



COVID-19 Pandemic at SUNY Downstate

CONGRATULATIONS CLASS OF 2020!



American Board of Internal Medicine

100% PASS RATE on the ABIM Exam.

YOU MADE US PROUD!

Message from the leadership

This issue of the Internal Post brings lots of reflections in 2020 and I hope all residents will make the time to read through. I would like to thank the editorial board for leading the design and collection of content as well as thank all contributors for taking the time to share information. I join Dr. McFarlane and all of you in remembrance of our beloved James Mahoney. I am also writing to share the great news with you and to congratulate our graduate Class of 2020 for having 100% pass rate on the ABIM board cer-



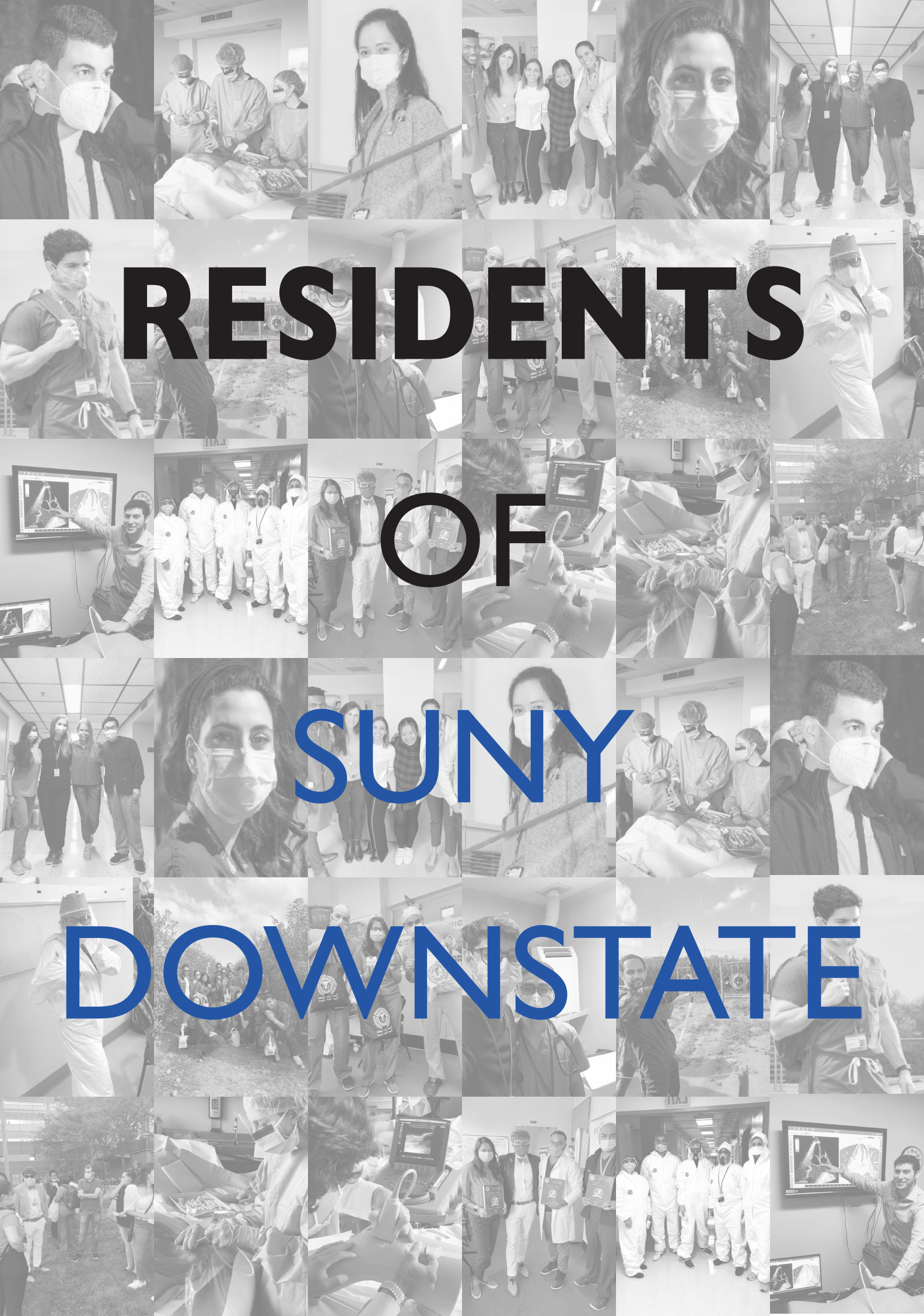
tification exam!!!! These results speak for the hard work and dedication of our resident physicians despite the ongoing COVID-19 pandemic and all the hardship encountered while preparing for this important milestone achievement. Keep it up.

