarh

Nipun Verma ('04): MD, Internal Medicine, PGIMER, Chandigarh

Whereabouts Updates

Atul Handa ('91) has joined as Joint Commissioner, Central Excise and Service Tax, Chandigarh Zone, Chandigarh

Vivek Ahuja ('91) is the Director, Pharmacovigilance - Asia Pacific, Baxter Healthcare

Sachin Verma ('99) is Registrar, Anesthesia, Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia

Journal of Medical College Chandigarh (JMCC)

GMCH has its own journal!

JMCC is a biannual peer-reviewed medical journal published by GMCH. Dr C S Gautam is the Editor-in-chief of a team of 11 members. The JMCC is patronized by Prof. Raj Bahadur. Details may be found on: http://gmch.nic.in/journalgmch/journal_main.htm

Career Series: On Being a Hospitalist

Sandeep Kochar, 1993 batch

Career development:

The field is relatively new and evolving and there is still much uncharted territory. This gives an opportunity for a hospitalist to carve a niche for themselves. Since hospitalists get to know the workings of the hospital so intimately, they often get involved in leadership roles, hospital administration, and quality-improvement projects. In academic settings, hospitalists are gradually assuming roles of program directors and other key faculty positions.

Lifestyle:

In this day and age, young physicians want more control and flexibility in their life. They want to spend more time with family or pursuing other interests. The time away from work in this field is unmatched by any other job you will have in medicine.

Competitive salaries:

The salaries are often at par with several subspecialties; in their time off, hospitalists - if they wish - can further augment their salaries by moonlighting or locum tenens work.

The term 'Hospitalist' refers to physicians who provide care for patients in hospitals and acute care settings; by definition then, hospitalists don't usually work in ambulatory care settings. This movement has blossomed in the United States over the last 10-15 years - at such a pace that a large proportion of care in hospitals is now provided by hospitalists and it is the fastest-growing specialty - for several reasons. The traditional model of a doctor providing care in the USA - seeing patients in an office followed by rounds in the hospitals where the physician has admitting privileges - has been upended as it has become increasingly untenable. As medicine becomes more compartmentalized and specialized, the ultimate dichotomy has emerged, i.e. inpatient vs. outpatient care emerging as distinct fields. It is now difficult for ambulatory care providers to keep pace with the rapidly growing pace of acute, inpatient-care medicine and vice-versa. Add to this the explosive issue of healthcare costs (hospitals in the US are in general, bleeding money with several hospitals shutting doors or downsizing); the need for hospitals to provide rapid, efficient care with the shortest possible length-of-stay; the instant accessibility that the hospitalist provide to housestaff, nurses, physician assistants, consultants and other hospital staff and administration (that harried primary care providers are unable to provide); and looming insurance and reimbursement changes arising from healthcare laws passed recently, and it becomes easy to understand why the future of inpatient care in the US is primed to be taken over by hospitalists.

Hospitalists usually work in a couple of different ways: either as academic physicians or in the private sector. The former are usually part of the teaching faculty at university- or teaching-hospitals and closely involved in resident and student education. Private hospitalists work in non-teaching hospitals, where they are supported in their work by nurse practitioners, physician assistants and other ancillary staff.

One reason that graduates fresh out of residency find hospitalist work appealing is the work schedule: academic hospitalist work about 8-9 months a year (usually 3-6 weeks on and 1-2 weeks off) and private hospitalist work 6 months a year (usually in shifts of 7-on-7-off or 15 shifts per month). The salaries are competitive and often similar to certain specialties: the median salary of a hospitalist in the USA for 2009 was about \$ 215,000. Salaries are dependent on geography (doctors in the mid-west and south make more than doctors along the coasts) as well as type of institution (private hospitalists make more than their academic counterparts). Work schedules for private hospitalists are usually more hectic (hence more time off and better salaries), usually based on 12-hr shifts; on the other hand, in academic settings the work day is more flexible, variable and less intense. Hospitalist will usually work between 10-30 nights a year, but many hospitals are now hiring dedicated night-time staff, imaginatively termed as 'nocturnists.'

So, this brings us to the most important questions: What are the reasons for a graduating resident to consider a career as a hospitalist rather than pursuing a fellowship? As is true for anything in life, the job comes with several pros and cons and it is a good idea to enter the field with some idea of what one is getting into. First, let's talk of the plus points:

THE POSITIVES

1. Lifestyle, career development and competitive salaries (see beginning)

2. Choice: the demand for hospitalist is so much that one can pretty much choose the kind of work setting, schedule, geographical location and salary.

3. Time to assess and focus on the future and priorities: for newly-minted physicians who need some time to think through their career, a hospitalist position can provide breathing space and give them additional time to sort out their priorities while continuing to engage in challenging work with excellent salaries.

