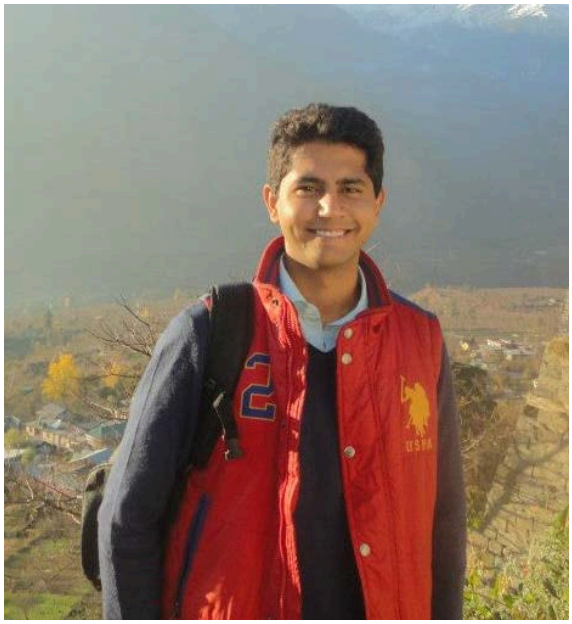
Connections

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

Welcome To Our Newest Editors

Drum roll please … for our newest Editors – Urvi Kapoor ('10 batch) and Siddharth Sood Duggal ('11 batch). With this infusion of young blood, GMCCOSA is not longer dominated by an old boys club – we can now call ourselves an old and young boys and a young girl club!! And by the way, only Anuj, Siddharth and Urvi fall into the 'young' category (sorry CJ and DRK – unfortunately, you no longer qualify for this coveted designation).



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Welcome To Our New Director Principal

Dr. Atul Sachdev has succeeded Dr. Raj Bahadur as the next Director Principal of GMCH. Dr. Sachdev has been on the faculty of General Medicine since 1993 and was the erstwhile head of the Department of General Medicine. He is an alumnus of GMC Patiala where he did his MBBS. He then pursued his MD in medicine and DM in gastroenterology from PGIMER, Chandigarh. We wish Dr. Atul Sachdev all the best as he steers GMCH to greater heights.

Our previous interview with Dr Sachdev can be viewed at:
http://www.gmccosa.org/Connections_2010-02.pdf

This is the 28th issue of Connections! Read the first ever issue of Connections (Jan 2004) HERE
Check out the CONNECTIONS link on gmccosa.org for archived issues

Anesthesia Vs. Anaesthesia: Does It Really Matter?

Ashish Khanna, 1998 batch

The Oxford dictionary definition of *Anaesthesia is* "insensitivity to pain, especially as artificially induced by the administration of gases or the injection of drugs before surgical operations". The Merriam-Webster dictionary defines *Anesthesia* as "loss of sensation and usually of consciousness without loss of vital functions artificially produced by the administration of one or more agents that block the passage of pain impulses along nerve pathways to the brain" Synonymous: yes? Anyone would agree that the difference between Anaesthesia (British English) versus Anesthesia (American English) is above and beyond the addition of a single alphabet of the English language.

I started my journey as an anesthesia resident in a country where *Anaesthesia* was the correctly spelt version of the branch of medicine that dealt with this specialty. Today, three years after re-training the art and re-learning *Anaesthesia* to be spelt as *Anesthesia* in the United States, it is time to look back and ponder on the finer points.

The decision to leave your own country after finishing a residency always comes with a pinch of salt. As you look to expand your clinical and academic training beyond the horizon, you are faced with the uncertainty of the unexpected. The challenge is a system of medicine distinctly different from your home country and a culture to healthcare that demands considerable understanding. A question that I am very often faced with when I make my frequent trips back home is "What is different about Anesthesia practice in the United States?" It might come as a surprise to a lot of people if I say "nothing at all" in reply. Well, what is different is not *Anesthesia* or *Anaesthesia*, only the fine print!! The other very frequent question that is thrown at me is the almost rhetorical "Is it better there?" Let me step back today and say let's keep all this better - worse talk aside. It never was and it will never be fair to compare two vastly different systems of medicine. As I direct this piece of writing to those friends of mine who are faced with doubts and internal struggles before they leave the comfort of their own homes I would like to emphasize one singular fact: forget about quality of medicine or quality of life and remember the biggest challenge is the ability to train to re-train or put in more simple words another residency program after a prior residency in your home country.

