

# CONNECTIONS-2011

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

## Focus Issue: Suicides In GMCH

The genesis of this issue occurred during a recent phone conversation with my co-editor, Sandeep Kochar ('93 batch). He brought up the spate of suicides at GMCH we have heard about over the past few years. Even one is too many and we both genuinely wanted to do something about it. As we discussed a few ideas, we felt the first step would be to start a conversation about this.

From the perspective of GMCH, there are three groups of people who need to be cognizant about this - amongst themselves and between groups.

First is you, the student. If you get an acute abdomen or a myocardial infarction, you get help. Depression and suicidal ideation is a medical problem and can be similarly fatal - so get help. Your life is precious to you and your near and dear ones, it does not affect those who may stigmatize you about your mental health issues.

Second is also you, the student. As peers, confidants and friends, you are likely among the first to identify mental health issues that crop up in your fellow students. Encourage your friends to get help or contact someone who can (e.g. family or faculty).

Third is GMCH faculty and administration. They have to recognize that this is a problem. There has to be a proactive approach to stress management among students and recognizing and treating mental health issues. It is not for us to suggest the appropriate approach – as a first step, there could be a group of faculty, mental health experts and students who can come together to identify relevant issues and find their solutions. Make it easy for students with mental health concerns to get appropriate guidance and treatment.

Charanjeet Singh ('99 batch) has hit home these issues in the next article.

Again, this is a time to start this conversation. We will look forward to your ideas about what we can do to address the issues of suicides in our college and its graduates. You can leave your comments on Facebook (search GMCCOSA) or on GMCCOSA Message Board ([www.gmccosa.org](http://www.gmccosa.org)). If you would like to provide a comment but want to be anonymous, send us an email at [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com) – we will remove your name and post it on one of these forums.

Medical college is a time for learning, growth and fun, but there can be times of trial, turbulence and extreme stress – however, no adverse experience is worth a life. Suicides can be prevented and it is about time that GMCH and we do something about it.



*Navneet Majhail, '91 batch*

## Mincing No Words: Perspective On Suicides In GMCH

Like any morning, I was reading the Times of India and stumbled on to a news about a 21 year old young man who hung himself from the ceiling of his house, one day after he scored 92% marks which, according to his parents, were not enough to get him admission in the program of his choice at a University in Singapore. The very next moment, I was thinking about this national trend showing its disturbing reflection locally at our medical college, with at least three students ending their lives over the last 2 years.

India contributes to more than 10% of yearly suicides in the world. The suicide rate in India has increased from 8.4 (in 1989) to 10.6 (in 2006) per 100,000 population over 17 years (with a high of 11.4 in 1999), it being highest among males between the age of 15 and 40 years<sup>1</sup>. Dr. B.R Sharma and colleagues from our own college did a study on suicides<sup>2</sup> and found out that fear, guilt and shame, socio-familial factors and substance abuse were responsible for most suicides in this age group in our part of the world.

Most of the current generation is left to perform and achieve, in fields that parents deem appropriate. While this happens, often there is no one around to talk about stress management or tell that failure in an exam or love does not mean that you will never succeed. While an effort to discuss most of these issues usually draws silence and hesitation, a failure, on the contrary, means additional strain that family and peers put on you by drawing comparisons.

“Stress” is considered a non-existing entity, and most families/educators/bosses think that it never involves their children/students/employees. Discussions on how a suicide happened are irrelevant after the person dies; discussion on stress management and root causes in prevention of it will never be futile – in any environment. Intervention, not divine but human, by parents, peers or teachers at this stage can avert the act. Foremost to that intervention is timely recognition of stress and of diversion of a person from his usual behavior.

