

# CONNECTIONS

BULLETIN OF THE GOVERNMENT MEDICAL COLLEGE CHANDIGARH OLD STUDENTS  
ASSOCIATION (GMCCOSA)

Vol.1, ISSUE.3

August 2004

## *From the Editors desk*

The future is bright...tread with caution.

This statement sounds counter-intuitive; however, it nicely sums up our current progress with the GMCCOSA. We have started off well and generated sufficient interest among alumni, but things have cooled off a little recently.

Perhaps our biggest asset is that we come from a medical college with a relatively small strength. We all know and can relate to each other in one way or another. It should be easy for us to work as a cohesive unit and enlist active involvement from a large proportion of alumni. Flip the coin, and our strength could be our weakness. If we do not harness enough support and participation from sufficient members, the GMCCOSA would be in peril of fading away. So far, it has only been a 'core' group of alumni that has been active on the newsletter and the message board. Many more people, however, I am sure, scan through the message board once in a while or go over the newsletter. We urge as many of you as possible to contribute, because this can certainly not be a one-, two-, three- or four-man show. Articles, news, pictures, anecdotes, and all other sorts of contributions are eagerly and hungrily sought!

No alumni association can survive without the active enlistment and voice of current batches. They are our source of inspiration, our 'fountain of youth' so to speak. It is through them that we will be able to remain a perpetual part of our beloved *alma mater*; through them we will be able to realize some of our ambitions for our college, and acting as mentors and steering them in their future aspirations will be one of our biggest sources of gratification. So far we have not been very successful in enlisting current students.

Our best chance of thriving and enjoying this alumni association is to make current batches realize that there is a GMCCOSA. Not merely a passive body, but one which is dynamic and vibrant, constantly working *with* and *for* them, and that together we could have a great partnership and make significant achievements. To that end again, I call upon alumni to take up this cause. Being able to help a student from my college is among the most satisfying experiences for me, and I am sure a lot of you feel that way. I have thought of a few ways in which this could be accomplished and surely, there could be several more. We already have an ongoing 'career series'. Hopefully once we have a reasonable set of articles, we

can publish a little booklet and distribute it among the current batches and have a few copies in the medical library. We have already made an initial contribution to the Euphoria. Future contributions I think will be more robust and regular.

In the not so distant future, we hope that alumni will be able to go GMC and give talks to current students on some topics of interest. This could range from how to clear the Indian post-graduate exams and the USMLE, alternate career options, how to negotiate the pitfalls in setting up a privative practice, visa issues, and so forth. Such visits would promote interaction and also make students more aware of the existence of the GMCCOSA. Also in the pipelines is a mentorship program. Here, alumni could choose to mentor one to two students from current batches, preferably from first or second years. Such a list would be made available in the college with the mentor's area of interest and expertise. Mentee and mentor can then get in touch through personal meetings and/or email. The aim would be to help the mentee foster a collegial and friendly relationship with his/her mentor. Such a relationship can result in valuable advice on career, guidance on what options are available, life in general and can develop into a strong bond. Many students will pursue careers and courses similar to some of us. As a mentor, we could make those very paths that we stumbled upon smoother to negotiate for the 'young ones!'

We have already been trying, with a lukewarm response so far, to encourage current students to develop an association on the lines of the "Sahayta" in the AIIMS. This body would involve itself in social causes, such as organizing blood donation drives, medical camps in slums, free medications for the poor and community upliftment in general.

This may all sound very ambitious and far-fetched, but it does not have to be. In our pursuits and undertakings we are limited by our own prejudices and past-experiences. This is certainly a noble cause, and if some of you feel as passionately as I do about these issues, this could be the beginning of something very exciting. Hopefully more and more join the cause of GMCCOSA as we seek to grow and develop.

Sandeep Kochar  
(Class of '93)

## The GMC Chronicles

### THE STRIKE

*Hemender Singh ('91), rekindles some memorable experiences of the Strike for recognition of GMC (October 1994) that we endured (...or rather enjoyed!).*

And so it was – we were finally going on a Strike. It initially sounded like a great martyr event, something that would go down into the history of GMC (umm...it probably still did). For one thing, everyone was on strike for a variety of reasons. The senior most batch (that's ours) was pushed into it more by cataclysmic events than by choice. Two batches junior to us were pre and post exam and so it served their strategic timing for leisure and they loved it. The new batch of kids got time off from Anatomy and of course they were thrilled about it.

