

# CONNECTIONS

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

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## Editorial: The Step Forward...

**W**hy should there be a GMCCOSA? Is there really a need for it? After all, college buddies will remain 'buddies forever'. The memories that we share are going to remain with us. So, why an alumni association?!

The answer came loud and clear. From January 1, 2008 onwards, the 'buddies-for-life' have been hard to find. All of a sudden, all of us have been spread like peas that have burst out of a pod. We all are in the same hospital, in neighboring wards and yet, seem to be stationed on different planets. Each time that we bump into each other, a smile lights up and even those brief moments keep us energized all through the day. And yet, we are the same bunch that spent the evenings lazing in the hostel table tennis room and vacations in the hills! Those times seem so surreal!

If we are out of touch despite being in the same building, heavens know what will happen 10 years from now when we are in different continents. As Shah Rukh Khan said in his movie, "zindagi humein doston ke bina jeena sikha deti hai... parr kyon hum dosti ko mauka nahi dete?!" It is this vacuum that GMCCOSA tries to fill. To keep in touch with friends with whom we spent the best half decade of our lives is worth the effort. No matter how far we go, the GMCHian stamp shall not fade.

The teachers who shaped and molded us, the patients who taught us all that we know, the canteen with its sumptuous paranthas, the vacations by the beach, the pranks in class, the late nights before the exams, the moments spent outside the external examiners' door waiting for the call, the party after the results, Euphoria, Plexus, 6 guys squeezed into a hapless Maruti ... these are memories that deserve to be cherished and preserved. What better place than an alumni association - a place to keep our present in touch with our past.

The way forward for GMCCOSA is to be more involved with the current students. We all have passed through some great and some not-so-great times. We are, hence, in a wonderful position to help our younger brethren by guiding and encouraging them. The research projects and the mentor-mentee programs are exemplary efforts in the same direction.

Such activities are fun; they remind us of the nostalgic struggles that we faced and provide a deep sense of warmth ... a welcome feeling in this season of approaching chill!

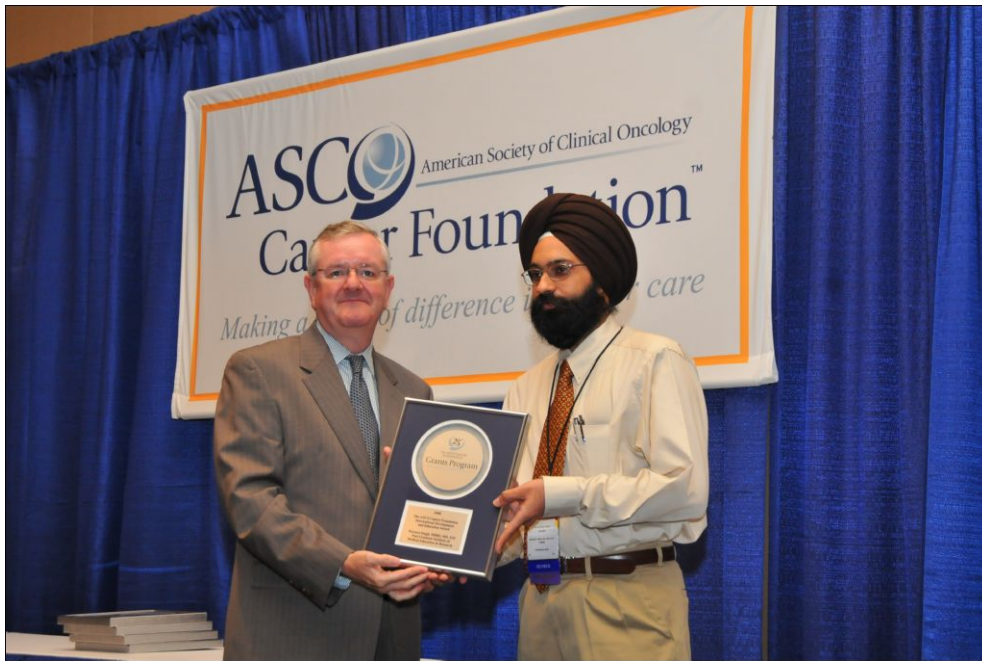
*Divyanshoo Rai Kohli  
'03 batch*



**KOSHISH has a new website!**

[web.mac.com/skochar/Koshish](http://web.mac.com/skochar/Koshish)