Congratulations to the Class of 2021! Check out our fellowship match list.



Introducing Our Inpatient RISE Manual

We are proud to introduce the RISE manual, written by residents for residents to serve as a study guide highlighting the most important points or selected topics from the residents' standpoint. The over-arching goal of this manual is to provide a program-wide opportunity for publication and scholarly activity that brings residents and faculty together in a collaborate manner and to serve as a nidus for our own ABIM board review course in the near future.



RESIDENTS

OF

SUNNY

DOWNSTATE

Message from the Chair of Medicine

I will start by saluting all our residents for the heroic acts of compassion, high sense of duty and courage standing up to the worse pandemic in modern times. Everyone showed up to work with pride and honor. Everyone showed empathy. Together, we have prevailed through the storm, providing the best support and care to our three core missions: research, education and patient care. Together we have transformed in unbelievable but positive ways such as the ability for distance education and research through zoom, clinical care through tele visits, distance work through work from home schedules; things that we never thought about or even considered before. In these transformations, our residents showed utmost resilience and adaptation, complying with infection control policies for themselves and for their patients. In our first zoom grand rounds, I

did not know what to expect; the chief residents handled it with perfect grace. Everything seemed smooth yet under extraneous circumstances. And then as the graduating class left campus, incoming residents matched straight into the new reality; yet I see calm and acme display of discipline in carrying out our Hippocratic oaths. It is clear, we are lucky to have such outstanding residents with a phenotype that yields 100% board pass rates as well as entry into fellowship programs. Your phenotype is simply outstanding. It is also remarkable that starting with the Program Director Dr. Samy McFarlane, whose contributions to the residency program stellar, along with the Associate Program Directors, Chief Residents and program staff, all have played incredible roles in handling the administration of this very large program without incidents during the ordeal. I thank



Dr. Moro O. Salifu

them dearly for their dedication. Despite the great fights, the pandemic continues to ravage across the USA, and we remain alert and cognizant of what might happen in our region. Luckily help has arrived. COVID-19 vaccines are here. With these vaccines, our toils shall not go in vain. Let's continue to fight against this deadly virus by getting everyone vaccinated.

Message from the Program Director

COVID-19 pandemic is the most devastating pandemic of modern times and certainly in documented history. This pandemic that came upon us as a tsunami and has brought the best out of our Internal Medicine Residents in very big ways! Our highly talented, innovative and hardworking residents quickly rose to the occasion and continued to fight an ever-moving target with high infectivity rate and the need to quarantine a large number at a time of the work force. I believe our Chief Resident Yair Saperstein was the first to coin the term "working from home" that he proposed to me and we quickly implemented, as a way to preserve our resident work force. This working from home initiative quickly became the norm nationwide nowadays. Our resident fighters not only faced COVID-19 as first responders, but also helped others on the way in various fund-raising activities, attracting donations for PPE and other materials including meals and other necessities to keep our machinery functional all the time. Our star residents made various media appearances, sometimes in different languages to help educate the rest of

