

# Connections

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

## *Happy New Year 2012*



For more photos, visit [GMCCOSA at Facebook.com](https://www.facebook.com/GMCCOSA)

# Why USMLE Is Not A Good Idea

*Charanjeet Singh, 1999 batch*

One often gets fascinated by all the voodoo on the celluloid media or in one's reading of the flourishing west. Often the glamour of the scene hides the fine print. Of course, your decision is the most important when it comes to your life, but an informed decision goes long way in overcoming challenges, than does an impulsive decision. Before you make the decision to leave the comfort of your home country, please remember that "failure" is one of the likely results. The failure does not absolutely mean that you are incapable of achieving something, but, the failure does tell you that your fight needs more venom to see it through and more importantly, it does tell you to keep a back-up option. That back-up option can be to go back to the home country or find an alternative field, which would accept you gleefully. Of course, one has to bite one's own "ego" and accept the reality. A sense of failing and fear are not easy feelings to deal with, but wisdom says that those feelings will not help your career. You must know your strengths and how to utilize them.

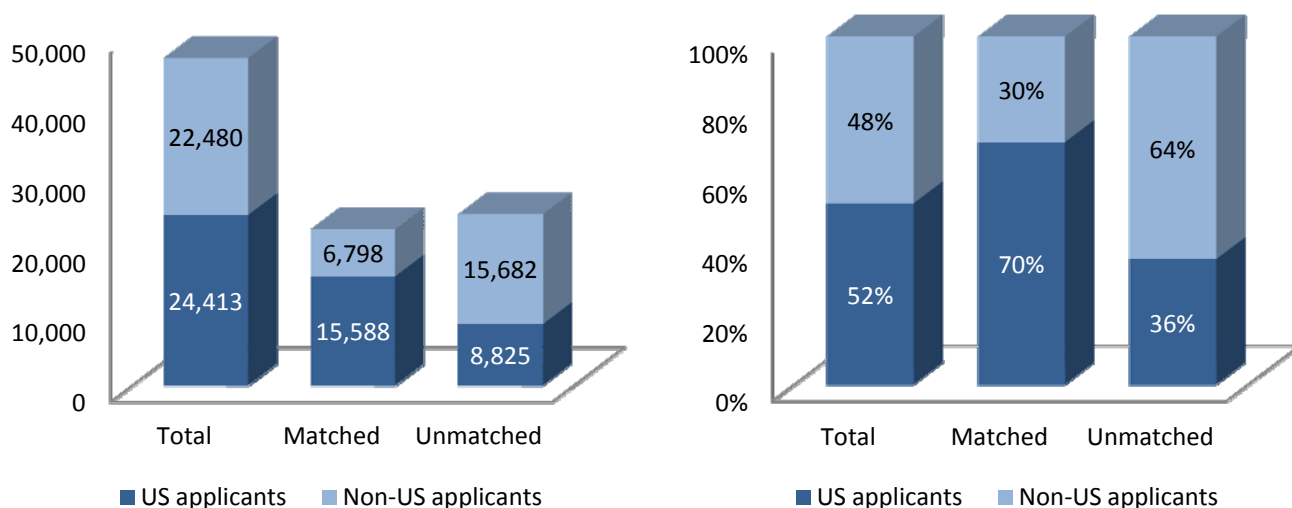
My intent is not to dampen your morale. My intent in writing this blurb is to help you make that informed decision, and hopefully prepare you to realize the challenges that you may face, should you decide to pursue your medical career in the US.

Below are some of the questions (and my factual answers), that I asked my seniors, and some alumni have asked me:

## 1. What chance do I stand?

I do not know the exact answer.

- a. But I can tell you that in 2010 the Federal Government approved the Association of American Medical Colleges' call for a 30 percent increase in enrollment i.e. about 5,000 more doctors a year. The association's center for workforce studies estimates that 3,500 more medical students will enter graduate training over the next 10 years. This is roughly one-half of the 7,000 international medical school graduates who match for residency in the United States every year (see graph-1, for averages of data for years 2009, 2010 and 2011). Graph-2 shows that on an average, 64% of the international medical graduates go unmatched every year (averaged over the last 4 years). Given the increase in number of seats for medical schools in the United States, if we calculate based on the current match rates for the US graduates, the number of available seats for international graduates will decrease to about 5000; this means an increase in unmatched rates from 64% to about 75%. This is a likely projection for 2014-15 matches.