When I sat down to write this, my aim became to address that rarity of stress and time management, and lack of communication at GMCH. It’s high time and we should talk! No matter who you are, you will agree that our medical school is a high stress environment, our teachers have not shown willingness in dealing with it. My endeavor through this article is to reach the students and **more importantly the teachers** at GMCH and request the following:

### **To educators and since you are also parents/and parents, since you are also educators:**

1. Please stop comparing students/kids and more importantly comparing them in front of others. STOP over-praising the achievers and ridiculing those who failed an exam.
2. Please stop threatening students with consequences such as “detention” or “failing them in an exam”. And realize that “not answering or speaking in the class” does not mean lack of knowledge – it may simply reflect lack of confidence or presence of phobia.
3. Please be available to students for questions in or after the class. Give them time so that they can make appointment with you and talk to you.
4. Please start treating your students as adults and your peers, and realize that like stress does to you, it does affect them. Strike a rapport with them and they will open up to you.

5. Create an actual counselling group rather than one on paper. Chandigarh, for that matter Punjab and India, are battling with substance abuse and decreasing age at which adolescents become sexually active. It is thus imperative that you recognize these issues in your students or recommend your students, again confidentially, to a counsellor.
6. Do not make their personal lives a matter of public discussion!! Everyone lives on nimble soil in medical school, you raise a fleck of dust and it becomes an embarrassing sandstorm. They are not just developing physicians, they are developing adults; they respond to their hormones and “love” can happen in college.
7. Please have sessions in your department on how to recognize stressed out students.
8. It’s time that we realize the existence of bias based on religion and caste, although not so overtly, in our institution. Please make sure that your own classroom does not become a ground for such nuisance.

### **To peers and students:**

1. Recognize your goals in life: It is **never** too late to choose an alternative career or even alternative pathway within medicine. DO NOT let anyone else’s career goals decide yours. Talk to your parents about how you feel.
2. Ask questions in your class or if you are too shy, make appointment with professors to ask them. No question is dumb.
3. Realize that you CANNOT perform on mind cluttered with many thoughts. Realize your own strengths and weakness, if need be talk to psychoanalysts and counsellors. If you are not ready for an exam, strongly consider whether you want to give it – and DO NOT let anyone else’s pace decide yours.
4. Indulge in sports, outings with friends (without overdoing them), and place them in a balanced time-schedule
5. Substance abuse: Most of us get introduced to independence, smoking, drugs and alcohol in medical school. We all know that these are all rampant in the hostels and at parties. Recognize if anyone in your class or personal friends would be receptive and would help you out. Never deal with these issues alone. Recognize when experimentation is transitioning to abuse and dependence.
6. Personal issues: During the early medical college years, our brains are developmentally immature to deal with issues of infatuation, love or alternate sexuality. It is easier to be affected by the wave of emotion, drama and angst that your peers may make out of your issues. If you need help, again knock at the doors of a psychiatrist or counsellor. Most counsellors will help you make them a part but not the focus of your life.

In conclusion, I would ask the teachers to be more receptive and adroit in dealing with these critical issues of impressionable minds. The students, on the other hand, should confront whatever is bothering them and be willing to talk to parents, teachers and counsellors. Our profession gears us to save lives of others; it would be a shame if we let our own lives end tragically.

*Charanjeet Singh, '99 batch*

- 
1. [http://maithrikochi.org/india\\_suicide\\_statistics.htm](http://maithrikochi.org/india_suicide_statistics.htm)
  2. Suicides in Northern India: Comparison of trends and review of literature: J Forensic Legal Med 2007; 14(6): 318-26.

## In Conversation With Dr. Nipun Vinayak, IAS

Dr. Nipun Vinayak, IAS, is Municipal Commissioner, Nanded, Maharashtra, and is from the '93 batch of GMCH.