the world about the pandemic and ways to protect our communities. Together with the unwavering support of our Chairman, Dr. Moro Salifu, as well as our institutional leaders, we were able to survive the tsunami of COVID-19 while maintaining the academic and functional integrity of our program, guarding the careers of our residents. These highly talented compassionate physicians, while being the first line responders were able to publish, in August 2020, the first edition of our Internal Medicine Residency study manual, the RISE manual, that is a great achievement for our program and our department at large! Our residents were able also to contribute to the evolving literature on COVID-19 with many case reports, research and pathogenesis articles with at least 50 papers came out of our department on COVID-19 since the pandemic started and many more in progress. Our graduating class of 2020 also achieved 100% pass rate on the ABIM exam, something unprecedented, particularly in such a large program like ours that is in the midst of a devastating pandemic. The highly multi-tasking efforts of our residents, proves,



Dr. Samy I. McFarlane

time and again, the exceptional quality of physicians our training program successfully attracts. These physician scholars are poised to continue the tradition of SUNY-Downstate Health Science University that was voted recently as number 4 in the nation graduating health care leaders. Finally, we pledge to make our Dr. Charlie Mahoney always proud by continuing his legacy in our program with the mission of training the best of the best, scholarly compassionate physicians and health care leaders that will eventually eradicate health care disparity and advance the health and the well-being of our community.

COVID-19: Without Distinction of Race, Sex, and Social Position, No One is Safe

When I decided to become a doctor a few years ago I never in a million years would have ever thought that we would be living in this nightmare. The different layers we are faced to overcome and expose everyday as doctors in the epicenter of this pandemic come from deep within. We have a commitment to wake up every day, not knowing what we will be faced with that day and fight to be strong and save lives while risking our own. Our hospitals were so overwhelmed and the burden got worse each and every day. As cases in NYC basically doubled each day, we started to see the wave of patients coming in every shift, of each wave, about ¼ would need to be intubated and transferred to ICU. To give you an idea, in one day 8 patients got intubated from 1 COVID team. Then we transitioned to having full emergency rooms that were not equipped to handle this many cases of COVID-19 at once. The cubicles separated by a curtain that says "Iso" (Isolation) on it. As if that curtain is enough to protect the patient next to them or the many doctors, nurses, and hospital workers that have to work 12 hour shifts in that emergency room every day. Then we started seeing multiple people die before they even got moved out of the emergency room, and cardiac arrest codes called every hour. If they called a code, we have to put all our gear on as fast as we can and run into the room but even then the num-

Young Doctors Struggle to Treat Coronavirus Patients: 'We Are Horrified and Scared'

Residents in training for other specialties must learn fast how to do procedures they were never trained for



THE WALL STREET JOURNAL



FOX 35 ORLANDO WOMAN HELPING CORONAVIRUS PATIENTS IN NEW YORK
10:12 77° PITALS, CALL-UP OF MILITARY RESERVATION ACTIVE DUTY AUTHORIZ

ber of people allowed inside was very limited and sometimes if was very severe disease and will be medically futile we didn't even do CPR (cardiopulmonary resuscitation) on them. Every time we went into a room our chances of getting the virus increased and every time we got exposed we would have to go home with a guilty conscience of possibly infecting our loved ones that live with us. Unfortunately, because there is a chance the patient can progress quickly to severe disease and death, every patient who came through the door has to have a goals of care discussion regardless if they are in their 20's their code status needed to be ad-

ressed. We have experienced the death of many people of all ages, but when we were faced with the young people in their 20's and 30's dying of cardiac arrest I couldn't help but see myself or my fiancé who is also an internal medicine resident in them. There were no visitors allowed to see the patients with COVID-19, therefore sadly these people were dying alone. When I would wake up in the morning when my alarm went off, I would take a second to say a prayer, to thank God first and foremost that I am alive and healthy and able to help these people. As I put on my scrubs and drive to the hospital I would say a second prayer to give me the strength to face the horror I would see for that day because each and every day was worse than the day before. And lastly, throughout the day when I walked through the hospital I would pray for my patients and my colleagues, seeing the despair in all of their faces and the sadness that we felt thinking we couldn't everyone. This was one of the