b. If, based on the above calculations, you thought that you stand a 1 in 4 chance of making it to your desired residency spot; ponder here for a moment. Those are the match rates for ALL international medical graduates. Good news is that according to the 2009-2010 AAMC census report, most of the matched international graduates were from India. Bad news, however, is that only 30% of all international graduates were of Indian origin. So the actual chance is not 1 in 4, but 1 in 12 if you come from a medical school in India.

c. **Lest you forget:** those calculations normalize the chances across all possible residencies available in the United States. However, graph-3 tells you the ground reality. The chances of you matching for some specialties are significantly higher than the others (without doing any calculations). So, more likely than not, you will match for family medicine, psychiatry, internal medicine or some field which is not popular among American medical school seniors. Now, if that really is your “desired residency position” is for you to decide. If you decide that you want to be a Plastic surgeon or Dermatologist, I will let you redo the calculations I did above.

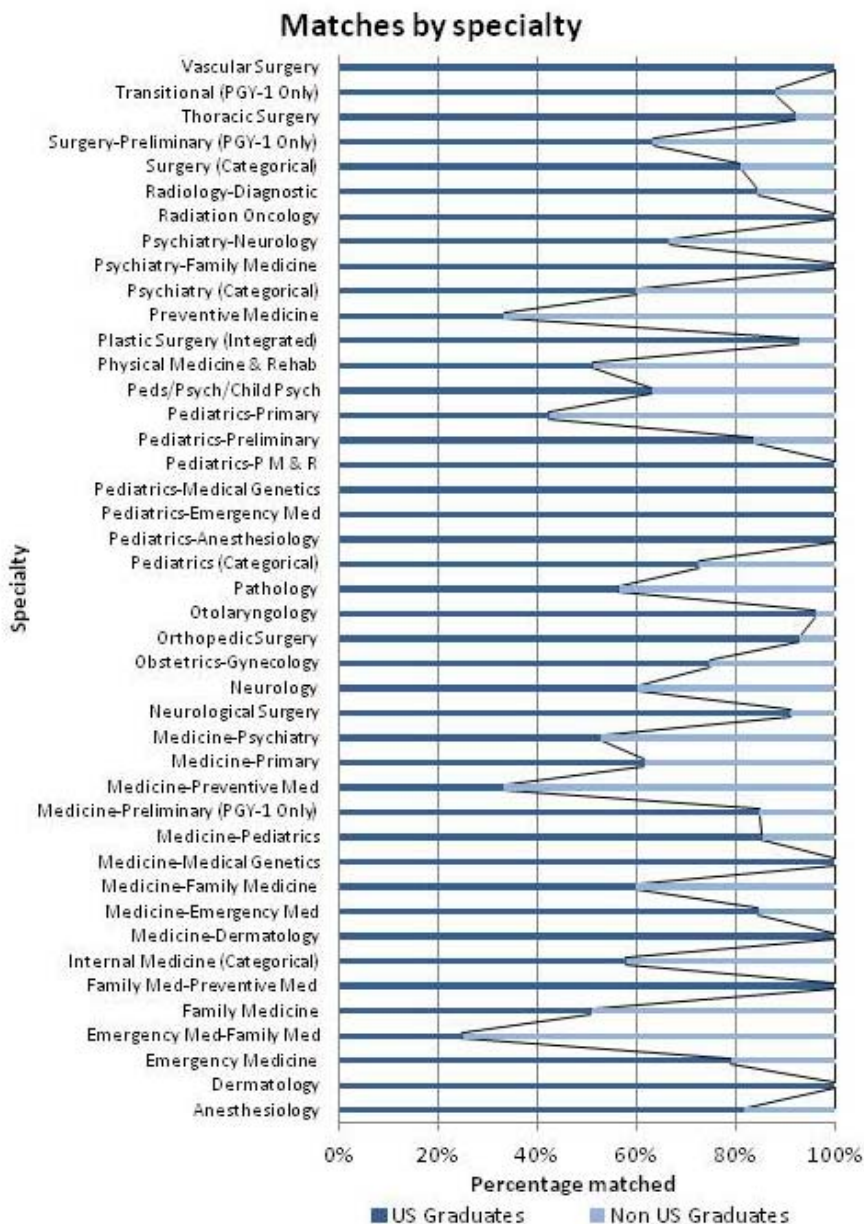
d. If it was not enough until now; about 1/3<sup>rd</sup> of the 30% Indian medical graduates who get the residency spot get it because they are either green card holders or are in the process of becoming the citizens, mostly out of wed-lock. From all the calculations, it seems that your chances of marrying a US citizen are more than your chances of securing your desired residency spot!!

e. **Quality of the hospital:** I will rather sweat out and do a residency in Pathology from AIIMS or PGI or KGMC than spend 2 years begging for Pathology residency and finally do it from UIC, or UF Jacksonville, or SUNY Downstate. PERIOD. I did not leave my country to go back in the same environment that I despise. I want to stay in academia, and want quality research. But that is just me – you decide how much do you want to compromise!?