**Tell us about your early days in Chandigarh and how you ended as a student of medicine at GMCH....**

Like most of us in those days, the only two supposedly good choices for a career for a good student were medicine and engineering. I took up both Mathematics and Biology in eleventh but realized that mathematics was too difficult for me. Hence, I stuck to biology and landed up in GMCH

**What motivated you to shift tracks and plunge into the civil services?**

I'd say it was destiny. As late as internship, I had wanted to be a surgeon. Even during internship, I started preparing for PG entrance. As luck would have it, few seniors expressed dissatisfaction about medicine as a career, and coincidentally, some people I met asked me why I was not taking the civil services exams. Knowing nothing about what civil services is all about [or subconsciously feeling it would not be as difficult as medicine!], I just asked my parents for advice, who had no objection in a trial. Hence, it was an unplanned plunge.

**For the current aspirants in GMCH, please shed light on how you prepared for the IAS exam. Any advice regarding at what time the preparation should begin?**

Preparation for IAS requires a serious effort, as much as for a PG entrance [the non-donational ones!]. They have a preliminary examination somewhere in May or June, followed by mains in November, and finally an interview in April-May next year. So it is a long process. It requires probably even more than intelligence, a mental strength to slog [which the medical college days any way can habituate one to!]. The preliminary examination is more of a general knowledge [and this year onwards, an aptitude] test, which requires a general reading of all subjects up to tenth standard and current affairs. It is a multiple choice paper. The mains require selection of two subjects, which may be carefully selected by the aspirant, based on an intelligent guess about where he/she can have an edge over others. All subjects we study during MBBS are combined into one subject for the exam – hence medicine can be too vast. But if one's good at it, he/she must take it. Other popular subjects are psychology, geography, sociology, literature etc. and one can choose based on his liking and interest. I took medicine and zoology as subjects. The interview is again a general test of knowledge/attitude etc. There are coaching centers [Chandigarh seems to have few, Delhi more] geared towards the entire exercise as well as specific 'subject' experts. The advantage of attending these coaching institutions may lie in their 'group motivation'.

**How has your experience been as an IAS?**

With God's grace, my experience in bureaucracy has been very satisfying. At least it has been as satisfying as I expected that of a doctor to be. The two are however very different and not comparable, as each has its own charm, thrills, satisfaction and challenges. The bureaucracy is a generic job, which gives you a tremendous learning about 'development' issues. You are a part of the system, your actions influence at least lakhs at a time, and you get to see this beautiful country called India. You see a new State, backward areas and deal 1st hand with issues so close to everyone. However much depends on a lot of things including luck - such as the State one gets etc. But at the end of the day, I feel the experience is so much more varied and the scales so big that not many other jobs in the private sector can provide anything comparable. In the initial years we are responsible for rural development issues - education, health, sanitation, infrastructure; we get to experience grass roots democracy, leadership; people's expectations; opportunity to work with staff ranging in thousands; urban issues; law and order; issues of land acquisition and rehabilitation etc. In the later years, with this experience in hand, one gets an opportunity to frame policies in various fields. It is very romantic to work here.

**Do you think there is scope for physicians to don the administrator's mantle? or let me put it in this way - do good doctors turn out to good administrators?**

There is not only scope - there is a need. For doctors, I feel the virtues of hard work, empathy with people etc. get imbibed into us during our medical training and these are big strengths for a bureaucrat. Also, a professional attitude is another virtue. Many issues in civil services relate to health and place a doctor in a better capacity to understand and deal with them. Again, the attitude of 'right diagnosis' and 'right solution' is something that every social disease requires equally.

**GMCH has seen many debates on whether doctors should leave their profession and become civil servants. The thought is that India faces an acute shortage of physicians and that the training imparted gets wasted if one changes the field. Your thoughts....**

Let's do something worthwhile - whether as doctors or as civil servants. The issue of shortage of doctors may have much to do with policies - and it would be unfair to deny someone an opportunity considering *that* would help. It would be wrong diagnosis, wrong treatment.

**Are you in touch with any of your batch-mates/ seniors/ juniors now? Have visited GMCH recently?**

Of course, I am in touch with many batch mates, and other GMCHites, courtesy, Facebook. I do try to visit GMCH whenever I am in Chandigarh.