BREAKING NEWS
NYC HOSPITALS REELING FROM CORONAVIRUS CASES **MSNBC**

hardest pills to swallow as a physician. Throughout the pandemic and after people asked me how I coped and stayed sane with so many battles fought and lost. I found ways to cope but I owe most of my sanity to my residency program; my co-residents and attendings who were always there for me asking me if I ate or how I was doing. The union we felt during that time and after has been something I always yearned for. People always say the your co-residents and attendings become like a family but we truly did. We held each other while we cried in the hallways or on call rooms, shared our food and drinks, prayed together and did yoga on white sheets in our scrubs to take a second to breath in all the chaos. The messages I received each and everyday from my co residents, friends, family, and attendings held me together during the worst times during the pandemic. One day, when we make it out of this crisis we will look back and appreciate what we have. This will be a constant reminder to not take anything for granted and we will make it out of this stronger than ever, better doctors than we ever imagined we could be. Not only proving to ourselves that we made it through something we couldn't have ever imagined we would survive both physically and emotionally but also we will never forget those we cared for who survived and we saved or unfortunately we lost due to this horrendous disease. I am truly humbled and honored to be a doctor during this time and this will definitely be a portion of my life I share with the generations to come.

Danielle Tello, MD PGY3



ICU doctor finds time to create and donate wellness bags for staff

“Yes, they’re treating people, but it’s also important to take care of themselves”, Gayatri Malhotra Gupta



\$254,596 raised



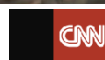
I never would have ever thought that I will be facing a pandemic during my intern year. It was an overwhelming and exhausting experience. I was mainly working at UHB during the pandemic. The number of codes increased by the day. We saw young patients in their 20’s die because of COVID. At the early phase of the pandemic, we didn’t know what complications of COVID were and its clinical manifestations. We stuck to evidence-based medicine and what science have shown. We were dealing with the unknown. My biggest challenge was the experience of families not being able to see their loved ones during their last moments. Despite all the challenges we faced, the enormous amount of



\$74,940 raised



How these CNN Heroes are fighting Covid-19 on the front lines





support from the leadership, co-residents, nurses, respiratory therapists, and the Brooklyn community, we came out stronger than ever and became better doctors that we could ever imagine.

Fadi Yacoub, MD PGY2



COVID19 pandemic was a very challenging time for my family and me. I live with my husband and two sons. We quickly had to adjust our daily activities during the pandemic since both my husband and I are residents and were being exposed to COVID19 on a daily basis. There was a period where we didn't see our children for almost 2 months. I was mainly located at the University Hospital during the pandemic. On the floors, we would intubate almost 8-10 patients from our team alone and there were situations where we did not have enough equipment to handle this many cases of COVID19 alone. We were constantly with our full gear for almost 12-18 hours daily. Despite these challenges, we were able to overcome it. I would like to thank the program leadership, co-residents, nurses, and my family who supported me during these difficult times.