**2. What will be the quality of my life?**

I never did my dishes back home in India, but I adapted after coming here.

a. As of April 2010, India's per capita income is \$1032 (which is roughly equivalent to the resident salary in India), BUT the purchasing power parity of that salary is equal to a monthly salary of US\$2,932 (which is



MORE than the resident salary in United States). The theory of purchasing power parity says that, in the long run, exchange rates should move towards rates that would equalize the prices of an identical basket of goods and services in any two countries.

- i. Example: Most of us have a missionary zeal to convert the dollars-multiplied-by-50 and get to headline-grabbing status of “Rs 1 crore” for “\$200,000” (average attending salary across United States – may be less if you are doing J1 waiver); the protests from purists would be, how much bang for the buck would you get with that Rs. 1 crore if you were to live in the US. According to the World Bank, \$200,000 fetches you “Rs 1 crore” lifestyle if you reside in India, but if you were to live in the US, the same \$200,000 is actually equivalent to earning Rs 24 lakhs in India (and that is the current senior resident salary in private hospitals in India).
- b. If you were drawn to medicine because you hated mathematics and above example had an “OTH” transmission, here is what I meant:
  - i. My classmate from India, who is now a resident in India, after conversion of rupees into dollars is earning half the amount than I am earning here, and can afford to have someone clean his apartment, cook food for him, do his dishes and laundry, and pay for his car, and despite all this probably save some money for extravaganza.
  - ii. I, who earns twice the amount, have to eat out (\$\$ or spend my time cooking) and do my own dishes and cleaning (spend my own time or pay up to 50\$ = Rs. 2500 per hour to get my house cleaned once a week). Remember, I am comparing lifestyles of single men here.
  - iii. If you are an attending, and actually earning \$200,000 you would be able to afford your own home, but then you will be your own plumber, electrician, maid, chauffeur and cook here in the US – but – in India, for the salary of a senior resident or early attending, you will probably be able to hire people full time or easily afford their services in your own home.
  - iv. **And if you live in NYC** or any other bigger city that attracted you to the US, then you might not be able to afford your own home or your own car, for a salary of \$ 200,000. Insuring your car is must and those rates sky-rocket to unaffordable if you move from a modest city such as Minneapolis to a booming city such as Chicago. In comparison, you might still be able to own a modest 2 bedroom flat and a small car, if you live in New Delhi or Mumbai and are paid the same amount, after normalizing for relative purchasing power.

### 3. Should I do it on H1B or J1? What job will I get and how difficult is waiver after J1?

- a. Again, a simple answer to that would seem like “H1B”, but going back to the first question then – your odds of getting a “desired residency” on “H1B” will be far lower than getting it on “J1” unless you are ready to compromise on three things, namely –
  - i. “desired specialty”
  - ii. “desired hospital”
  - iii. “desired city”

After that compromise, who cares if you got the desired visa or not! So if you are leaving home only to make compromises, think again because you might be better off at home.

- b. The number of fellowship spots is fewer than the number of residency spots. Assuming that you got into your desired residency, the next competition for fellowship positions knocks your thoughts sooner than you want it to. At this time the competition, in terms of qualifications, between an American graduate and you might be equal or you might be better on CV than an American graduate – BUT – the fact is that most fellowships DO NOT prefer visa candidates. Further, most good fellowships like their candidates to be on J1 visa over H1B. So, getting a J1 visa for your residency might not be a bad thing.