# Navneet Singh ('92) Awarded ASCO-IDEA



Navneet Singh ('92 batch) was awarded the American Society of Clinical Oncology (ASCO) International Development and Education Award (IDEA) in June 2008. He was among 20 awardees selected from all over the world and was invited to attend the annual ASCO meeting at Chicago for the award presentation ceremony and to the University of Indiana, Indianapolis for further training in lung cancer. In addition, he has received the Fellowship of the American College of Chest Physicians (FCCP) this year. Navneet is presently an Assistant Professor in Pulmonary Medicine at PGIMER, Chandigarh.

## Career Series

### The Dummies Guide to Getting Observership

**F**irst decide which city you are going to stay in when you will come to US. Then, look for all the universities and hospitals in that area. (You can search for your desired hospitals in FREIDA <http://www.ama-assn.org/vapp/freida/srch/>).

Select the specialty and state where you want to go and that site will open a list containing names of the hospital & by opening them one by one you can get a direct link to their homepage. You can also type their name in Google search which will open the link of their home page.

Once you are at their homepage, try to look for emails ids of all the faculty members in the whole

hospital, and trust me you will find them if you use your brain. It might be difficult initially but once you know how to get the emails of faculty members, it will take only about 15-20 min to send as many as 200 emails to a certain program faculty [some tips to find unlisted email IDs is detailed in <http://www.usmletomd.com/tips4match/2007/11/searching-unlisted-email-addresses-of.html>]. Write a brief email to introduce yourself along with your credentials, attach your resume and 'bcc' that email to as many email ids as you can (sample email: <http://www.usmletomd.com/tips4match/2007/09/sample-email-to-use-while-applying-for.html>). Do not copy and paste this template as there are thousands of other people accessing these websites and using their guidelines; so get an idea from there and try to draft something original. By repeating this procedure you can send emails to most of the hospitals in your desired city. If you still get no response then move onto the next city & repeat the process over there. In the end it's all about passion,

desire and how far you want to go to make your CV stand out among others.

## FREQUENTLY ASKED QUESTIONS

[Some stuff which wasn't well covered among online resources]

### Why do an observership?

It gives you an opportunity to obtain a letter of recommendation (LOR) from an American physician. It also shows your motivation in pursuing your goal and provides material to tackle the interview effectively and makes a good first impression. For example in my case, I was frequently asked why I wanted to come to the USA. Somewhere in my response, I would mention, "during the time I spent at this hospital...working with this physician...I happened to attend the morning report...impressed by this and that...happened to tag along with the fellow to the research facilities...saw this and that...realized I could have an opportunity to do similar stuff...during ward rounds, although I couldn't examine the patient, I was able to contribute significantly...so on and so forth". If you frame your answers in the interview appropriately, you could almost provide the same impact by an observership.

Through my observership, I secured an interview call at the same university hospital. The only reason I didn't go there was because I had already secured a pre-match at a better place! So if they really like you at the hospital where you do an observership, they might absorb you into their residency program. Even though you may not have had any hands on experience, you can still impress with your manners, knowledge and approach to a problem and if they feel you would be a good 'fit' at their program, and then it is time to pop the champagne.

### How long should an observership last?

I did mine for 5 weeks. One month is the bare minimum. If finances are the main constraint, do it for as long as you can sustain yourself. Speak to the attending when you are leaving. Tell him or her how much you loved being part of the team and that you would love to stay longer but had some commitments back home. Be in constant email communication. Make sure that you meet all the 'big boys' (such as the program director, associate

program director, chief residents, prominent residents etc).