Starting a residency program in Anesthesia under the Accreditation Council for Graduate Medical Education (ACGME) at the Cleveland Clinic Foundation, I realized early on that the essence of getting the most out of this education is to wipe my slate clean and restart again. Tell the world that you are trained in your specialty in your own country and you are capable of doing your thing does provide you with the much-needed independence of clinical work at times, but can be your worst enemy if you want to acquire new knowledge. It is important to understand that there will be days where the attending will hold your hand when you are doing a procedure that you have done so many times before or might tell you that "this is the way it is done here". Days, when you need to keep you're your ego at home. Days when you will feel your neurons are struggling to cope with erasing old skills and acquiring new skills for the same procedures again. But, hey did you want to

do things the way you were doing them in your own country? That said, what is the reason you made this trip across 4000+ miles half way across the planet? The answer to these questions will help you understand that unless you let your guard down in a foreign land and show that you are an open book you will never learn anything new and in essence never grow as a clinician. Medicine is repetitive science; it is very easy to be lulled into a false sense of satisfaction practicing the same things over and over again, the same very way every day. The only way to appropriately imbibe your area of expertise and to mature as a clinician is to step out and see what else can be done differently and is being done differently. My message here is not to train in the United States after training in India, but to train at different places and in that process acquire a new set of skills all the time.

Going further, another area of distress for the physician from India as he or she steps onto alien soil is the cultural aspect of medicine. The interaction between peer groups as resident doctors and patient physicians as healthcare providers is different to say the least. As you move away from the "yes sir/ma'am" policy to "yes Dr. XYZ" even when that Dr. XYZ might be your department chair, you will quickly realize that you have to prove your worth as a resident by the sheer quality of your work and not the weight of your courtesy and multiple salutations directed to your staff. Decision making for the betterment of your patient is another area where the young resident here is thrown into the deep end every single day. An ICU attending will ask you for your plan, and so will your anesthesia attending in the operating room. And yes, your plan will be plan that will be executed as long as you can justify it. And that holds true for every provider from the lowest level of an intern to upwards.

Protecting patient privacy and respecting that the patient is the true owner of his or her healthcare information is another moot point here. Not to discuss patients with names or anything that could identify them, not to talk about them in the hospital corridors or the escalators is a habit that is difficult to get rid of. The tendency to try to force your decision as a clinician on the patient or the patient's family is also something that we live by all the time in India. The patient is the master of his/her own destiny here and whether it be morbid obesity, chronic smoking in a vasculopath or narcotic abuse in a chronic pain patient, your job will be to ask them whether they feel they can change their lifestyle and not to enforce that change on them.

Difficult times will also revolve around "End-of-Life" decisions in the ICU and DNR (Do Not Resuscitate) statuses. The ability of families here to think very practically for their dying loved ones and to let go of them when there is point of futility, is commonplace. Another challenge that is beyond the understanding of anesthesia and different from back home, and is something that you have to deal with on a regular basis.

How can I forget to include in my set of challenges also, the change from using pharmaceuticals as brand names versus names of salts back home. Or the different abbreviations that come inherent with another healthcare system. Yes, I gave my senior resident a quizzical look when he said "Did you tube your patient" (a.k.a intubation) or "Can you do the A-line first?" (a.k.a arterial line) or " Is he off the vent ?" (weaning from the ventilator) or "When is your ICU patient going to the sniff?" (a.k.a skilled nursing facility). There are numerous more such which define the distinct cultural differences in healthcare here in the United States.

