

Connections

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

It's Time to Connect Again!

Charanjeet Singh, 1999 batch

अब तक है अकेली रहगुज़र, आओ हम सब अकेले बनाएं एक काफ़िला

I was pleasantly surprised to see an unexpected email from Geetu Goyal, (97' batch) and to learn that his family had also moved to Houston. Geetu Bhaji and I decided to meet over dinner, and the conversation that ensued made me think that while we had left our country for our individual pursuits, most of us still feel connected to our roots and want to give back to our institution in the best way that we can. He expressed his interest in teaching both the medical students and the residents at GMCH, through lectures and at bedside. I absolutely believe in the power of giving back, and this conversation piqued my interest especially since I have always wanted to do something similar for our medical students at GMCH. In addition to our alumni in the US, I have known many of my colleagues in India who believe in sustaining quality education at GMCH. To all of us alike, there is nothing that can be as gratifying as an interactive teaching opportunity.



Geetu and I spoke about garnering some support from the GMCCOSA fraternity and reach the alumni who would be interested in contributing to our alma mater through their intellect. We discussed our idea with some of the other GMCCOSA seniors who provided their valuable input regarding the ways to execute our plan. Of foremost importance for the success of our idea will be a mutual and continued interest and intent from both the students and administration at GMCH, and the alumni of GMCCOSA.

Most of our alumni, both in India and abroad, have subspecialty training and expertise in our respective fields. Our plan entails involvement of the alumni in giving lectures to the students and residents and teaching at the bedside, during our visits to Chandigarh. The involvement can range from giving a couple of lectures during a visit to the city to as much as doing a week of wards and be the clinical tutor for the students and residents on that ward. After we get enough alumni to form a nucleus that can sustain this endeavor, our next step would be to request their availability and their plans to visit the city as well as the topics they would like to teach. We plan to work closely with schedulers in various departments in GMCH in order to try to align and match the availability of our alumni with the potential teaching schedules of those departments. In case, the interested alumnus is available to teach but not available to travel, we intend to set-up an Internet based, live, webcast through a secure connection to the students. This live webcast will be scheduled during the regular

college hours for the students and/or residents, and will also allow for asking any questions as one could during a lecture. We also plan to reach the administration to provide honorary teaching appointments to the alumni who are able to give regular lectures. It would be ideal if the lecturing alumnus could be available in person for a week, at least once every year; however, if an alumnus is not available for a continuous week in person, we could use their services per their availability.

Furthermore, if any of the alumni would be interested in being professional advisors or mentors, teaching in person or through webcasts may provide the alumni to interact and identify the students who they can help in their career paths. In addition to our teaching endeavor, the partnership between GMCH and GMCCOSA may eventually be expanded to provide broad range of clinical services and expertise to the patients at GMCH. This can also be a potential opportunity for faculty interested in starting Global Health projects with their parent institutes. Our options are limitless and after all, *“from what we get, we make a living; what we give, however, makes our life.”*

There are no more than 45 teaching weeks in one year, a figure lesser than the strength of a graduating class every year. This figure becomes even smaller since most of us will just be serving as adjuncts to the current full-time faculty. We believe that we have a significant strength of well-trained alumni who can pledge commitment of their time and efforts to quality teaching and mentoring, and providing expert opinions to the care of the patients at GMC.

Together, as members of GMCCOSA and through its medium, Geetu and I request our co-alumni to join us in fostering a strong and committed group. We also urge the administration at GMCH and Director Principal, Prof. Atul Sachdev, to facilitate us in providing our services to the students, residents and patients at GMCH. We look forward to hearing from everyone. Please email us on gmccosa@yahoo.com and/or charanjeet21@gmail.com and/or goyal.geetu@gmail.com, and let's get the ball rolling.

It's Time to Connect Again!