**Any particular memory of your stay at GMCH that you would like to share?**

Lots of them, the early days were full of excitement, some struggle and apprehension about recognition, excitement at being taught by the 'who's who' list and going to Sec 16 and PGI, attending 7.30 am classes of Dr Sekhon, TT after classes, the Pulse and other events, the *chole bhature* of canteen ...

**Your message for the alumni and current students:**

Thanks for being there alumni! And good luck to the current crop of students.

*Anuj Sharma ('07 batch)*

# Career series: Search For Research In the United States - A Beginner's Guide

## What are the research options for MBBS graduates in the USA?

Medical research can be undertaken by MBBS graduates in the US in various universities across the country. A physician is uniquely positioned to contribute towards both basic and clinical research by providing clinical acumen and expertise. Almost every academic institution invests heavily in medical research and investigators often seek dedicated and competitive researchers.

## What are the types of research being undertaken in the US?

Broadly, research can be basic, translational or clinical research. While the demarcation between these is rather superficial, basic research is done in a laboratory and involves working on mice/cell lines/chemical reagents. There is great emphasis on biochemistry that we read in MBBS Prof. I (e.g. performing Western blot, ELISA, RT-PCR). Clinical research is done on patients/human subjects and can be prospective or retrospective in nature. Translational research is classically what bridges basic and clinical research (e.g. working on a new heart transplant surgery among canines to be later tried on human subjects). As physicians, we are most equipped to undertake clinical research and are very raw in basic research. Our exposure to basic research and its varied protocols is almost negligible.

## Why should one do research?

Research is an excellent option for students aspiring to enter prestigious medical universities for residencies in the US. It strengthens the CV and can result in robust letters of recommendation. Further, it can partially offset the cost of taking the USMLE exams and applications fees which can be dauntingly high. However, do not undertake research for purely monetary benefits as it is not a very well-paying profession. If the research project is successful, it can earn the researcher publications and even research awards that can be substantially helpful. Research experience can come in handy if one aims to enter highly competitive fields like radiology, dermatology or surgery. While working as a researcher, you can try to find observer-ship opportunities and also develop familiarity with the residency program at that institution.

## Are there any pitfalls in doing research?

Research positions can be difficult to find and present challenges even after that. Most importantly, research is not a 'job' but a 'passion' and is not meant for everybody. It requires immense zeal and commitment. Often the results are discouraging and it takes enthusiasm to work on the same problem again (imagine taking a test after failing it once). Often we have no experience in undertaking projects and the learning curve can be punishingly steep. Also, any research project would demand at least 1-2 years of time commitment which would delay residency plans (if any). There is no guarantee that your dedication, perseverance and hard work will result in success of the research project. Finally, your fortunes are tied to your research guide/mentor which can be a gamble at times. Keep in mind that research commitments can impact the preparations for the USMLE steps and hence it is advisable to take the steps before plunging into your project.

### **How to search for research positions?**

There are various ways to learn about possible research positions:

- a) You can spread the word (and your CV) among your friends/ seniors in the US to be on the lookout for a research position.
- b) Talk to clinical and research faculty during your clerkships about your goals and available research positions in their labs/department.
- c) Also check out sites like [www.postdocjobs.com](http://www.postdocjobs.com) which keep a list of positions available in various institutions.
- d) Another way is to trawl the job banks of professional bodies like the American Society of Hematology's job bank (<http://jobbank.hematology.org/>) which has jobs for researchers interested in hematology. You can try job banks of various other bodies such as American College of Cardiology, American Society of Gastroenterology, etc.
- e) Finally, all jobs in major universities are listed in the employment website which can be accessed by searching for the Office of Human Resources on the website of the university.

Undoubtedly, searching for a job is a time-consuming process and often a gamble. For most of us who have limited-to-negligible research experience, the task can be even more uphill.