- c. **J1 waiver: what does it mean and how easy is it?:** Under the J1-visa agreement, once the J1-visa status expires, an IMG is required to return to his or her HOME country for a period of 2 years before becoming eligible to practice again in the USA. However, under certain circumstances, this official requirement can be "waived" i.e. abolished or deferred AND the physician is granted permission to stay and work in the USA on a DIFFERENT visa type.
- i. If the physician secures a "J1-Waiver Job" at a government facility in a "designated medically underserved area". These areas are also called as MSUs (Medically Underserved Areas) OR HPSAs (Health Professional Shortage Areas)! These jobs are provided under various programs which grants 30 waiver job positions PER STATE PER YEAR in the USA.
  - ii. Marrying a US citizen DOES NOT grant you a J1-waiver automatically. BUT if a J1-Visa holding physician can demonstrate that a return to his/her home country will cause undue physical or medical hardship to his/her U.S. citizen OR permanent resident spouse OR child, a waiver MAY be granted. (Called 'Hardship Waiver')
  - iii. Those who have suffered persecution in their home country (Wars, Rebels, Etc.) MAY be granted a J1-waiver.
  - iv. A No-Objection certificate from the Home Country government can also result in a waiver from the home country residency requirement - but unfortunately this is not allowed for graduate Medical Education J1 i.e. J1s for Residencies and Fellowships.

I hope you survived my depressing rhetoric. I know I have not painted a dainty picture here, but truth is that the American graduates are no mugs! When they apply for residencies these days, they have very strong CVs, they do research in their medical school, and certainly have way better communication skills, while carrying a lesser air about themselves compared to most Indian medical graduates. Also, Medicare reimbursements to most of the residency programs get negatively affected if they hire foreign graduates (Federal policy, no one can do anything about it). Given that knowledge, and the fact that most medical schools feel some degree of responsibility towards their own graduates, program directors avoid ranking foreign medical graduates. It might not sound fair to you (and me) if we are the ones at the receiving end. BUT again, as an example, be it me or be it you and if we were interviewing for a position in Dermatology at GMC-Chandigarh and another candidate from United States with same credentials applied for the same position, we will be rather livid if that candidate got the position over us, and would probably cry injustice.

So in a nutshell, do not be swayed by the rhetoric of the success of the seniors who 'made it' in the US. Instead, keep a balanced perspective and take a judicious view of your plans in life. Further, weigh the pros and cons of coming to the US vs staying in India. Finally, discuss all options with your parents, seniors in India and the US (in that order). We all would be happy to chip in with our suggestions on the message board. Ultimately though, it would be your decision.

We invite other alumni to share their thoughts on this at [facebook.com/GMCCOSA](https://www.facebook.com/GMCCOSA).

## GMCCOSA Is 9 Years Old!!

It is hard to believe that we have been doing this for 9 years now ... this is the 25<sup>th</sup> issue of Connections! As we always say, keep in touch ...

Read the first ever issue of [Connections \(January 2004\) HERE](#)

Check out the [CONNECTIONS link on gmccosa.org](http://www.gmccosa.org) for archived issues

# *Life: A Doctor, Death & The Promise Of Life*

*Sandeep Kochar, 2003 batch*

It's been a relentlessly busy last few weeks at work. The harsh, bitter North American winter has been taking a harsh toll on patients - their constitutions made vulnerable by age and disease - like a battering ram punching a gaping hole through the weakened fortifications of a besieged enemy. There were busy, stressful, and long days, taking care of extremely ill patients. A few died. Some expected, others not exactly so. In more situations than one, it was the family members who needed more support than the actual patients themselves. A lot of hand-holding, family meetings, discussions, closure. The severe truth however, is that, for all its pervasiveness and inevitability, can we ever prepare for death?

When the last gasp escaped the lips of a patient, I had to be there, present, firm and strong. Stoic. As family members gathered around the body, each in different stages and expressions of grief. The towering, gentle-faced son, one solitary tear after another streaming down his cheeks, betraying no other signs of the torrent of emotions raging underneath. The daughter, who literally convulsed into grief, with a distressing high-pitched cry and flailing limbs. When I called a woman over the phone to break the news of the unexpected, violent death of her young husband, it took all my resolve not to crumble myself, as the hysterical response at the other end tore into my ears and brain like a cataclysm. In the aftermath, loved ones looked at me: with gratitude, for meaning, with understanding. Some were angry, others distrustful even.

Through this all, I was supposed to be composed and collected, the epitome of reason. Unflappable. How could I tell them that it never gets old? That each time a doctor loses a patient, it shakes his very foundations and senses. It makes us doubt our skill, our knowledge, our science. Years of confidence are shattered into smithereens in an instant, like a ornate chandelier crashing down onto a marble floor, splintering into a million shards and fragments. And then, almost immediately, you have to put yourself back together again (funny, you can't do that with the chandelier). Could I tell them all this?