Geetinder Goyal, 1997 batch



This coming January it will be the eleventh birthday of Government Medical College Chandigarh Old Students Association or GMCCOSA (often pronounced as GMCKosa). Since its establishment in Jan 2004, the editors have done a tremendous job at keeping it viable. The hard work and determination in releasing Connections, consistently three times a year for last 10 years is commendable, as is maintenance of an ad free site that provides useful insights into career planning and whereabouts of the alumni.

In the September, 2009 issue of Connections, Navneet Majhail, the co-founder of GMCCOSA, said that it was his “kida” that was the reason behind starting GMCCOSA. However, more than that, I am sure the co-founders of GMCCOSA had envisioned an association that will foster stronger ties with the parent institute, help members

develop career paths, create new opportunities and partnerships, and above all bring us all together, again and again, to relish our camaraderie. To me this is a legacy that the future students and alumni of GMCH, Chandigarh will cherish for long.

As an avid follower of the GMCCOSA, after 10 years, I wonder how much of our vision has been realized, and whether GMCCOSA intends to redefine success and what achievement means to its alumni. Although GMCCOSA has given us an excellent platform to foster beneficial partnerships in areas of mentoring, business or teaching, we as alumni have not completely channelized our abilities to explore the potential of the platform. Besides a few people, level of involvement from most of us has been poor. Great ideas like 'Koshish' and the 'Mentorship Program' have not found sustainability primarily because of a lack of core nucleus of people required to bring an idea to fruition. Yet another disappointment is a surprising lack of new ideas and ventures in the recent years.

Our association is still young with lots of the alumni still going through the training years of their careers. And at this stage, it may be hard to find time to think about 'ideas' beyond managing to get into a training program, or trying to balance family life and the rigorous work schedules. Recently, a good friend in a hang out session remarked that there are two kinds of people, 'thinkers' and 'doers'. Thinkers think about a problem and come up with innovative solutions that change the world for better. Doers do what the society tells them to do. As physicians trained to follow the protocols, most of us tend to become doers and suppress the thinkers inside us. This is perhaps why the world lacks physician entrepreneurs and perhaps also explains why a plethora of physicians suffer from frustration about their profession.

As GMCCOSA fraternity gets bigger with time, I believe we should join hands to turn it into an even stronger alliance. I hope that we can rekindle the 'thinker' inside each of us and come up with ideas, projects and collaborations that can live up to the vision of GMCCOSA. Join me in exploring our limitless potential and let's pledge to try to make our association stronger.



Kudos

Navneet Singh ('92 batch) has been invited to be a member of the International Development and Education Award (IDEA) Working Group of the American Society of Clinical Oncology (ASCO) for a 3 year term from 2014 to 2017. He was also nominated as Member, Publications Committee of the International Association for Study of Lung Cancer (IASLC) last year. Navneet is currently faculty with the Department of Pulmonary Medicine, PGIMER, Chandigarh.

**This is the 31th issue of Connections! Read the first ever issue of [Connections \(Jan 2004\) HERE](#)
Check out the [CONNECTIONS link on gmccosa.org](#) for archived issues**

GMCH Annual Day 2014

Editors: Our sincere thanks to Prof Vijay Kak for sharing these photographs on our Facebook page



My Take on the Indian PG

Aayush Singhal, 2007 batch

Editors: Aayush has just joined AIIMS, New Delhi as a Resident in Internal Medicine. It is rumored that he will finally vacate the chair and table at the library on the fifth floor of the B-Block where he slogged countless hours of study. Congrats Aayush and good luck!



The decision regarding whether to go for the USMLE steps or Indian PG is one which should be made as early as possible. It does not help to remain confused about this till the very end ... you just end up losing out on some very precious months of preparation - be it for the Indian exams or the Steps.

In the end, the entire debate between these two boils down to this—an advantage on the professional front via USMLE, or on the emotional/personal/family/parent front through Indian PG. I chose the latter and I am happy I did, and hope I will be happy with my decision many years down the line. On the professional aspect, sufficient opportunities to excel and perform state of the art work is available across a wide range of excellent institutes within India.