### **How do you apply for these positions?**

Firstly, keep your options open. Do not reject an offer based on issues like visa. If you have a specific field of research in mind, try to get into that field. This is helpful in sustaining interest and passion in the often challenging environment of research. However, if you are not very dogmatic about the field of research or the options available to you are limited (as is often the case), be flexible and exercise pragmatism. This depends on your personal preferences. Keep in mind to select an exceptionally good mentor and preferably be certain that you will be paid. For applying for a job you will need your current CV, letters of reference from your research/clinical mentor, copies of previous publications (if any) and often a statement of purpose explaining why you wish to undertake a research project.

### **What are the challenges in getting a research position?**

For starters, research positions are not available abundantly. One needs to search extensively to find a mentor willing to hire a foreign worker. More importantly, our exposure to research is next to nil and often restricted to a couple of lectures in Community Medicine. Without any research publications and experience to back us, it becomes even more difficult to convince a prospective mentor/guide to hire us. Further, as noted in the point above, letters of recommendation are needed from previous research employers to strengthen the application. These too can be a challenge for us.

### **What can be done during MBBS to prepare for a career in research?**

Students in the MBBS course have ample time on their hands, especially during the II and III Profs. During this time, try your hand at doing a project and see how that goes. One good way is to undertake a research project under the aegis of the ICMR's short term studentship program which has gained popularity in our college. Try to learn skills like doing statistical analysis, making graphs, reading research papers and writing project reports. If possible, collaborate with the faculty and publish papers. If you can, try to learn basics of lab work like running gels, doing PCRs and western blots.

### Can good residency programs be cracked without doing research? Is research mandatory?

Research, while being beneficial, is certainly not mandatory. Our own students have entered prestigious institutions and universities without any research. Good scores in the USMLE and strong letters of recommendation matter more than anything else for securing residency. Not everyone has the passion or even the inclination to undertake research. Not all residency programs (especially the smaller hospitals/programs which are more international student friendly) are keen to hire applicants with strong research credentials and have spent considerable time after medical school doing research. However, if you are aiming for an exceptionally competitive program, are willing to invest a couple of years to whet your ambition and are ready to work incredibly hard then research is the path to take. See where it takes you (or vice versa)!

Good luck and share your thoughts as you go along. Feel free to contact us with your queries!

*Divyanshoo Rai Kohli ('03)  
With inputs from Harshabad Singh ('03)*

**Editors:** Divyanshoo and Harshabad have spent considerable time doing basic research in the US after graduating from GMCH and have secured excellent residency positions. Many other college alumni have gone through the route of research to residency in the US – tell us about your experience – leave a comment on Facebook, GMCCOSA Message Board, or email us at [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com).

## Congratulations

Amandeep Sandhu ('01) got married.  
Pooja Bansal ('01) got engaged.  
Pooja Dhir ('01) got married.  
Sachin Gupta ('01) got married to Deepshikha.  
Surbhi Saini ('01) got married.  
Nishant Saini ('03) got engaged to Jyoti.  
Jyoti Brar ('01) got married.  
Vidushi Bindal ('01) got betrothed to Krishan Sawhney ('03).  
Chakshu bansal ('02) got engaged  
Geetika Aggarwal ('02) got married.  
Neha Goyal ('02) got married  
Prajit Arora ('02) got married.  
Sandeep Sarpal ('02) got engaged  
Suchit Khanduja ('02) got married.  
Ekawali Gupta ('03) got married to Sankalp Sharma.  
Nitin Ahuja ('03) got engaged.  
Rashi Sarna ('03) got engaged.

Ruby Jain ('03) got engaged.  
Sonam Karam ('03) got married.  
Harshabad Singh ('03) got betrothed to Harneet (pictured).





## Stork bites

Sanjeev and Sumedha Dhankar (both '97) became parents.

Mili and Manish Thakur (both '98) were blessed with a daughter.

Puneet Chopra ('98) became a father.