As I look back today, I know that things have evolved for me as a clinician but also more importantly as a human being. I look at medicine differently; I look and understand a patient's emotions differently. That to me is the pivotal change. For all those fellow friends who are getting

ready to step out on this often-treaded path of training in another country after training as a specialist in India, I hope this writing will give a better idea of what to expect. All said and done, the difference is not in quality of healthcare or the quality of life that you can expect to live, but in what you can assimilate from the new system of medicine. *In the end, it is not Anesthesia versus Anaesthesia, and it really does not matter!*

Ashish is a graduate of the 1998 batch, also completed a residency in anesthesia from GMCH Chandigarh. He is currently a third year resident at the F.G. Estafanous Center for Anesthesiology Education, Cleveland Clinic Foundation, Cleveland, Ohio, USA. He also serves on the Steering Committee of the Society of Critical Care Medicine (SCCM) and is the Research Coordinator for the Anesthesiology Institute at the Cleveland Clinic.

From The Surgeons Scalpel To The Chef's Knife

Sumant Arora, 2005 batch

As I go down my memory lane, I'm reminded of the medical school days when I was first taught, how to hold the surgeon's scalpel. As I marched ahead from dissecting the cadavers in the Anatomy lab, or cutting open frogs in the physiology lab to meticulously incising and suturing patient wounds in the minor OT, I found myself becoming more skilful with the use of the blade. I knew, it all did not end there; there was more to it that I hadn't foreseen yet.

But being born and raised in an Orthodox Indian culture, where the male is presumed as the breadwinner and the woman as the house maker, picturing myself graduating from the scalpel to the Chef's knife was all so improbable. But the one thing that really made me go 'huh, I never even thought of that one', was a mindboggling fact that I stumbled upon online one day. "If women are so experienced with the culinary art, then how come the world renowned Chefs, all happen to be Men??" The answer to this bewildering question was simple. Men are more daring, hence more willing to try new techniques and ingredients, perhaps incorporating something different into the cooking repertoire each day. That was it, a moment of inspiration for the hidden Chef in my mind.

What further reinforced my thoughts was that even research seconded this theory. "Men enjoy preparing meals more than women (men 82 percent, women 75 percent)." From there on, I became increasingly interested in every food show that was on TV, from 'Man Vs Food' on the Travel channel to 'Top Chef' on BBC and 'Highway on my plate' on NDTV Good times.

The more I saw food, more it tickled not just my palate, but also my freshly sprouted culinary instincts. And every time the question that popped in my head was, how is this cooked?? So, I watched the culinary stalwarts like Jamie Oliver and the others work their magic and read every recipe with utmost attention and enthusiasm. However, it wasn't until I visited the USA for my clinical rotations, that I had the opportunity to experiment what all I had been subconsciously

learning for months now. It was my first time away from home and also my first, when I had a whole island kitchen to myself. Imagine that feeling when a researcher has his own lab set up ! That is exactly how I felt; all set to begin my experiments with a Bang!

Initially, on my arrival in the U.S., I talked to a number of peer Indian students and asked them as to where they got Indian food to eat, as that was all I could think of, being far from home. And thus, followed a spending spree, right from exploring local restaurants to the packaged frozen foods in the supermarkets. However, it wasn't long before I realized that these options were not only unhealthy for me, but were also burning a crater in my pocket. It was definitely time to search for an alternative; else I risked not being able to make the rent for the next month.

So here I was, with all the countless hours of watching culinary shows and reading food magazines, in my head and pots and pans in my land lady's kitchen. At once I set forth, not to the nearby McDonalds, but to Trader Joes' and Jewel Osco (the local grocery chain stores), to get my share of groceries for the month. Standing by the cash register, as I glanced at the bill, it was indeed a huge sigh of relief to see my monthly food bill, suddenly scale down from a whooping $900 (from eating out at restaurants) to merely $400. And that was more than a month's food, all FREE!! Now all that remained was for me to get back to my apartment and start dicing the veggies and slicing the meat, before I could play around with the ingredients in my pan.

But was I, one who hadn't even made an omelet in my entire life, going to be able to cook something as complex as chicken curry in the first go? The task seemed equivocally daunting indeed, but as the Adidas tagline goes, "Impossible is nothing". So I moved forward - turning on the gas and placing my pan with a little low fat butter in it. As the butter began to heat up, so did my body with the adrenaline rush. Adding all spices and ingredients one by one and stirring along each time, I progressed slowly and steadily, hoping for the final result to be palatable, with each stir of the hand. What helped me, was my mother's golden advice, "Always cook the masala, till the oil separates and you will never go wrong". And so I did, and within minutes there it was, "Voila ! Five spice chicken curry", cooked with all fresh herbs and spices.