Again, this was my personal assessment. Different theories do the rounds and none is more correct than the other. No one will decide it for us. Just have to sit down, list down the pros and cons as per our understanding, compare, and then move on ... do not keep harping about on this. Much bigger challenges lay ahead, in terms of preparation for the exam you decide on taking.

As far as GMCH is concerned, it has always been a great place to do your UG from ... the PG part was bleak until now, but with the huge increase in number of PG seats from this academic session, that part has been taken care of in a big way. Especially once the departments settle in with their respective post-graduate programs, ours will be one of the most sought after colleges to get into! We may criticize our college as much as we want during our stay here ... but apna college apna hi hota hai! As I stand on the brink of finally bidding adieu to GMCH, I surely feel nostalgic about the good old days spent here! Step outside, and look at it from an outsiders' perspective. What people are ready to do to be in your place. Then, you will realize the worth of the position you have been lucky to be in.

Moving on to the actual preparation part. Despite our internship being as hectic as it is, cracking the May exams, 6 months post internship is a very realistic target provided you have managed to study consistently through the internship (not all postings are taxing and if you are determined enough, sufficient time can be managed without neglecting any of the internee duties). In any case, the AIPGMEE and other Nov exams are just another 5-6 months away. That should be kept as a long term goal. The next shot at May is a bonus post the All India result. Aim should be to complete the syllabus once in the run up to the first AIPG (during internship) and then consolidating on that in the next few months after internship. Revision is what ultimately decides where and when you will end up ... working out the revision schedule and sticking to it is the key.

With the changing patterns of examinations, it is wise to adapt to the change, but not to be afraid or feel threatened by it. Be regular with the various mock tests. The factor of the unknown is common for all ... at the end, what gets tested is your core knowledge, the basic knowledge. And of course, a certain element of luck! Do not waste time over issues which are not in your hand. Don't fret over how the system is changing...the old basic stuff still is the same. More questions you can solve directly, or by ruling out a couple of options, better is your chance of getting through. More than hard work, smart work is what will do the trick.

Starting early and getting a little orientation in the final year time never hurts anyone ... but main aim during the MBBS course should be to target the main books, the authentic gold standard books ... be it the Harrison's, Bailey, Robbins or Guyton/Ganong. There is no reason to fall for the trap that 'yeh books padh ke theory mein likh ni sakte' or 'yeh books se proff ni paas hota'.

The so called 'saturation' will exist in every branch if you look at it superficially, but once you are willing to work passionately in your chosen field, there is no such thing as saturation. Sky is the limit as far professional opportunities are concerned. So, what I have believed in, is not to let this aspect affect the choice of subject you want to pursue. If you like a particular branch, go for it. Usual consensus being that people have to 'settle' for a para/non clinical field. But that need not necessarily be the case. There are people with loads of clinical degrees who are still not happy, and there are people in para clinical who are more than happy and more than sufficiently well off. So, what matters is you and the choice you feel will be the best for you!

The only thing you have to consider is whether or not you see yourself satisfied 15-20 years down the line. There is no such thing as a set of good branches, and a set of bad ones. Never be critical of any branch ... management of a patient is a wholesome process, in which no branch can be taken to be of less significance than the other. The basic demarcation between the clinical/para-clinical branches will always be there, that of being a clinician and the doctor-patient interaction, but at the end of the day, if you compare them as career options, there is no major difference between the two.

The basic 3 paths are open post PG in any branch - setting up your centre/practice, work for a corporate set up, or work in a govt. set up-a medical college for example. Again, you have to see what you are more comfortable with ... a private practice appears to be very lucrative but would involve a more hectic life style, whereas a government job has its own perks and advantages.