Kunal Gupta ('99) was blessed with a daughter, Adviti.

Pooja Dhir Bhayana ('01) became a mother.

Hemender Vats ('91) and Reena were blessed with a daughter, Aryaa (pictured below with their older daughter, Ira).



## Fellowships & Residencies

Kunal Gupta ('99), Fellow, Neonatology, University of Rochester, Rochester, NY, USA

Avneep, ('00), Resident, Anesthesia, University of Arkansas, AR, USA

Romika D Raina, ('00), Resident, Psychiatry, University of Arkansas, AR, USA

Roopsi Bassi ('00), Resident, Psychiatry, University of Mississippi, USA

Adarsh Sai Jindal, ('01), Resident, Internal Medicine, Loma Linda University, CA, USA

Ankur Saini ('02), Resident, Internal Medicine, Youngstown, OH, USA

Manik Jain ('02), Resident, Internal Medicine, St. Barnabas hospital, New York, NY, USA

Minky Saini ('02), Resident, Internal Medicine, Youngstown, OH, USA

Aman Gupta, ('03), Resident, Internal Medicine, Albert Einstein Medical Center, Philadelphia, PA

Anita Singal ('03), Resident, Internal Medicine, State University of New York, Buffalo, NY, USA

Divyanshu Rai Kohli ('03), Resident, Internal Medicine, Georgetown University-Washington Hospital Center, Washington, DC, USA

Harshabad Singh ('03), Resident, Internal Medicine, Massachusetts General Hospital, Boston, MA, USA

Rahul Rai ('03), Graduate Student (PhD program), Northwestern university, Chicago, IL, USA

Aakash Aggarwal ('04), Resident, Internal Medicine, SUNY Upstate, Syracuse, NY, USA

Dushyant Thakur ('04), Resident, Radiology, SUNY Upstate, Syracuse, NY, USA

Shubhi Aggarwal ('04), Resident, Neurology, University of Nebraska & Creighton University, Omaha NE, USA

Ankita Aggarwal ('04), MD Pediatrics, IGMC Shimla, HP

Arihant Jain ('04), MD Medicine, PGIMER Chandigarh

Deepak Vashisht ('04), MS Orthopedics, GMC&RH, Patiala, Punjab

Deepander Rathore ('04), MD Radio-diagnosis, GMC&RH, Patiala, Punjab

Harpreet Sandhu ('04), MD Anesthesiology, GMCH, Chandigarh

Henna Garg ('04), MS Ophthalmology, GMCH, Chandigarh

Jagandeep Virk ('04), MS Orthopedics, GMCH, Chandigarh

Jaskaran Singh ('04), MD Pediatrics, CMC&H, Ludhiana, Punjab

Lipi Uppal ('04), MS Obstetrics and Gynecology, GMCH, Chandigarh

Natasha Garg ('04), MS Obstetrics and Gynecology, PGIMER, Chandigarh  
 Nipun Verma ('04), MD Medicine, PGIMER, Chandigarh  
 Parminder Kaur ('04), MD Anesthesiology, UCMS, New Delhi  
 Shilpa Tomar ('04), MD Microbiology, AIIMS, New Delhi  
 Sidharth Garg ('04), MS Surgery, SMS Medical College, Jaipur, Rajasthan  
 Simran Kaur ('04), MD Pathology, GMCH, Chandigarh, India  
 Jasmine Sethi ('05), MD Obstetrics and Gynecology, GMCH, Chandigarh  
 Mayank Kaushal ('05), MBA, Indian Institute of Management, India  
 Prannay Gulati ('05), MD Psychiatry, GMCH, Chandigarh

Rahul Katyal ('05), MD Pulmonary Medicine, GMCH, Chandigarh  
 Vishal Jindal ('05), MS Ophthalmology, GMCH, Chandigarh