Actually, my aim to write this article is to remind everyone of all the fun we had during those six weeks. Well, we the seniors had such a tough time, or at least we did a good job trying to show we were very perturbed. It was too much work trying to get the first year 'futchas' to raise slogans in a coordinated way, to make sure they yelled loud and clear; remember Jaswinder Jally ('91) even used to scare (oops – I meant chorus) them with a *danda* in his hand. To get everyone to the *tambu* was another hassle. To begin with, we had to get them out of their homes and then subsequently from places like Aroma, Sector 22 market, movie theaters, hair dressers, sector 17 etc etc. Jagdeep Babra ('91) had her share of fun by dutifully writing down the names of the *bhookh hartaalis* on the ever-expanding sheets in our tent. Her stress was evident from the fact that all so often she would shatter the hullabaloo around her by breaking into a quivering melody. And then biggest of all trying to decide who's who in that strike Executive Committee. In the end everybody was everybody.

While we the seniors were busy "managing the higher things" there was a spate of activities in the junior batches. Barring a few who were forced to be a part of the 'think team', most were out for a gala time. And fun indeed it was. Nobody complains when there are no 7 AM classes with snorty lecturers and practicals to bear with. The mornings used to start with the usual 'hi hello' stuff and the customary "*kaon aaya kaon nahin...*" followed by an update form the committee. And then they were practically done unless there was a mission for that day. By around 10 AM it was practically decided if the day would be another *vellah* day or some *padyatra* (or more correctly scooter/motorcycle *yatra*) or slogan or effigy burning day. And by noon, it was obviously naptime and whatever was left of the miniscule crowd would lazily doze off on the *durries* in our *tambu*. By evening usually the four on the hunger strike that night would be the only one's left in the stark isolation of oblivion with an

occasional passing by pedestrian stopping to pay sympathy. Of course nobody enjoyed the episodic attendance check drills Puneet Tuli ('91) and I used to run followed by Majhail's ('91) *sent*i speeches (they certainly worked...at least for 24 hours).

The free time actually didn't go waste. There was a flurry of new talent discoveries in our home crowd; there were discoveries or creations more to appease a certain section of our collegiate. The most remarkable was the overnight emergence of 'palmistry gurus'. That's a trick all guys know never goes wrong and girls are unanimously attracted towards the mystic *maharishis*. It starts with holding the hand of the girl first and squeezing it in different directions and then... (...I mean who cares what you say later). It was astonishing to see so many of these palmists mushroom much to the agony of our 'Casanovas'. Another art that everybody whetted was their expertise with cards. Card games became an extremely popular sport and spread like plague in that 15 x 15 square feet space and later spilled over into the sector 22 polyclinic parking lot, onto scooter and car tops. Had it not been for our Ethics Committee (led by Jassi of '91 batch) we would have certainly had some bridge and poker maestros by now.

Since everybody had so much time it made sense to use it for fruitful purposes including satisfying culinary and cosmetic needs. Everybody had new hairstyle and beard styles. Surds were becoming cut surds and girls caught up with their manicures. The restaurants in sector 22 got their share of business boom as every body had all the time to eat. Of note were the snack shop in Aroma, *Lahorian di hatti* and the Verka milk bar. And of course how can we forget that Diwali. That official 'Black Diwali' was the first time that I actually celebrated Diwali with so many friends and so much fervor. Our *tambu* was very strategically located right in the midst of all the *pathaka rehriwalas* (the temporary *rehris* that come up in Sector 22 during Diwali), and having made their dough, most of them did not mind donating the left over crackers to us late that night. For all of us who were there, it was a memorable night.

While the 'ranks' were having their kind of fun the 'generals' were enjoying their travails too. It finally boiled down to the count of number of times we had tea with the Governor, the Administrator, the Secretary, and so on.

A final word for all the Adonis and Venus pairs that found their soul mates during this strike and who amidst the stresses of the strike, prof exams, PG entrance and life in general have persevered and stuck through. There were more than a few who started their relationship and stabilized and strengthened their bonds over time. These blossoms of love added a unique charm to our tough days.

Nevertheless, no matter what we think about our strike, we undoubtedly did achieve a lot from it. It taught us lessons at every step, brought out so many facets of our personalities, gave me so many new close friends, joined us – split us – and then rejoined us and above all brought us all together and gave meaning to our identity as ‘GMCites’.

*Hemender Singh  
(Class of '91)*

*Editors: These are photos of our 'tambu' taken during the Strike.*



## Career Series

### APPLYING FOR A FELLOWSHIP IN THE USA

When applying for a residency (in the USA), many of us aspire to eventually pursue fellowships in different subspecialties. Getting into a fellowship can be more difficult than applying into a residency program; it is a process that starts from the time you start residency and involves more hard work and time than just giving and clearing your USMLE exams and applying through ERAS/NRMP.