### Should I do a paid observership (it can cost upwards of \$1000)?

I don't think paying that much is a good idea [\$1000 is a lot of money] and that too with a private physician. One can easily get an observership with a private physician through contacts or just going and asking for it through relatives or friends. Paid observership is fine upto a certain limit. I paid \$500 for my observership, but that was at a university hospital. I believe that a LOR from a teaching hospital physician carries far more weight than a LOR obtained from a private physician. Also, an advantage of doing an observership at a university/university affiliated community hospital is that you have a shot at the residency at that place. One can get free observerships too; you just need to look harder to find one.

### How will I meet the key people in a program?

Morning reports: you get to meet the residents. Be enthusiastic, speak, answer when you have a chance, ask a few questions, smile, be friendly, and don't sit in a corner. Don't sit with the same person every single day [unless the gal/boy is attractive - then this advice may be ignored...but do meet other residents as well]. Basically you need people to voluntarily tell others that you are a smart chap and would be worth having.

Attend noon conferences and grand rounds: you get to meet many attending consultants there. Again introduce yourself and mention if you are interested in a particular subspecialty.

Meet the program director: call his/her secretary, fix an appointment, meet him/her and discuss your options. Emphasize that you would like to work there. Do as much as you can in those few weeks to meet as many people as you can so that if you are shortlisted for an interview, you can ask them to help you out. And if they love you very much, some of them can even call up other program directors and help you out!!

### Ten things to do during an observership?

1. Be on time and stay till they are done for the day. Residents cannot work for more than 80 hrs.

Observers can leave at the end of the day as well, but they like it if you want to stay and learn more.

2. Be very compassionate to patients you get to see.
3. Speak very good English.
4. Be a member of the team [chip in your part when they are discussing a patient].
5. Be very proactive. If you want to get noticed and obtain an excellent LOR, you have to keep on finding new ways to impress.
6. Present cases at noon conferences [if they allow you to] or at least attend the morning/noon conferences and attempt to answer questions [you definitely stand out if you answer something that no one else in the room can]. At the same time don't overdo it. Don't make it feel like nobody else in the room knows anything.
7. Help the fellows / residents with their chores. I helped a fellow prepare a nice presentation for his seminar. He was impressed and told about my PowerPoint skills to the consultants.
8. Any extra skill you have helps a lot [my computer knowledge was the key to my impressing the chairman - I learned how to use the hospital's PACS (that's the system to view x-ray and CT online) and figured out a difficult case].
9. Look up pathophysiology and treatment of cases on sites like [emedicine.com](http://emedicine.com) [so that you are ready when the case is discussed]. Also look up Medline for any interesting articles related to the cases you have seen in the day. Take printouts and highlight the interesting facts to the residents and the attendings.
10. Follow all the rules and do exactly as told.

**The key is not only to observe but also to be observed.**

After the observership is over get those shining letters of recommendation and waive your rights to see them. Tell your professors you trust their opinion [you are not supposed to see your LOR's]. This is done so that the person writing the LOR expresses his opinion of you in an unbiased and completely objective manner. It is believed that if you are allowed to see a LOR, the attending might

be forced to write good things so that he doesn't offend you. So you talk to the attending. If he says that he is going to give you a strong letter of recommendation, then he is speaking the truth.

Also, you can read some more general tips at <http://www.usmletomd.com/usce> or you can contact Param Poojaneeya Sri Sri Mandy Ji Maharaj!

*Mandeep Kumar, '00 batch*



Mandeep Kumar is an Internal Medicine resident at the University of Connecticut, Hartford, Connecticut, USA

## Career Series

### The Bug Busters: Career in Infectious Diseases

**A**n Infectious Diseases (ID) specialist, as the name suggests, is a physician who is an expert in the diagnosis and management of diseases caused by microorganisms (bacteria, fungi, viruses, parasites and prions). Biased, as we may be, we consider ID to be one of the most challenging and exciting subspecialties of medicine. ID physicians are at the forefront of some of the most exciting, cutting-edge and challenging happenings in medicine such as emerging infections (avian influenza, SARS, West Nile virus), battling multidrug-resistant infections, bioterrorism, dealing with disease outbreaks, and trying to battle with one of the landmark event of our times - the AIDS epidemic. Astonishingly, in India we don't have ID as distinct discipline. It is time for us to shed this

complacent attitude. So, here are the nuts and bolts of the life cycle of an ID physician (in the USA)!