And so came the time to have a taste. But wait, how could I possibly be the judge of my own experiment. Hmmm ... so I rushed to my landlady's room and knocked her door, "Cate, would you like to try some chicken curry?" And out came Cate, a big fan of Indian cuisine; waiting to get her hands on what I had prepared. As she took a spoon and tasted some gravy with a chunk of meat; I made a swallow with my throat, hoping the next thing she utters is nothing but words of approval. To my utter surprise, the experiment was a success, and we headed to the dining table to dig into some succulent chicken.

From that day on, I have never looked back, when it comes to trying a new recipe or even coming up with something of my own. From perfecting mutton keema mutter, to Turkish yogurt kebabs to American grilled cheese, I have had a thrilling journey each day that I stepped foot into the lab with my knives and pans. I know, I never went to culinary school or did a job in the hotel business; nor did I grow up practicing in the kitchen with my mom, but this unique art just came so naturally to me as does eating to the hungry mind. I feel myself truly blessed with this amazing talent that God has bestowed on me, and I stand determined to move ahead not only to hone my newly discovered culinary skills, with each day that I get an opportunity to rest my foot on the kitchen floor, but also contribute to the society as a physician scientist!

Football Revolution in GMCH

Arindam Sharma, 2007 batch

It's not the size of the dog in the fight, but the size of the fight in the dog. *Archie Griffin*

February 17th, 2013 marked an emphatic moment in the history of this institution, a moment that spanned an eternity, a moment that marked the culmination of a dream that a bunch of passionate believers of this college had dared to dream. And as Shreyak Sharma, the striker that GMCH had waited for all these years smashed the ball into the opponents' goal; every single person who had ever kicked a football in this college knew that their time had come.

The ALL INDIA MEDI FOOTBALL TOURNAMENT was inaugurated in Euphoria 2009 as an initiative by Ritwik Das and Dinesh Kumar (2k4), who to their credit gifted this college a passion that keeps burning brighter with every passing year. The first ever college football team began its practice in the grounds of the adjoining CSIO, with the two seniors themselves arranging the footballs, the kits, and the coach. It was a new, exciting thing for all of us, and little did we know at that time that the football field would create among us a bond stronger than any other tug or pull of college life. We were knocked out 2-0 by PGIMS Rohtak in our first ever match, and effectively our Euphoria ended before Euphoriography even began!

The next year, having learnt the bitter way what football is all about, our practice took place in a much more professional way at the Sector 23 Football Ground, which over the years turned into our home ground. Lakshya Rathore (2k6) led us to grueling practice sessions every day. This tournament again ended with a heartbreaking penalty shootout, where we lost on sudden death. Meanwhile, the football revolution had quietly set forth in GMCH, with friendly ties with other teams being held frequently.

2011 proved to be a year of many radical changes, with the E-League being established, that is the Euphoria tournament was converted into a league format. We scored our first ever field goal through Jatin (2k8), although we lost all three matches by a goal each through typical sucker punches.

If there is one thing that can motivate a team to keep fighting in spite of years of defeat, it is the beauty of the game itself. So, the college team gathered itself up and began playing regularly with outside teams. St Soldiers, Molon Labe, PGI, and an occasional friendly within our different batches ensured our touch with the game was maintained. The team even visited Shimla for a football cup, and Anurag Rana (2k9) played and won a tournament in Delhi playing for Molon Labe Football Club Chandigarh.

The August of 2011 marked the birth of the GMCH PREMIER LEAGUE, which proved to be the catalyst in the football revolution at GMCH. For here were three in-house teams, drawn from 6 batches from First Prof to Interns, battling it out over a 10 game league for an annual running trophy. The players, with their passionate allegiance to their respective teams, ensured that this tournament was a runaway success. The Red Juggernauts were the inaugural champions in a keenly fought contest at the CFA grounds.