And now segue to Houston, Texas, where I am meeting my nephew, who will turn one in a few days. The promise of life. As distant as can be from my experiences above. Everything about him speaks about the freshness of life: the unblemished, soft skin; the silky hair; an expression of wonderment in his eyes at every trivial experience. His life is yet an open book whose pages he can write at leisure.

That, I guess, is the beauty of life. It's contradictions, paradoxes, dioramas, in a way keep us going, sustaining and rejuvenating, planting perspective, and reminding us that things are never constant. If there is a trough, there will be a peak; a sharp corner that blindsides will eventually lead to a straight, open road where the view is clear. Life keeps on revealing itself in delightful layers and to give up hope at any one point is nothing but betraying yourself.

Keep moving....forward.

*More introspective blogs and stunning photos at:*

[www.sandeepkochar.blogspot.com](http://www.sandeepkochar.blogspot.com)



# The GMCH Premiere League: More Than Just A Game

*Charanpreet Singh, 2008 batch*

Whenever I think of football, I am reminded of a story my coach from school once told me. According to the story, during a match a player sustained an injury to his leg. But due to the unavailability of substitutes, he continued to play on the injured leg for the remainder of the game. After the match, it was realized that the injury was not a minor one as suspected initially, but a major injury which would make the player face an extended period on the sidelines. His coach asked the player why he had not just come off the pitch if he was in so much pain. To this the player replied "Because the desire to win resides in the heart, and the heart is much stronger than the leg". It is a similar passion which many of the students here at GMCH possess, and which prompted us to start the GMCH Premiere League or the GPL.

Due to a lack of opportunities to play and hone our skills of the Beautiful Game, the students of GMCH decided to take matters in their own hands and start an initiative which will hopefully continue for a long time. What started out on a small scale 2 years ago, under the guidance of our seniors from Batch 2k7, was made larger and better (I would like to think) by us. The GPL provided an opportunity for the students of our college to break free from the normal constraints of only playing along with their batch mates and forming teams comprising of students from all batches from Final Year to First Prof.

But before the tournament could even come into existence, a lot of groundwork needed to be done. From finalizing teams, to team names, grounds, schedules and fixture lists, all this needed to be finalized before we could even begin to think about going to our professors in the hopes of making this league "Official". We devoted the better part of our "free time" from Pre Final year to the league and finally after weeks of hard work, the teams were finally formed. The Red Juggernauts under the leadership of Tarun Kumar. The White Stallions under the leadership of Karan Jindal. And The Navy Seals under the leadership of Charanpreet Singh. Individuals were picked by draw of lots (much to the frustration of some) and we had our first official roster of players.

Each team played the others 3 times in a round robin fashion, with the 2 teams with the maximum number of points after all the rounds were completed qualifying for the final. Over 2 months, an extremely hard fought





contest was played over the football field in Sector 23, with all 3 teams capable of qualifying for the finals with the last round of matches left. Eventually, it was the Navy Seals which bowed out leaving the Red Juggernauts and the White Stallions to battle it out for the championship.

In the meantime, steps were also taken to make this league not just a one off initiative by the students, but a regular college fixture. With the help of our Sports Committee, permission was given to conduct the league in an official manner and money was allocated for making the jerseys for all the players.

The final was played at the Sec 42 stadium and in a close fought match the Red Juggernauts ran out 1-0 winners and became the first ever winners of the GPL. The match was graced with the presence of not only students, but also many faculty members, highlighting how football fever had

gripped the college due to the league. Our respected Director Principal Prof Raj Bahadur was also present and did the honor of handing the trophy to an ecstatic Red Juggernaut team.

Now that the league has ended this year, we can only hope that it will become an annual fixture in the GMCH calendar and will grow to further heights with a greater quality of football being played and a larger audience coming to attend the matches. This league has helped us establish a large pool of football players and hopefully this will translate to success on the football field for our college as well. Of all the things that will happen in my life, to be a part of this league and to be a part of those who started it will be among the most notable. To many it may not seem much, after all for many it is just a game. But for me and for many others it is more, much more.

## Congratulations

### Engagements

- Hitesh Sharma ('98)
- Aman Jain ('01)
- Ridhi Gulati ('03)
- Swati Bindal ('04)
- Aman Preet ('06)

### Weddings

- Harshabad Singh ('03, pictured with Harneet)
- Rashi Saran ('03)
- Ruby ('03)
- Henna Garg ('04)
- Kashish Dutta ('05)

### Babies

- Navneet Majhail ('91) had a son, Ishmeet
- Rajni Gadiraju ('00) was blessed with a daughter





## In Conversation With: Fachchas

Anuj Sharma, 2007 batch

With the ongoing months of August and September. its spring season here in GMCH. The 20<sup>th</sup> batch a.k.a. 2k11 has arrived. Bringing along fresh interaction, fresh speculations and of course *fresh faces*.