### ***How do you become an ID specialist?***

To be trained in ID, one usually first completes a 3-year medicine residency (pediatric ID is a separate discipline, requiring a training in a pediatric residency program). With an annual number of 300-odd spots and ever-increasing era of specialization, ID, like all other fellowships is gradually becoming harder to get.

### ***The Fellowship***

A clinical ID fellowship is usually 2 years: the first year is predominantly clinical, and the second has a few clinical months plus several months available for research. A publication or research project is expected. A research fellowship can be anywhere between 3-5 years (usually 3-years). The first year is clinical, and the next 2-3 years are devoted to a research project (clinical or basic-science) under a mentor. Some programs may allow you to do a master's in public health (MPH) or clinical science (MSCS) in lieu of a research project.

### ***Many hats to wear***

The field of ID offers a physician several different and exciting options in addition to the traditional role of a consultant treating difficult and complex infections: HIV is field within itself and you can make an entire career out of it. Or you could make a niche for yourself treating infections in the immunocompromised host (cancer and transplant patients) or specializing in tropical and travel medicine. Hospital Epidemiology and Infection Control and advanced degrees in public health are other areas to consider.

### ***I am done with the fellowship. I am ready to step into the real world now. What next?***

Congratulations! You can now look for jobs in either private practice or academia. Private practice-based jobs usually involve a group of physicians who have consulting privileges at a few surrounding hospitals; at other times you will see patients in your office. Research and teaching responsibilities are less of a priority, but you make more money than you would

make in an academic setting. Working in a university-based setting, on the other hand, allows you to have a satisfying mix of clinical, research, teaching and administrative tasks. The life-style is better and more flexible; even though you get paid less than a job in private practice (often the difference is significant). Remember that larger centers/ universities might support your salary for a year or two, but eventually you will be required to get your own extramural funding or research grant and if this is your focus, we highly recommend that you start working or thinking about research during residency. Identify a mentor early on if you can, either during residency or fellowship.

Several of us choose to move away from clinical medicine. ID physicians are highly sought after in public health departments for obvious reasons. Others turn to the pharmaceutical industry that, in addition to an opportunity to participate with novel drugs, provide lucrative perks and good working hours. Working with governmental and non-governmental organizations (such as the Centers for Disease Control (CDC), the WHO, Gates foundation, just to name a few) is another option. International Health is an up and coming field, and ID is often a critical part of the curriculum.

### ***Thanks for all the jazz. Now give me the bottom-line. How much will I make?***

In the beginning you will probably make anywhere from \$120,000-150,000 annually (more in the private setting). The mean income once you are settled in can be around \$250,000. A lot of factors determine the amount of money you make - the geographic area is a big one among these. Places with shortage of ID physicians (and there are many) will pay more. If you get really creative and provide services like outpatient antibiotic infusions, infection control, wound care etc, you will probably make a lot more.

To summarize, ID is a very dynamic, cerebral and ever evolving field with several career-tracks to choose from, provides for a flexible and good life-style, and offers decent salaries. All of this ensures you will have a satisfying and rewarding career. So go ahead, get bitten by the bug!

*Mini Kamboj-Gill, '93 batch  
Sandeep Kochar, '93 batch*

## Get to Know a Bug Doctor!

To provide aspiring colleagues a snapshot and contrast of sorts, we have briefly profiled two of our current alumni who have further specialized in ID in the USA.

**Mini Kamboj-Gill ('93)** is an Attending Physician with the Infectious Disease Service, Memorial Sloan Kettering Cancer Center, New York, New York, USA:

"I work as a faculty member at Memorial Sloan Kettering Cancer Center. In this position, I spend 75% of my time doing research with my current focus being molecular diagnostics in ID. Other responsibilities are inpatient consult service (6-8 weeks per year), weekly clinic, and teaching medical students and residents. In my current role, I also help run the hospital infection control program as the associate physician director. Overall, it is somewhat demanding and challenging (considering am a new mom as well) but also this is what I always wanted to do!"