In the course of your preparation, you will encounter self-doubts at every stage. Which is where a sound piece of advice, from a senior who has been through all that, comes in handy. Here, I would like to pass on what a senior told me one year back: "The most important thing in our career is not the branch or what we do. What matters is how happy we are in what we do. At the end of the day, that matters. And how eager you are to get up in the morning to work again. In this regard, the most important thing to consider is what your heart says. Do not compromise on your dreams. Not at all because of the college on offer. COLLEGE IS A GIRLFRIEND, BRANCH IS A MARRIAGE. You have time on your side. And the luxury to say no. Do not do something with what you have to 'adjust'. Do something you want to 'get on' with."

A goal oriented, target oriented plan is what is needed to come out of the maze of PG-entrance exams. Believe in yourself, believe in the hard work you have put in. You are not supposed to know everything, you just need to somehow mark that one extra correct answer. Fixate on what you want and work towards it, success lies just beyond the next corner.

Mr Odisha 50th State Body Building Championship

Sandeep Kochar (1993 batch)

Editors: Sandeep is an avid blogger, traveler, photographer, public health activist, social entrepreneur and a devoted father and husband - practicing medicine is his hobby. You can read more about his travels at his blog "Life Calling: A Blog about Life, Calling and Initiative" (sandeepkochar.blogspot.com)



It's just about dusk, and I am standing on a raised platform at the edge of the wall surrounding the Hindu Lingaraj Temple, dedicated to Lord Shiva and the holiest of temples in Bhubaneswar in the state of Orissa, India, rapt in wonder at the grace and beauty of the main shrine and sprawling temple complex of this 10th century edifice. It's a living, functioning, breathing temple and it's the period of the Makar Sankranti - in Hindu astrology a period that marks the time of the transmigration of the Sun from *Dhanu rashi* (*Sagittarius*) to *Makara rashi*

(*Capricorn*), a major Hindu festival that is celebrated as the start of the harvest season in several parts of India - and there is a mass of humanity in and around the temple.

Suddenly, just over my left shoulder, India's current pop anthem - *Why This Kolaveri Di* - blares loudly over loudspeakers, followed by other raunchy Bollywood numbers, drowning out the sound of holy chanting, temple bells and general din and clamor. I am startled and aghast: devotees will not tolerate this abasement and someone is going to be beaten up tonight. I climb down to seek the source of this vile noise and I am astonished at what I see: right next to the temple entrance, on its eastern edge, there is a stage facing a few rows of chairs, enclosed by a metal barrier. Flowers



decorate the base of the stage. A huge banner runs across the back edge of the stage: Mr. ODISHA 50th Senior State Body Building Championship. I grin and shake my head. Only in India!

My curiosity is sufficiently piqued, so I walk up to the edge of the open-air enclosure. A crowd is slowly building up, but an invisible line prevents anyone from walking over: it's the divide between haves and have-nots, ever so pervasive in India. Officials, organizers and a few other people are scurrying about inside the enclosure, making last minute preparations. It's been a long day and my legs are aching: I eye one of the several empty seats longingly. I should make my move now, I say to myself, and walk over the edge of the enclosure and approach a pleasant looking official - blue blazer, white shirt and tie, grey trousers and all - and politely ask: "Can I have a seat sir?"



Something is lost in translation. He seems to be in a hurry, takes one look at my camera and tripod, and I am much better dressed than most of the other have-nots, and effusively ushers me into a back row of red colored seats saying something in what is presumably the Oriya language. I have no inkling of what he has just said, but I do hear the word 'media'. And now, his face beaming with pride and happiness, he jauntily walks over to another man, big and burly with a royal, thick and bushy mustache, and excitedly whispers something in his ear. Mr. Burly Man - clearly the boss - turns around, looks at me, and mutters something to his subordinate, who comes over to me, still smiling. "What media outlet, Sir?" he cheerfully asks.