Instead of interviewing our faculty members under the 'IN CONVERSATION WITH' section, this time we decided to change our focus to what we can describe as mere embryos in this medical profession (yeah, this was the way we were called upon in our 1<sup>st</sup> prof inauguration!!). Let's see, to what the boy's hostellers (usual scape goats of every batch) have to say ...

"I thought there is a quota in PGI for graduates of GMCH." This was one of the answers received on being asked about the **reason for joining GMCH**. For many the reason for joining was that GMCH is "the best college in the whole region".

### The first day ...

Well it seemed boring. There was the usual introduction with the teachers. Got to know their batch mates. Fifteen boys and rest all girls was something to be sad and happy about (at the same time)!!!

### Particular incident ...

Well nobody forgets to mention the exhaustive medical exam they underwent after counselling. Many had the usual trouble of reading the ISHIHARA CARDS. Others were distressed when asked to drop down their knickers in front of the Surgery Dept. for the usual hernia examination ... "jaldi utaro aur khansi karo".

### Dream and reality ...

It was a kind of shock to many. All the promises made by the parents in terms of masti and fun post 10+2 were down in drain. Proper clothes, well ironed apron with a name plate were the rules. Add to that the 9 to 5 schedule for a 50 odd batch with no proxies. Who has the time for adventure in between this hectic routine, was the say!!

### And faculty ...

Full points to our 1<sup>st</sup> Prof teachers. Everyone agreed they were getting full attention from the teachers. Giving out notes, print outs and slide demonstration is a welcome step. The mentorship program where every student is assigned a faculty member to look upon is a great help and support for the students. While one of them appreciates his mentor calling upon for lunch and helping him in adjusting, the other chap could not even faintly recall his mentor's name!!!

### GMCH is a ragging free campus ...

Seniors are of great help to many. The initial apprehensions of ragging (the files, poems, dohas, acts, etc, etc) are over. Various events, like PLEXUS, GPL (GMCH PREMIER LEAGUE) and many other college activities provide recreation along with good interaction with seniors. BOOK MARK karwaana is a new fascination to



these recently turned medicos! Hope the impression continues.

### Best part of the day ...

The mighty D hall still is the best part of the day for everyone. "kya chal raha hai?" "pata hai kal kya hua" and the other gossips gives a kick start to the day. Rest the boring 1 hour lectures and the post lunch session is clearly they want to do without. Also the post day discussions of "who with whom" serve the ideal time pass during late nite hours. Hostel being far from college was one complaint everyone had!!

### Boys hostel ...

The initial lure of chicken is over. Everyone complained of the monotonous menu in the mess and the mess food. Flames (local eating joint in 32) have already gained popularity. Single furnished rooms with facility of keeping fridge and ACs seemed like a fantasy to them. But the filthy unkempt bathroom brings them back to reality!!

### Alumni ...

Since it was their first interaction with the concept of GMCCOSA, all were excited to know about the existence of an alumni association in the college. "A college is known by its alumni" was rightly described by one of them.

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## Residency and Whereabouts Updates

Alkesh Khurana ('98) received advanced training in interventional bronchoscopy at University of Heidelberg, Germany. Alkesh is currently working as pulmonary-intensivist at Fortis Hospital, Mohali.

Ankur Luthra ('02) started DM neuro-anesthesia at AIIMS, New Delhi.

Kanika Arora ('04) joined St Georges University, Grenada as a clinical tutor.

Shilpi Jain ('04) has been selected for residency in Internal Medicine at St Barnabas Hospital, New York, USA.




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Find out more at [Facebook](#) or go to [Euphoria12.com](http://Euphoria12.com)

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## Reunions

Reunion of 2003 batch: Pictured left to right: Deepak Tekke, Sachin garg, Sukhtej Sahni, Robin Gupta, Rajan Mittal, Gaurav Mittal, Aman Gupta and Divyanshoo Kohli.



Reunion of 2004 batch: pictured (left to right; back row): Jagandeep Virk, Deepander Rathore, Sidharth Garg. Front row, left to right: Kanchi Khurana, Nipun Verma, Arihant Jain, Natasha Garg, Lipi Uppal and Shilpi Jain



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