Parinaz Ayat, MD PGY2



Message from the Chief Residents 20-21



Denis Yusupov
UHB Inpatient



Isra Munir
UHB Outpatient



Samir Kumar
KCHC Inpatient



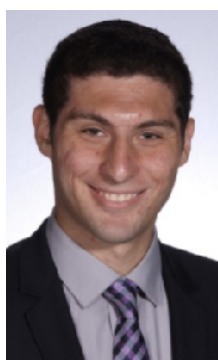
Richi Chowdhury
KCHC Inpatient



Nikita Gupta
Outpatient & Primary Track



Tarik Al-Bermani
MSKCC



Daniel Shayowitz
VA Inpatient



Christopher Railwah
VA Outpatient

University Hospital Brooklyn

There is no doubt that NYC was caught by surprise when COVID-19 hit the city. It was unanticipated and no one in the city was ready for a sudden and quick large-scale outbreak of the disease. Those unprecedented times pose a real threat to the health care setup. Hospitals like Downstate and Kings County with the motto of serving the undeserved and already limited resources went above and beyond to fight the pandemic. During those challenging times, the internal medicine residents and the attendings were at the forefront, they put the health and safety of their patients first. A lot of changes were made to the resident's schedule. With a significant decrease in the outpatient patient volume, residents scheduled for their Y block were deployed to staff the already stretched thin workforce on the inpatient side. The enthusiasm and the zeal with which our residents served the patients population are indeed praiseworthy. An exceptionally challenging situation was replacing the workforce going into mandatory quarantine for which the residents on Y block served as a primary backup. The primary care attendings started working as hospitalists on the medicine floors. To make sure that the health needs of our population are not compromised, Suite R started the telemedicine visits with routine follow up. Later, with a decrease in the number of COVID-19 cases, Suite R started in-person visits in a very planned manner. Patients are moved to separate rooms instead of making them wait in the waiting lounge. The exam rooms are terminally cleaned. The outpatient didactics are conducted via zoom to discourage large gatherings of more than ten residents. Now with the arrival of fall, extra precautions are implemented to prevent close contact settings for the safety of both the staff and the patients to play our part in preventing another surge.

Kings County Hospital

Kings County Hospital Center, the largest urban safety net hospital in Brooklyn, was one of the epicenters of the COVID-19 pandemic. We coordinated with the military and FEMA to create multiple, mobile intensive care units to accommodate the rising admission rates. The ward schedules were adjusted to an 8-hour shift based system. The ICU schedules were also changed to a 12-hour shift based system in order to mitigate resident fatigue. Additionally, we implemented a "work from home" policy for residents that were either quarantined or that were unable to work in COVID "hot zones" to help facilitate patient flow. Once admission rates decreased, residents returned to their ambulatory blocks where they engaged in telemedicine. Small group sessions were also organized so that residents could discuss their COVID-19 experiences with each other in a safe space. Residents were also given additional days off to provide respite from working tirelessly throughout the surge.

VA Brooklyn Hospital

On March 20th the Brooklyn VA Wards were emptied and all of the ward patients were transferred out to other hospitals. The newly made Covid ward was expanded to the whole hospital and the Brooklyn VA became the first designated Covid exclusive hospital in New York. All Covid patients for the lower New York VAs including Bronx, Manhattan, Hudson Valley, and Northport were transferred to Brooklyn. Due to resident safety concerns, Covid patients were first seen only by attending physicians with 24/7 coverage. Medicine and Surgery house staff including all sub-specialty services worked hand in hand to provide a competent workforce to cater to the exponentially increasing demand for care. The ICU and the wards embraced our Brooklyn community by accepting many ill Covid patients in addition to their normal veteran population. As a result of this expansion, the Medical ICU was at a much greater than normal capacity. Our residents, fellows, and attendings worked day and night tirelessly treating and managing patients with ever evolving therapies and strategies. As the VA persevered through the peak of the pandemic and cases started to diminish, the VA vastly expanded its outpatient telehealth services to provide care for its veteran population. Patients were able to stay safely at home and still received quality care. Those services are the cornerstone of our current care as we continue to monitor the pandemic going forward.