I will discuss here the general principles of applying for fellowship positions in the internal medicine subspecialties. I am sure that the same principles would apply to the surgical subspecialties as well. My own experience comes from applying for a hematology-oncology fellowship, which along with cardiology and gastroenterology, is currently among the most competitive fellowships in the USA.

The basic rule is that you have to make your candidacy attractive; remember, you are competing with US medical graduates and international medical graduates (IMG's) with prior experience (MRCP, PhD, MPH etc) for positions which are a lot fewer than the residencies you applied for. For example, according to the 2002 statistics (from the American Medical Association), there were 21,136 residents in accredited internal medicine residencies compared to 1,999, 1,058, and 991 fellows in cardiology, gastroenterology and hematology-oncology programs respectively (you can divide these numbers by three to get a rough estimate of the first year positions available every year in the respective specialties). Furthermore, for various reasons that I will not divulge into, fellowship programs are being downsized and getting more competitive to get into every year.

### Start Planning Early

If you are interested in doing a fellowship, you have to start planning even before you apply for residency. As IMG's, we are at a disadvantage; the type of training we receive in medical school cannot be verified by program directors here. Our 'medical school transcripts' do not have the information they are looking for, it is arduous to call and get in touch with deans/principals to verify the 'accomplishments' we mention in our resumes and there is no way they can verify our medical school standing (for them, AIIMS, New Delhi and Medical College, Jhumri Tillya are usually the same). To make up for these deficiencies, the first thing that we can do is get into a good and well known residency program. People do get fellowships after doing residencies in 'community' programs, but it becomes easier if you are in an ivy league or a 'university' program where there are more opportunities for research, the faculty is 'well known', and there is a chance you will get absorbed into a fellowship position in the same institution. For example, this concept is similar to applying for a residency after graduating from say the 'Harvard' medical school versus an osteopathic medical school (for those of you not familiar with the US medical education system, these schools grant a DO (Doctor of Osteopathy) degree and are generally considered to be not as good as the regular medical schools). So study hard, get good USMLE scores and get into a good residency program (good 'community' or a 'university' program). If you choose to do residency in a 'community' program, as a lot of us do for various reasons (H1B visas being the most common), you can still get a good fellowship position provided you plan ahead of time. A lot of 'community' programs impart excellent training, have fellowships, have opportunities for research, or are affiliated with 'university' programs where you can do rotations or hook up with some one to do research or get recommendation letters from.

Once you start your residency, get settled and then start focusing on which fellowship you want to pursue. Fellowship applications are sent out in the beginning of your second year of residency. As most of us are here on different visas, unfortunately we don't have the option of delaying our fellowship applications (as some US grads do - they take a year or two off after completing residency to do research before applying for a fellowship). We have to start our fellowship right after we finish our residency and usually cannot take a break (there are some options though, and I have listed them below). So, the earlier you can decide which subspecialty you want to pursue, the earlier you can start your research and identify mentors in that field.

### Identify a Mentor

Unlike India where getting into MD/DM courses is strictly on the basis of merit in an entrance exam, a number of variables are looked at when you apply for a fellowship in the USA. One of the important factors is recommendation letters. So identifying a good mentor in the beginning of your residency is crucial. The mentor should be someone who is easily approachable, readily available, is willing to write a good letter of recommendation, and might make a few phone calls when the time comes for you to apply. Usually, mentors are from the same specialty as the one you are interested in (makes sense!), and often can give you guidance for research. Don't go after somebody just because s/he has a 'big name'; s/he may not be always available, may not have the time to get to know you well and hence may not be able to write a good letter of recommendation. Remember, an excellent letter from some one not as well known will be better than a mediocre letter from someone who is a stalwart in that specialty.

### Research

Your accomplishments in research are also very important. You are not expected to be a Nobel Prize winner or have an extensive list of publications. But you should be actively doing something. Most program directors understand that the internship is too busy and short a time to complete a project and publish. They are looking for people who are motivated enough to be taking out the time and effort to pursue research despite their hectic schedules. So don't worry if you lack extensive prior research experience, don't have a PhD or an MPH degree - work hard during internship to set the foundation for your research which you can at least mention in your CV and talk about during the interview. Again, research does not have to be ground breaking lab research, even retrospective clinical studies, case reports etc will be appreciated.

### Apply Early

Again, I cannot emphasize this enough. Fellowship programs have limited spots. Once the interview slots are filled out (most programs interview around 3-5

candidates for each position), the applications mostly start going into a pile of trash. So apply on time, the earlier the better.