Come January 2012, and the team had finally began to come of age. There was confidence, belief and most importantly, co-ordination. We won our first ever match at Euphoria in 4 years, something which was so near to us for so long, but had always eluded us. The football in GMCH is played in a

very fluid, elegant manner with players trying to link up moves and make short, grounded passes in search of aesthetic goals. On the other hand, most of our opposition plays a more direct, physical game with long passes and basically 'powering' the way through the opposition. Losing to sucker-punches so many times, had given us the tag of 'chokers' , the team which played beautifully but always ended up losing by a freak goal. The same thing happened again and we lost our remaining matches by a goal apiece.

By then however, the clock had ticked too far to be reversed. The inter batch sports meet was now converted into the INTER BATCH FOOTBALL LEAGUE, with each team playing 3 other teams, twice before the finals. Batch 2k10 won the first ever such league. In came the GMCH COMMUNITY SHEILD, another official tournament to be battled between last year's GPL winners and the current year's Inter Batch champions. The Red Juggernauts won the first edition of this Tournament. GPL 2012 was again won by the Red Juggernauts who by now were known for their flamboyance both on and off the field! Football had firmly established itself in GMCH. Deep inside, however, there was an aching desire within all of us. Something was incomplete in this story, and this missing part was the trophy for which it all began in the first place.

January 2013 came with the leader, captain, motivator and legend called Tarun Kumar (2k8) taking charge for the final frontier. With a very young but passionate squad, the college team practiced harder than ever. And as the tournament began, the lambs finally turned into lions. Comprehensively outplaying every team we faced, GMCH showed that the real way to play football is the beautiful way. Two touch, attacking football with almost unimaginable moves being executed, we stormed into the finals.

The finals were held in an electrifying atmosphere at the Sector 37 football ground, ironically the same site where GMCH had lost 8-0 to a local team two years ago. The opponents and defending champions for the past two years, Gian Sagar Medical College were undoubtedly the favorites. GMCH dug in their heels resolutely and played with resolve attacking them every time on the counter. And with less than 10 minutes to go, GMCH blasted in the goal that completed the ultimate dream.

In the flurry of celebrations that followed, all was forgotten. The countless days of regret and despair of not winning, the endless barbs of some habitual-baiters in college ("tum log khelte hi kyun ho jab tumhe pata hai tumne har jana hai"), the pain of broken bones, torn ligaments and dislocated shoulders. Everything disappeared, but only one word remained-"Champions".

PAIN IS TEMOPRARY, PRIDE IS FOREVER.

US Residency Updates

Once again, GMCH alumni did exceptionally well in 2013 residency match in the US. Our congratulations to all the future residents.

Puneet Tuli ('91 batch): Internal Medicine, Connemaugh Hospital, Johnstown, PA

Gurjeet Singh ('99 batch): Neurology, University of Utah, Salt Lake City, UT

Aakriti Gupta ('05 batch): Internal Medicine, Yale University, New Haven, CT

Leeza Nayyar ('05 batch): Internal Medicine, Prince George's Hospital Center, Cheverly, MD

Vijaywant Brar ('05 batch): Internal Medicine, Georgetown University - Washington Hospital Center, Washington, DC

Abhishek Seth ('06 batch): Internal Medicine, Case-Western Reserve University, Cleveland, OH

Congratulations to GMCH alumni who have been nominated to leadership positions in their residency programs:

Manish Thakur ('98 batch): Chief resident, Internal Medicine, Wayne State University, Detroit, MI

Supreet Sethi ('03 batch): Chief resident, Internal Medicine, University of Arkansas, Little Rock, AK

Weddings and Babies

Preety and Sandeep Kochar (both '93 batch) were blessed with a daughter Joy (pictured)

Bikram and Guneet Sarai Saini ('00 batch) were blessed with a son, Aaron

Shikha Gupta ('01 batch) married Divay Chandra

Lakhwinder Singh ('01) got betrothed

Divjot Lamba ('02 batch) got married

Sabina Bansal ('02 batch) was blessed with a son

Supreet Sethi ('03 batch) got married to Gaurav Syal

Gurjeet Singh ('99 batch) married Kristina. They are pictured on the left with alumni from GMCH: Charanjeet Singh ('99 batch, in tie), Gurpreet Singh ('01 batch; brother of groom, extreme right) and Divyanshoo Kohli ('03 batch, extreme left)

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