Aha! It dawns on me. They have taken me to be a reporter who has come for media coverage. Perhaps they are not expecting too much media interest and are pleased to see a member of the press show up. Suddenly, I feel horribly exposed and naked. Embarrassed, and under duress, I cough up the word 'tourist'. So, when he hears this, his ear-to-ear grin vanishes and is replaced by a taut, mirthless smile. He turns away and walks towards Mr. Burly Man. I notice that his walk is no longer that springy. He leans over to his boss and again murmurs something in his ear. Mr. Burly Man's torso noticeably stiffens up, and he slowly turns around and starts walking towards my seat. By now I am positively squirming in my seat and feeling very uneasy: Mr Burly Man, it seems, in his heyday, must have won several of these body building championships. At the very least he probably had guys like me for lunch everyday.

I panic as he approaches closer. I get a moments respite as he is interrupted by someone else. Finally, he untangles himself and walks purposefully towards me, looking intent on giving me his undivided attention. Think of something, my mind screams! Mr. Burly Man is now towering over me. He lifts his hand, I wince and withdraw, but with a thick stubby finger he only points at my tripod and says: "Not allowed. You have to leave." My mind is racing now and I don't want to make an unceremonious exit before the crowd that has swelled up to a decent size by now. And then! A spark of inspiration and genius!



I blurt out three words: "Google" "Blogger" "Sir". For a few moments he looks at me impassively, motionless. The universe seems suspended and my bowels are contracting. *Where is Lord Shiva when he is really needed?!* And then, just like that, he smiles, shakes his head and walks away. I have no idea what transpired: perhaps he took my word or he appreciates my ingenuity or presence of mind. I watch him walk away, and then have to remind myself: Sandeep, breathe!



There seems to be a delay. Of course, I realize, the chief guest is late. Sure enough, about 45 minutes later, *Mantri ji* (Mr. Minister) - everything I had imagined, in *kurta pajama*, Nehru jacket, open-toe sandals, balding and bespectacled and chewing *paan* - saunters in, surrounded by his coterie. There is the obligatory speech and lighting of the ceremonial candle. Finally, the event can begin and the 55 kg category contestants come onto the stage, displaying impressively sculpted bodies. I turn back and look around: there is now a sea of

humanity behind the stage. The top of the *Lingaraj* temple is lit and in its glare, I see that a couple of people clad in saffron robes - they are either temple priests or disciples - have clambered onto the wall around the temple complexes. They are precariously perched - a fall could cause serious harm - yet its an unbeatable vantage point from which to watch the championship.

I cannot help smiling to myself. These are travel moments that one can only dream of. But hey, I can't keep idling forever. Time to start my reporting.

Happenings



Ashwani Kapoor (1996; pictured), joined Virginia Commonwealth University as an Interventional Gastroenterology fellow. He received training in GI at Virginia Commonwealth University and formerly practiced in Alabama.

Ashish Khanna (1998) received an Appreciation Award from the Cardiovascular ICU at the Cleveland Clinic, OH. He is presently Critical Care fellow at the same institution.

Nishant Puri (1998) joined the Providence Hospital, Spokane, WA as an Interventional Gastroenterologist.

Guneet Sarai Saini (2000) has joined St Mary's Hospital as a hospitalist. She recently completed her residency at Baltimore, MD.

Gaurav Mittal (2003) has been posted as Assistant Commissioner, Central Excise, Meerut Division, UP.

Harshabad Singh (2003) received the 'Excellence in Teaching' award during his Internal Medicine residency graduation from the Harvard Medical School. He is now pursuing a fellowship in Hematology and Oncology at the Dana-Faber Cancer Institute, Harvard Medical School, MA.

Gurkaran Singh (2004) has been allocated the IPS cadre of the Indian Civil Services.

Aakriti Gupta (2005) was mentioned in the mainstream national media in India for her research in cardiology that compared the morbidity, duration of hospitalization and mortality among male and female patients. She is currently a resident in Internal Medicine at Yale University, CT.

Residency, Fellowship & PG Updates

Editors: We would like to thank Aayush Singhal for his help in compiling this list.