**Sandeep Kochar ('93)** is presently a Clinical Assistant Professor in Hospital Medicine at the SUNY Downstate Medical Center, Brooklyn, New York, USA:

"After finishing a fellowship in ID a little more than a year ago, I paused to think. I loved ID, but felt slightly restricted as a consultant in my ability to provide comprehensive care to my patients. And I also love internal medicine. So I decided to mix and match. I have been working as a Hospitalist for about a year (for folks back home, Hospitalists are internists who work wholly in the hospital-setting without outpatient responsibilities). I also continue to do a weekly HIV clinic, following my panel of patients. As an academic hospitalist, I love the fact that I get a chance to work with medical students and residents, and I have always enjoyed teaching and administrative work. Also, I work about 8 months a year; during my away time, I am free to do what I wish. For me, that means a chance to pursue research activities, work in international -health (my aim is to work with AIDS-related issues in India), and fulfill my passion for travel."

## Stork Line

...Sonia and Amit Monga ('91) were blessed with a daughter, Anya, on January 13<sup>th</sup> 2008; she is pictured below with her elder sister, Soumya.



...Maninder and Jaswinder Singh ('91) were blessed with a son, Siraj, in April 2008.

...Kavita ('91) and Sudhanshu Grover were blessed with a daughter, Tisya, on June 3<sup>rd</sup> 2008; she is pictured below with her elder brother, Vyom.



# High Strung Dudes!

Finally, GMCH has gone into the 'Big League'. We have a rock band of our own! A motley bunch of five GMCHians have come together to form 'A Geeky Redemption' the rock band of our college. The band boasts of guitarists Reuben Lamiaki Kynta (Batch 2003), Aman Batish (Batch 2006), drummer Abhinav (Batch 2006), synthesiser player Kalyani Kansal (batch 2007) and lead vocalist/ guitarist Charanpreet Singh (Batch 2008).

They were a hit during their maiden performance at Plexus 2008 that was organised by batch 2006, the conference hall ran out of chairs while the audience ended up with painful vocal chords! With Aman batish jumping in sheer frenzy, abhinav beating the drum like a man possessed and Charan seemingly getting carried away in the sheer ecstasy of the moment, the hall had turned into a hand-banger heaven!

Catch their video on you tube (a geeky redemption): <http://in.youtube.com/watch?v=95FJHVPKEuM>

Here is wishing the pentad all the best!



*A Geeky Redemption: L to R Sitting: Abhinav, Reuben. Standing: Kalyani, Aman, Charan*

## Kudos

...to Jagdeep Mehr ('91), she has joined as a Hospitalist with the Geisinger Health System, Danville, Pennsylvania, USA.

...to Maninder Pal Singh Gill ('92), he has joined as Lecturer in Surgery, HS Judge Institute of Dental Sciences, Punjab University, Chandigarh.

...Beenu Thukral ('93), she has joined as Assistant Professor in Transfusion Medicine, PGIMER, Chandigarh.

...to Rakhi Aulukh ('93), she has joined as Lecturer in Pathology, HS Judge Institute of Dental Sciences, Punjab University, Chandigarh.

...to Shiv Bagga ('93), he has joined as Assistant Professor in Cardiology, PGIMER, Chandigarh.

...to Sukant Garg ('93), he has joined as Lecturer in Pathology, HS Judge Institute of Dental Sciences, Punjab University, Chandigarh.

...to Tarun Narang ('93), he has joined Private Practice in Dermatology in Chandigarh.