## Whereabouts Updates

Divleen Jeji ('02), Administrator, Fortis-Escorts, New Delhi  
 Aneesh Gupta ('94), ENT surgeon, Fortis Hospital, Mohali, Punjab  
 Sujatha Siwach ('95), Senior Resident, Obstetrics and Gynecology, GMCH 32, Chandigarh  
 Alkesh Khurana ('98), Clinical Associate, Fortis Hospital, Mohali, Punjab  
 Rakhee Khanduri ('00), Senior Resident, Pulmonology, GMCH, Chandigarh

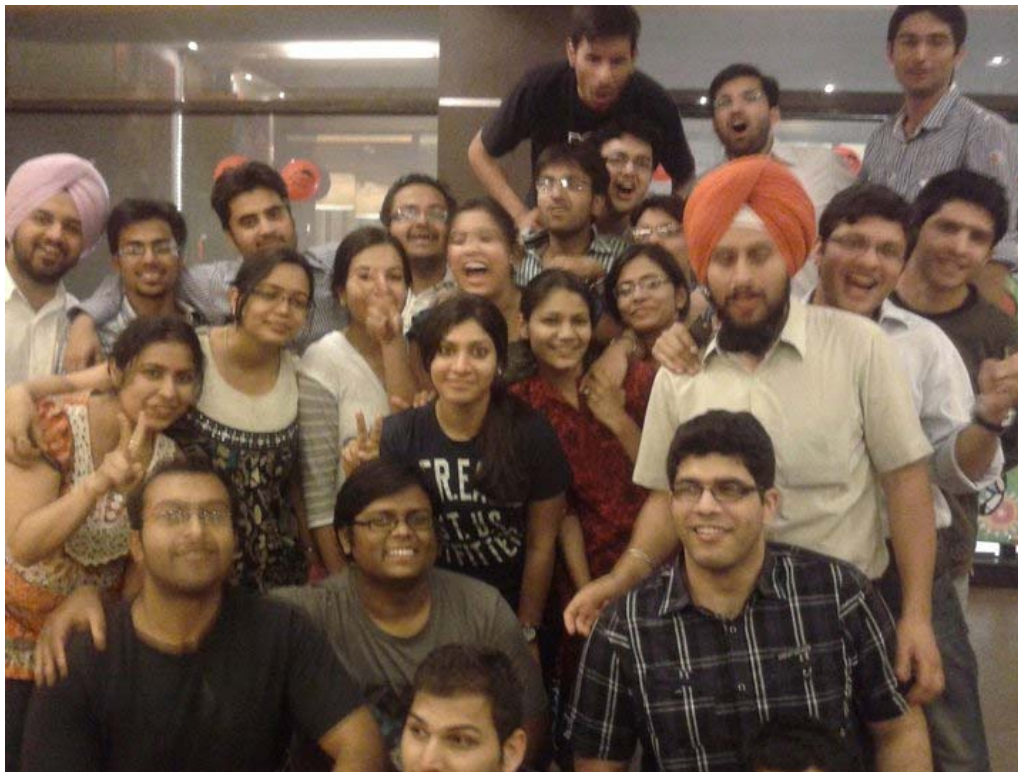
## GMCH wins All India Medi-Cricket 2011

The GMCH team won the All India inter medical college cricket tournament held as part of Euphoria 2011. Pictured here is the victorious team with select faculty members and students. Kudos to the champions who won a tightly contested match over GMC Amritsar via a super-over!



## Reunions

Reunion of batch 2004  
March 2011, Chandigarh



Reunion of batch 2005  
April 2011, Chandigarh

---

***EDITORS:*** Navneet Majhail (91'), Minneapolis, USA; Hemender Vats (91'), Madison, USA; Sandeep Kochar (93'), Brooklyn, USA; Charanjeet Singh (99'), Minneapolis, USA; Divyanshoo Rai Kohli (2K3'), Chandigarh, INDIA; Anuj Sharma (2K7'), Chandigarh, INDIA

---