Aditya Gupta (2003) joined Mount Sinai School of Medicine, Bronx as a resident in Internal Medicine.

Arihant Jain (2004) joined DM Clinical Hematology, PGIMER, Chandigarh.

Sidharth Garg (2004) joined M.Ch, Cardio-Thoracic Surgery, PGIMER, Chandigarh

Aayush Singhal (2007) joined M.D. in Internal Medicine at AIIMS, New Delhi.

Preeti Mathur (2007) joined AIIMS, New Delhi as a Resident in Radiodiagnosis.

Vaani Mehta (2007) joined MS Obstetrics and Gynaecology, GMCH Chandigarh.

Aditi Aggarwal (2007) joined MS Obstetrics and Gynaecology, GMCH Chandigarh.

Itika Garg (2007) joined AIIMS, New Delhi as a Resident in Ophthalmology.

Sartaaj (2007) joined AIIMS, New Delhi as a Resident in Ophthalmology.

Anin (2007) joined AIIMS, New Delhi as a Resident in Ophthalmology.

Dhruv (2007) joined AIIMS, New Delhi as a Resident in Anesthesia.

Bushu Harna (2007) joined M.S. Orthopedics, MAMC Delhi.

Manpreet (2007) joined M.D. Pediatrics at RML hospital, Delhi.

Harveen Sodhi (2007) joined M.D. Pediatrics at DMCH, Ludhiana.

Shimona (2007) joined MD Dermatology, GMCH Chandigarh.

Anubhav Malhotra (2007) joined M.S. Orthopedics, GMCH Chandigarh.

Anil Kapoor (2008) joined M.S. Orthopedics, GMCH Chandigarh.

Dinesh (2008) joined M.S. Orthopedics, GMCH Chandigarh.

Preeti Sharma (2008) joined M.D. Dermatology at RML hospital, Delhi.

Aman Hooda (2008) joined M.S. Orthopedics, PGIMER Chandigarh.

Karan Jindal (2008) joined M.S. Orthopedics, PGIMER Chandigarh.

Akaanksha (2008) joined M.D. Dermatology, PGIMER Chandigarh.

Weddings, Engagements & Babies

Gurjeet Singh (1999) and Kristina were blessed with a son, Jusveer. Jusveer is pictured here with Kristina, Gurjeet, Gurpreet (Gurjeet's brother; 2001) and their father (pictured, right).

Adarsh Sai Jindal (2001) and Pallavi Bansal got married (pictured, below).



Preeti Gautam (2001) was blessed with a daughter Damyra.

Shaveta Bali (2002) was blessed with a daughter.

Manik Garg (2002) got married.

Ashish Bansal and Priyanka (both 2003) were blessed with a daughter.

Ridhi (2003) and Abhay were blessed with a son, Avyaan.

Sachin Garg (2003) was blessed with a daughter (pictured, right).

Kamlesh Kumari (2003) married Ram Kishan Choudhary.



Sidharth Garg and Lipi Uppal (both 2004) got married.

Natasha Garg (2004) got married.

Saloni Arora (2006) got married.

Help!

Editors: Anupam Talwar (2004 batch) is with the Indian Defense Estates Services and is presently posted as CEO of two cantonments (Solon [Subathu] and Shimla [Jutogh]). She is in-charge of a hospital and is opening a center for disabled children. She needs supplies such as posters, toys, furniture, music system, etc and she has asked GMCCOSA for help. In addition, she also needs informational posters such those for hand washing, breast feeding, blood donation and safe use of needles. Please help Anupam – she can be reached by email at anupamtalwar@gmail.com.

Reunions



Mini-reunion, Cleveland, OH. Pictured here are (sitting) Niyati and Ashish Khanna (2000 and 1998 batches), (standing left to right) Rohit Jindal (1993 batch), Datinder Deo (1994 batch), Navneet Majhail (1991 batch) and Ashish Saini (1997 batch).

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