...to Gagandeep Goyal ('95), presented posters on 'Bilateral brachial plexus injury related to ramping' at the annual meeting of the Society of Ambulatory Anesthesia, Miami, Florida (picture below, details at [http://www.drexelmed.edu/documents/newspage\\_r/Aug08.pdf](http://www.drexelmed.edu/documents/newspage_r/Aug08.pdf)) and 'Morphine sparing effects of gabapentin for relief of postoperative pain in patients undergoing lumbar laminectomy' at the

annual meeting of the American Pain Society, Tampa, Florida; he is presently pursuing residency in Anesthesiology at Drexel University, Philadelphia, Pennsylvania, USA.



...to Paramdeep Sandhu ('96), he was selected for DM in Cardiology at Dayanand Medical College, Ludhiana, Punjab.

...to Rohit Garg ('97), he has joined as Senior Resident in Psychiatry at GMCH, Chandigarh.

...to Ravi Kant Gupta ('98), he has joined as Assistant Commissioner (IT), Mumbai, Maharashtra.

...to Ashish Khanna ('98) and Puneet Chopra ('98), both have joined as Senior Resident in Anesthesiology at GCMH, Chandigarh.

...to Rupinder ('98), she has joined as Senior Resident in Anesthesiology at PGIMER, Chandigarh.

...to Anindya Dixit ('98), for successfully completing requirements for MRCP qualification.

...to Sachin Verma ('99), he has been promoted to the position of Principal House Officer, Accident and Emergency, Mount Isa Base Hospital, Mount Isa, Australia.

...Abhimanyu Saini ('02), he has joined as Instructor in Pathology, Saint Georges University, Grenada.

...to GMCites who have been selected for post-graduate residency positions (MD/MS), including:

- Hitesh ('98), Psychiatry, GMCH, Chandigarh.
- Parampreet ('98), Anesthesiology, GMCH, Chandigarh.
- Esha Sethi ('00), Anesthesiology, GMCH, Chandigarh.

- Garima Shivhare ('00), Anatomy, GMCH, Chandigarh.

- Vinod Kumar ('00), Community Medicine, PGIMS, Rohtak, Haryana.

- Gaurika Aggarwal ('01), Gynecology and Obstetrics, PGIMER, Chandigarh.

- Kashmiri Lal Sharma ('01), Pathology, GMCH, Chandigarh.

- Kiran ('01), Gynecology and Obstetrics, PGIMER, Chandigarh.

- Vidhu Dhawan ('01), Anatomy, GMCH, Chandigarh.

- Amrita ('02), Ophthalmology, GMCH, Chandigarh.

- Ankur Luthra ('02), Anesthesiology, PGIMER, Chandigarh.

- Bhoomika Bisht ('02), Pathology, GMCH, Chandigarh.

## Re-Connection

*GMCites who stumble upon GMCCOSA!*

...Atul Handa ('91 batch), he is presently Deputy Director in the Directorate of Revenue Intelligence, New Delhi.

...Meeta Singh ('91 batch), she is attending physician in Sleep Medicine at Henry Ford Hospital, Detroit, Michigan, USA.

...Gurpreet Dhaliwal ('92 batch), she is currently in Private Practice in Gynecology and Obstetrics in Buffalo, New York, USA.

...Aashish Gulati ('93 batch) and Anindya Dixit ('98 batch), Aashish is Specialist Registrar in Orthopedics at Oxford Deanery, Oxford, and Anindya is Specialist Registrar in Medicine at Bristol Royal Infirmary, Bristol, UK.

...Paramdeep Sandhu and Sandeep Kaur (both '96 batch), Paramdeep is pursuing DM in Cardiology at Dayanand Medical College and Sandeep has completed post-graduation in Radiology and is in private practice in Ludhiana.

...Manish Thakur ('98 batch), he is a Senior Resident in Transfusion Medicine at PGIMER, Chandigarh.

**Editorial Board:** Navneet Majhail ('91), Minneapolis, Minnesota, USA; Hemender Singh ('91), Marshfield, Wisconsin, USA; Sandeep Kochar ('93), New York, New York, USA; Charanjeet Singh ('99), Grenada, West Indies; Divyanshoo Rai Kohli ('03), Chandigarh, India.