2021 Fellowship Match List

CARDIOLOGY

NORTHWELL HEALTH: LENNOX HILL
 NEW YORK PRESBYTERIAN, QUEENS
 SUNY DOWNSTATE MEDICAL CENTER
 UNIVERSITY OF SOUTH DAKOTA
 UNIVERSITY OF WISCONSIN

GASTROENTEROLOGY

SUNY DOWNSTATE HEALTH SCIENCES UNI

HEMATOLOGY / ONCOLOGY

MEMORIAL SLOAN KETTERING CANCER CENTER
 SUNY DOWNSTATE MEDICAL CENTER
 WESTCHESTER MEDICAL CENTER

INFECTIOUS DISEASES

UNIVERSITY OF MIAMI

NEPHROLOGY

BRIGHAM & WOMEN'S HOSPITAL

PULMONARY / CRITICAL CARE

UNIVERSITY OF MIAMI
 SUNY DOWNSTATE MEDICAL CENTER
 MOUNT SINAI
 CLEVELAND CLINIC
 RUTGERS NEW JERSEY MEDICAL SCHOOL

RHEUMATOLOGY

SUNY DOWNSTATE HEALTH SCIENCES UNI



BRIGHAM HEALTH



BRIGHAM AND
 WOMEN'S HOSPITAL



Cleveland Clinic



Mount
 Sinai
 Hospital



Memorial Sloan Ketterin
 Cancer Center™



WISCONSIN
 UNIVERSITY OF WISCONSIN-MADISON

RUTGERS

New Jersey Medical School



Westchester
 Medical Center

Westchester Medical Center Health Network



SUNY
 DOWNSTATE
 Health Sciences University

NewYork-Presbyterian
 Queens


Northwell
 Health®



UNIVERSITY OF
 SOUTH DAKOTA

Introducing our Inpatient Manual

Department of Medicine
Internal Medicine Residency Program
SUNY Downstate - Health Sciences University
& Affiliated Hospitals



RISE Manual
Resident Inpatient Selective E-Manual

First Accredited 21st July 1960
SUNY-Downstate

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MORO O. SALIFU



Dr. Moro Salifu, MD, MPH, MBA, MACP, is the Chair of Medicine, Chief of the Division of Nephrology and Director of the Kidney Transplant Program at the State University of New York - Downstate Health Science University. He is a tenured Professor of Medicine, Chairman of the Department of Medicine, and also the Edwin C. and Anne K. Welskopf Endowed Chair in Nephrology and Transplantation. Dr. Salifu has received numerous awards, including Best Educator of the Year, Best Doctor/US News and World Report, Castle Connolly Top Doctors, and the Worldwide Registry of Executives and Professionals, among others. He serves on numerous institutional and national professional committees and has published extensively in peer-reviewed journals nationally and internationally. Dr. Salifu is also a member and journal reviewer for nephrology and transplant societies and was president of the New York Society of Nephrology for the 2013-14 academic year.

SAMY I. MCFARLANE



Dr. Samy I. McFarlane, MD, MPH, MBA, FACP is a distinguished teaching professor of Medicine and Endocrinology and an Associate Dean at the College of Medicine, State University of New York - Downstate Health Science University. He has extensive experience in clinical and translational research and has led the largest center in North America in the landmark diabetes prevention trial, the DREAM trial. He has over 300 publications on diabetes, hypertension, dyslipidemia, cardiovascular disease, and related areas. His work is among the most read articles with over 10,000 citations. He is the Founding Editor-in-Chief for the International Journal of Clinical Research and Trials and has served as the Editor-in-Chief for several other journals. He served several terms as a member at the National Institute of Health-NIDDK committee and as a chair of the NIH-NIDDK U01 review committee. He has received multiple recognitions including Certificate of Special Congressional Recognition and he also served as District President for the American College of Physicians. Many of his trainees serving in leadership positions at the NIH and other major institutions.

The Editors






PATRICK GERAGHTY DENIS YUSUPOV ANGELINA ZHYVOTOVSKA TAYLOR DOUGLAS

About the Resident Inpatient Selective E-Manual

This manual was written for Residents by Residents at SUNY Downstate-Health Sciences University and its Affiliated Hospitals. The RISE Manual will provide essential information for Internal Medicine residency training and information to prepare you for the next step of your medical education.

