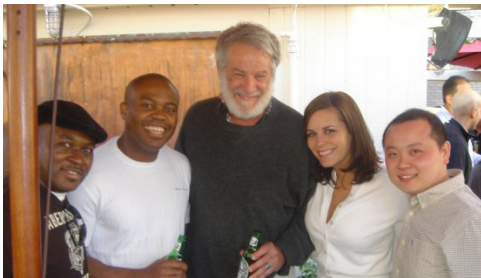




Dr. Reisner, our Geriatrics attending arranged a fine dinner for the graduating third year residents in the department.

The Pulse cam



At the bar Iron monkey, several residents, nurses, hospital staff and Dr. Weiner turned up to bid farewell to our beloved third year residents and one of our preliminary interns, Veronica Busso.



NEXT...

Special overage of resident research day, graduation party and ceremony of the Department of Medicine



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Department of Internal Medicine
Jersey City Medical Center

PULSE : A resident news letter

From the Editor's Desk
The birth of our newsletter
Parul Kaushik MD, MPH

The shuttle to Columbus clinic
Victor Adaniel MD

News Flash

- Dr. Matt Chua is appointed as new chief resident of Internal Medicine
- Dr. Ioana Nistor will be joining at Lehigh Valley Hospital in Pennsylvania
- Dr. Salman Zafar will be joining at Integrist Baptist Health Center in Oklahoma
- Dr. Charles Ukpong will be joining at Eissenhower Medical Center in California
- New CIR delegates are Dr. Carla Wang-Kocik and Dr. Austine Mengnjo

Many of us were ignorant, some were confused, a few just smiled, however, the idea took shape, and a resident newsletter of the Department of Internal Medicine of JCMC was created. Conceived by Dr. Ratner, reeled forward by our chief residents, Dr. Gongireddy and Dr. Bacorro, the newsletter involves time, energy and aspiration of three other residents along with me. I would like to thank our program director and chief of Medicine, Dr. Ratner, for guiding us, the chiefs for supporting us and the members of the editorial board for their participation; Dr. Auroa Badin, Dr. Hitesh Patni and Dr. S. Kumar Amirichetty.

Our issues aim to provide news on current affairs within the department of Internal Medicine, the hospital and the Columbus clinic. A voice of residents, it will serve us to know ourselves, our colleagues, seniors and environment better. In the long run, we hope that the fun of working for it and reading its issues will enrich the residency experience of our current and future residents.

Columbus Health Center serves as Jersey city Medical Center free outpatient clinic, serving over 1500 referred patients. Over the last two years, Columbus clinic's new format has brought tremendous success to the clinic as a continuity of care to patients. Manned by JCMC attendings, residents, nursing staff and ancillary services, the clinic receives approximately 20 to 25 patients each day. In addition, a recent grant has helped in installation of a new computer system. This helps in fast and reliable transmission of patient data from their inpatient stay to outpatient setting. In the near future, the roll out of the Wealth from Health Program promises to benefit both patients' understanding of both the disease process and its management.

Procedure Course

“Stick a needle in, pull it out and stick it again”

Well the residents were taught more than just sticking needles in the bodies of mannequins at the two day procedure course held on 14th and 17th March. Dr. Matta, a Pulmonary and Critical care attending and the chief residents organized hands-on procedure training for all the IM residents. The residents participated in performing lumbar puncture, central venous lines, thoracocentesis, and abdominal paracentesis on mannequins.



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Faculty in Spotlight: Dr. Rao Mikkilineni Parul Kaushik MD, MPH



Dr. Rao Mikkilineni

A graduate from Andhra University in India, Dr. Rao did his residency in Internal Medicine at Jersey City Medical Center. After finishing his fellowship in Pulmonary and Critical Care at UMDNJ in year 1992, he has been working at JCMC initially as co-director and now as chief of the division of Pulmonary and Critical Care and Vice-chairman of the Department of Medicine. In the last 20 years, Dr. Rao has seen many changes at the hospital, "The quality of residency training in Internal Medicine has increased manifold, especially after the transition from the old to the new hospital."

Known amongst the residents for his teaching excellence, Dr. Rao believes that residents should also be involved in doing research and publishing them. He says, "A resident's job is not only to take care of his patients, but also to

participate in the acquisition and creation of knowledge. He or she should work on at least some clinical project during the residency training." He also encourages residents seeking fellowship position in his field and envisions a bright future for them, "Pulmonary and Critical Care is a very exciting branch of medicine. In addition, the job opportunities are innumerable and they will increase with time. Currently, only one-third of the hospitals in United States have full-time intensivists. There is an abundance of jobs but shortage of specialized physicians."

Well-recognized for his strong knowledge of basic science in medicine, Dr. Rao agrees that he is an avid reader. He nods, "I like reading a lot" He adds with a smile, "In my spare time, I like walking, running and (most-importantly) spending time with my kids and family."