4. Greater organization and structure in the future: as the field has grown, an organization has developed around it. The SHM (Society of Hospital Medicine) is now the official society representing hospitalists; it offers excellent resources through its website, has several meetings and workshops throughout the year, and has a journal and periodicals. Some universities have now started offering a one- to two-year fellowship in hospital medicine for those interested in pursuing academic or leadership roles.

THE NEGATIVES

1. Burn-out and attrition:

Great as the benefits are, this job is not for everyone. It takes a certain kind of personality and temperament to do this job. The greatest risk is burn-out: the tendency to get mentally and physically drained by doing the same kind of intense, inpatient care day-in-day-out. That is why it is important to develop other niches, e.g., administration, research, quality-improvement, medical education etc that allow one to spend large chunks of time away from direct clinical care. For the same reason, it is important to rejuvenate and refresh during one's time off.

2. Where is everyone else?!

Oh, and talking about time off, you do realize, don't you, that during your time off, most other people will be working? Unless one knows how to spend time alone or develop interests or hobbies, free time can sometimes hang pretty heavy.

3. What about that chip on your shoulder?

If it bothers you that you have not specialized, or what others think of your lack of further training or encounter family or peer-pressure, then seriously reconsider. It may not be easy to go back into a fellowship after a couple of years doing hospitalist work, for several reasons: you may be too tired to go into training again; the money and lifestyle are too good; or worst of all, you may no longer be a competitive candidate. You can circumvent this by being in a university-setting, through research and publishing paper, acquiring leadership roles etc.

4. In the details lies the devil:

I mentioned something earlier about your personality type being compatible with this type of work. What do I mean? For most foreign-medical graduates, it is important to realize that in this day and age, practicing in a hospital in the US is no longer about pure clinical work. You will get a lot of heartburn and frustration dealing with social issues, uninsured patients, compliance and regulation matters, costs of healthcare etc. You cannot ignore these issues, and you will be spending a larger chunk of the day dealing with them. If you can't do this, better to be a specialist, come in, write your recommendations and walk away. Let the hospitalist team deal with the rest.

5. Falling into a rut:

If all you have done for a few years is patient care and not developed any other skills, you may fall into a rut or limit your growth. This will adversely affect your future job prospects or promotions. It is important to keep your eyes and ears open and step into certain initiatives that increase your skill set.

To conclude, it is a great career option for just about any young graduate, either to make as a full-fledged career or to use it as a bridge while pondering one's possibilities. As someone who trained in infectious disease, I ultimately decided not to be a consultant. I want much greater involvement and control in the care of my patients; I also love to teach, and so an academic hospitalist is the perfect job for me. I have several other interests that I nourish during my free time, giving me a 'second life.' I also feel I get to spend more time with my spouse, family and friends. While on the job, I have developed interest in quality-improvement, especially pertaining to improving the patient discharge process and decreasing early readmissions. I can't think of doing any other job and am extremely happy at this stage of my life. The SHM website (www.hospitalmedicine.org) is a great introductory resource for those seeking more information. If you are considering line of work, make sure you spend some time working with hospitalists, either during in residency training or as part of observership or externship.

Feel free to contact me at sankochar@gmail.com if you have any questions.

In Memoriam

Dr. Chandrika Dankal of the '98 batch passed away in November 2010. She did her MBBS and MD (Community Medicine) from GMCH. Her friends and batch-mates remember her as an incredibly hard-working, polite and friendly person. She leaves behind her husband and child. She will be missed by her family and friends. RIP Chandrika - go in serenity.

Reunions



Minneapolis, Minnesota, USA (January 2010) - left to right: (Back row) Divyanshoo Kohli ('03), Charanjeet Singh ('99), Anup Singh ('99), Kanwaljeet Singh ('99), Navneet Majhail ('91), Adheesh Agnihotri ('93), Arbaz Samad (friend); (Front row): Aparna (Kanwaljit's wife), Kiranjot Gujral ('93), Aneeqa Waqar (friend)



'92 batch reunion, December 2009: (Left to right) Shaloo Gupta, Navneet Dhillon, Sunny Rupal, Snehlata



Cedar Falls, Iowa, USA (December 2010): Amit Monga ('91), Vikas Sharotri ('94), Navneet Majhail ('91), Nancy Sharma ('94)

EDITORS: Navneet Majhail (91'), Minneapolis, USA; Hemender Vats (91'), Madison, USA; Sandeep Kochar (93'), Brooklyn, USA; Charanjeet Singh (99'), Minneapolis, USA; Divyanshoo Rai Kohli (2K3'), St Louis, USA; Anuj Sharma (2K7'), Chandigarh, INDIA