Downstate Health Science University has a long-standing tradition of excellence in research, teaching and patient care. It ranked fourth in the USA in 2019 among top medical schools for training the next generation of physicians. The Department of Medicine is at the forefront of education, research, and patient care with its Internal Medicine Residency Program being the largest in the city of NY. It is from the office of the Program Director, Dr. Samy I. McFarlane that the popular study manual, the First Aid for the MEDICINE clerkship, was written and edited with Downstate College of Medicine students as a book written by students for students. In this spirit, and in the era of adult learning, we are proud to introduce the RISE manual, written by residents for residents to serve as a study guide highlighting the most important points or selected topics from the residents' standpoint. The overarching goal of this manual is to provide a program-wide opportunity for publication and scholarly activity that brings residents and faculty together in a collaborate manner and to serve as a nidus for our own ABIM board review course in the near future. Therefore, this manual will always be a work in progress written and will be updated by our residents-for-residents. We hope that readers find it useful and intriguing. We also hope that this work will jump-start the academic careers of many of our trainees, keeping with the tradition of our Department and our great institution, SUNY Downstate.

Dr. Samy I. McFarlane

Word Search Puzzle

R	O	C	O	R	O	N	A	V	I	R	U	S	S
R	I	V	I	S	E	D	M	E	R	R	N	A	M
I	V	D	H	I	S	A	W	A	S	H	O	E	E
A	E	V	H	C	U	E	T	N	P	M	H	E	L
A	N	O	E	S	O	S	A	I	A	S	I	E	L
I	O	M	A	O	I	U	E	D	N	F	E	T	A
R	I	I	D	R	G	A	W	I	D	E	D	A	E
A	T	T	A	E	A	N	O	V	E	V	O	T	H
C	S	I	C	T	T	R	A	O	M	E	M	S	R
O	E	N	H	H	N	G	K	C	I	R	A	N	R
U	G	G	E	R	O	E	P	W	C	D	S	W	A
G	N	S	R	O	C	C	R	A	A	O	K	O	I
H	O	S	A	A	A	A	R	C	I	H	E	D	D
H	C	T	S	T	S	A	M	E	O	N	A	D	E