### Talk to Your Peers

Learn from the experiences of your seniors, both US medical grads and IMG's. It is always better to learn from other people's mistakes. And your seniors can tell you about the advantages and disadvantages of different programs, what to expect during interviews and who to contact for research projects and good recommendation letters.

### Don't Get Discouraged

For those who unfortunately cannot get into a fellowship during their residency, an option is to practice as an internist, settle your visa issues, and then apply for a fellowship. I know of many people who have taken this route and then come back to do a fellowship. Try to remain in touch with your residency mentors during that time period and try to keep in touch with the concerned subspecialty (attend related conferences, do research, etc).

Though the prospect of applying and getting into a fellowship is getting more formidable and competitive every year for IMG's, one can still get into a program of one's choice. It is imperative that you apply early and thoroughly plan the application and interview process.

Navneet Majhail  
(Class of '91)

## Potpourri

*This is a new section which will include letters to the editor. Do send us letters, comments, critique of anything (your class, ways to make GMCCOSA/Connections better, politics, weather etc etc) at [gmc cosa@yahoo.com](mailto:gmc cosa@yahoo.com). To begin with, we are posting the first email we received after the GMCCOSA website went online.*

Hi Sir!

I am Malika Minocha (Class of 99 or 99 Batch). It was great to hear that finally some one has taken the initiative to come up with a platform where all the alumni of GMC Chandigarh can come together, interact 'n' share their views. Congrats on that!! I would like to be a member of GMCCOSA & will surely encourage my batch mates to be a part of this bandwagon.

All the best for this great (long awaited) endeavor.

Malika Minocha  
(Class of '99)

## Stork Line

AVNEET (15<sup>th</sup> July 2004)  
Jagdeep ('91) & Karamvir

SIMRAN (3<sup>rd</sup> May 2004)  
Harjit & Harminder Longia ('92)

## Album

There was a mini-reunion of the '91 batch on 31<sup>st</sup> May at Iowa City, USA. Pictured here are Amit Monga ('91), Hemender Singh ('91), Jaswinder Singh ('91) and Navneet Majhail ('91) with their respective spouses and off-springs (...Amit & Sonia will become parents in August!). May 31<sup>st</sup> also happened to be Jaswinder's birthday.



**Editors:** Please send us photographs of your re-unions, parties, meetings, weddings, etc (anything) to [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com).

## Kudos

...to Hemender Singh ('91) for starting as Hospitalist (Internal Medicine), Marshfield Clinic, Marshfield, Wisconsin, USA starting August 2004.

...to Jaswinder Singh ('91) for securing a fellowship in Hematology & Medical Oncology, University of Missouri at Kansas City, Kansas, USA starting July 2005.

...to Gunjeet Dua ('92) for being selected for the position of Senior House Officer, Anesthesiology, Lewisham University Hospital, London, UK starting August 2004.

...to Rishi Kad ('92) for starting as Chief Resident, Internal Medicine, Western Pennsylvania Hospital, Pittsburgh, Pennsylvania, USA and for securing a fellowship in Cardiology in the same hospital starting July 2005.

...to Mini Kamboj ('93) for starting fellowship in Infectious Diseases, Memorial Sloan Kettering Cancer Center (MSKCC), New York, New York, USA.

...to Sandeep Kochar ('93) for securing a fellowship in Infectious Diseases, State University of New York, Brooklyn, New York, USA starting July 2005.

...to Shiv Bagga ('93) for securing second position in PGI DM (Cardiology) entrance exam and starting as Senior Resident, Cardiology, PGI, Chandigarh.

...to Sukant Garg ('93) for starting as Senior Resident, Pathology at GMCH, Chandigarh.

...to Preeti Chawla ('94) for securing a fellowship in Cardiology, Beth Israel Medical Center, Manhattan, New York, USA starting July 2005.

...to Mili Bhardwaj ('98) for securing 22<sup>nd</sup> and 42<sup>nd</sup> rank in AIIMS and PGI MD/MS entrance exams respectively, and starting residency in Gynecology/Obstetrics in PGI Chandigarh.

...to Randeep Singla ('98) for securing 2<sup>nd</sup> rank in PGI MD/MS entrance exam and starting residency in Internal Medicine at PGI Chandigarh.

...to Ravi Kant Gupta ('98) for being selected for the MBA program at the Indian Institute of Management (IIM), Lucknow.

...to all starting residencies/fellowships in India and the USA and who we have not been able to acknowledge.

## Congratulations

Ashish Bhatnagar ('94) got married on the 26<sup>th</sup> of June.

Vikram ('97) wed Meenal recently (pictured below).



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