A morning at JCMC

Auroa Badin MD

It is 6:30 AM, the Sun smuggles rays of cold light through a sieve of dim clouds. You walk through the automatic door into the warmth of the main lobby. A few pale smiles welcome you. As you reach the lockers, you put on your clean white armor. Many colorful pens, tagged with names of different poison brands, lie in your pocket. and a dear black littman necklace hangs over your shoulder.

You always like to start at 6 East, telemetry, where you find your sicker patients. You glance at the list of patients in your hand and realize it is going to be a long day. Mr. A, a patient with many health problems, too many to be counted on one page, is your first patient. You knock politely on the door, and introduce yourself to the old guy, explaining the reason behind asking him:

where is he, what time is it, and who is the president, if he cared. You leave his room and scribble couple of lines on your progress note. Next is Mrs. S, a nice little old lady; she was born when Flemming discovered Penicillin, and she had her last child when they landed on the moon. She smiles and sways her head side to side when you try to explain the need to use the Bipap machine at night, and eventually she surrenders to your highly persuasive skills. Time flies by as you move from one patient to the other. Through morning report you learn that it was shown that steroid use in septic shock does not increase patient survival. At 9:30 AM, in teaching round, you relax, enjoy your freshly brewed coffee and hear about a great case. At 10:30 AM, you arrange your patients' data and get ready for management rounds.



Computer system at JCMC: What can we do to make it better ? S.Kumar Amirichetty MD

As a second generation employee of JCMC, I am proud of this institution which carries a traditional and a historical presence in our county. Growing up near the hospital, working on 6 east floor and going to Massachusetts for my first year of residency, I have developed more trust in all the great quality services that JCMC provides to its society. Our hospital serves as a cornerstone in providing relief to many of the residents of Hudson County. We have a diversified socioeconomic clientele who are in need of our skills. They look at our building as a symbol of hope. Our emergency personnel play a gigantic role as gate-keepers in admitting patients and the ICU and CCU physicians and staff saves numerous lives every day. Our telemetry floor has one of the highest turnovers of patients. We work in a place where people come to us, looking for a solution to their problems. This is our job; dealing with problems every day.

Hereby, I would like to address some of the concerns in the computer-system of the hospital. I would also like to offer solutions to improve the infrastructure of the information highway.

1. The software of the computer system can be changed. The screen color can be bright and more clearly visible. We can have software showing lab values in a flow sheet making the trend of these values distinct and quickly appreciable. It saves time spent on moving from one screen to the other.

2. We can have computers in call rooms.

3. It will be very beneficial if we can access patient's labs and radiological imaging from homes. We can follow the investigative results of our patient. If anything emergent needs to be done,

we can call our colleagues in the hospital to take care of the situation.

4. We can have a wireless system on all the floors and laptops on wheels.

5. Nurses can chart the patient's vitals and their notes on the computer. It will be easier for us to access our patients' nursing chart from one sitting place.

6. I request the medical records to update our HPF. Many of our impoverished patients are frequently admitted to the hospital. Presently, in order to review their past medical history, we have to go through each of their single visit at a time. This is time consuming and delays the admitting orders. In addition, we should have the data organized into subspecialties. For example, patient's cardiology history over the several years should be categorized into one division that can be accessed with just one click of the mouse. Also, I call for HPF, heart lab and physician portal to be interlinked or made as one that will eliminate the need to remember various usernames and passwords.

I propose that we form a committee of residents, nursing staff, administrators to build a new information highway that will save time, bring efficiency and reduce the costs in the long run. Let us initiate, meet and address this issue appropriately. We can arrange fund raising events to help the administration with the costs and can also research to obtain grants for the hospital.

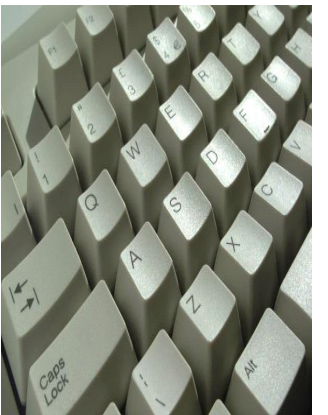
In the end, I would like to thank the hospital and the patients in being part of our residency training process and help us in becoming better physicians.

Interview with a student rotating at JCMC

Parul Kaushik MD, MPH

Sundar Dhamotharan, a 4th year medical student from the St. George's University has been rotating in JCMC in the last two years. He says, "The teaching here is excellent, environment is conducive to learning, residents are nice and they teach the students." In the last two years, he has also been to other programs for his rotations. He says, "The work-load in some other hospitals is overwhelming. In addition, students are less involved in patient care in those places." He feels that with the participation of dedicated teachers, such as Dr. Ratner, Dr. Weiner, and Dr. Rao, in student academics, they

get the appropriate attention in IM in JCMC. Recently matched in a categorical position in IM in New York Methodist hospital, Sunder feels that his training at JCMC reflects in his good USMLE board scores. He anticipates a further increase in the number of students from his medical school choosing JCMC. "There are currently 20 students from my school rotating here, a jump of more than 50 % this year, and not just in IM but in other departments as well." He adds with a grin.



"Students prefer JCMC for their rotations"
A student speaks