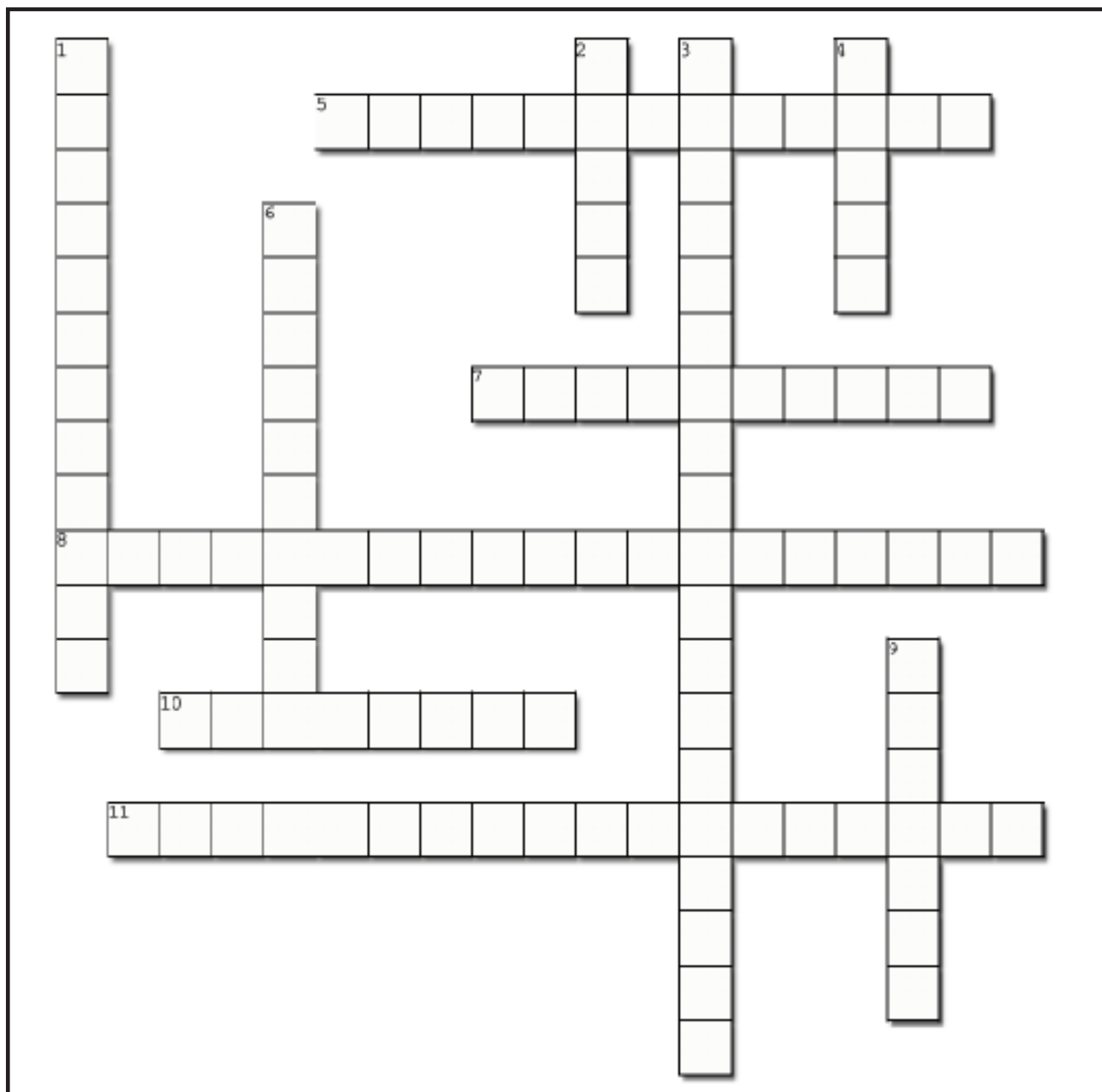
1. CONTAGIOUS
2. ACE
3. SORETHROAT
4. FEVER
5. DOWNSTATE

6. PANDEMIC
7. REMDESIVIR
8. SMELL
9. VOMITING
10. MASK

11. WASH
12. COUGH
13. CORONAVIRUS
14. PAIN
15. CONGESTION

16. DIARRHEA
17. COVID
18. HEADACHE
19. NAUSEA
20. HERO

Crossword Puzzle



DOWN:

1. Antibiotic used in the early treatment of COVID19
2. Elevated temperature
3. Concerning respiratory symptoms a/w COVID19
4. Voluntary or involuntary act that clears the throat and breathing passage of foreign particles, microbes, irritants, and fluids.
6. Machine used to provide respiratory support
9. Name of the disease caused by SARS-COV2

ACROSS:

5. Steroid shown to be effective in those w/ O2 require.
7. Antiviral used in the management of COVID19
8. Blood product obtained from pts who have recovered from COVID19.
10. Name of the virus causing COVID19
11. Antimalarial that is no longer recommended for treatment of COVID19

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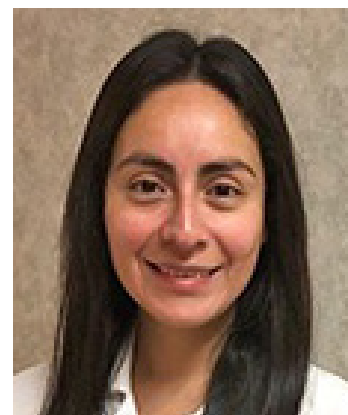
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Kings County



Memorial Sloan Kettering
Cancer Center™

THE INTERNAL POST

The Official Publication of the Internal Medicine Residency Program

First Accredited July 21, 1960

