

# AUA ALUMNI



## REFLECTING BACK ON 2020:

AUA Leaders Share Perspectives on  
the COVID-19 Pandemic



*Also Inside*  
**MARRIAGE AND  
MED SCHOOL:**  
A Lot to Learn

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**APPROACHING  
EVERY SHIFT**  
as a Student

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**BRING ON  
THE STRESS:**  
From EMS to  
Internal Medicine





**Dr. Nandini Chattopadhyay**



**Dr. Parija Sharedalal**



**Dr. Gurleen Sidhu**



**Dr. Eugene Perepada**



**Dr. Melanie Nukkala**



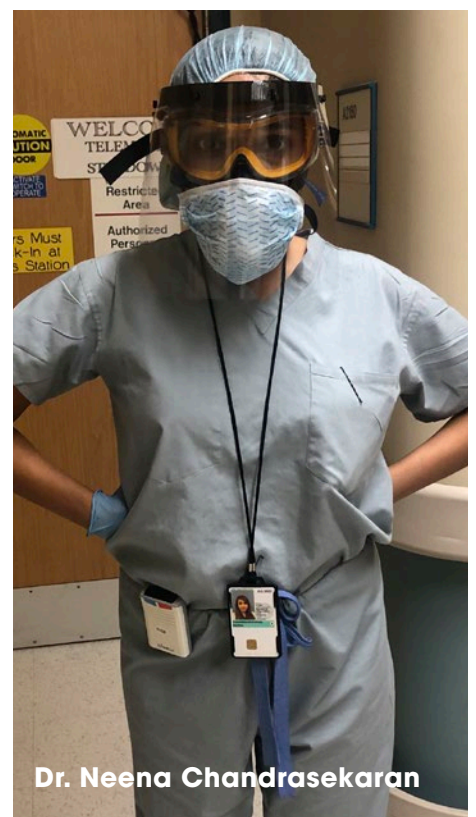
**Dr. George Sangah**



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**Dr. Doug Dixon**



**Dr. Neena Chandrasekaran**

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# Letter from the President

Dear Alumni:

I hope you enjoy this issue of our alumni magazine as much as I did. The graduates profiled in this issue, like you, have much to be proud of – and interestingly, they have quite a bit in common. As relatively new physicians (within the last 10 years), these graduates all had to practice medicine during the greatest healthcare crisis of the last century. The COVID pandemic has impacted them both personally and professionally and yet they have met this crisis with the compassion, dedication and competency that AUA expects from its graduates. We couldn't be prouder.

I was also struck by the diversity of the graduates profiled in this issue, which is representative of our graduates as a whole in terms of race, ethnicity and gender, but also in terms of premedical school background. For example, one alumna was inspired to practice medicine by shadowing her mother, a doctor, as she treated patients. Another was on track to become a music teacher before falling in love with medicine, and a third was actually running a lawn and landscaping business before attending AUA, graduating with his MD and attaining residency.

The graduates profiled in this issue exemplify the benefits of diversity in medical education. As one can see from their profiles, they have all become compassionate, competent physicians whose contributions to health care during these trying times cannot be overstated.

In ending this letter, I want to acknowledge the great loss we all felt at the passing of our former Provost, Dr. Seymour Schwartz. Dr. Schwartz is remembered in this issue of the alumni magazine: his impact on AUA, its faculty and its students will be everlasting, and he is truly irreplaceable.

As can be seen in the profiles of our current Provost, Dr. Robert Mallin, and our Executive Dean for pre-clinical sciences, Dr. John Yergan, our academic leadership is in good hands. Dr. Mallin and Dr. Yergan along with our Executive Dean for Clinical Sciences, Dr. Peter Bell are providing the knowledgeable, caring leadership that will allow AUA to continue to provide a high-quality medical education now and in the future.

Sincerely yours

Neal S. Simon





## Dear AUA Alumni:

Through adversity we discover our true strength—or so we've learned over the past several months, as we've come together as an AUA family to help the global physician workforce fend off the worst medical pandemic the world has seen in decades.

COVID-19 has done more than change the face of the world and the way we interact with each other: it's changed the way we look at disease, at our own health and that of our loved ones, and the medical profession as a whole. And the lessons we've learned are all the more powerful for their simplicity: People will always

get sick, they'll always need care, and in the end, it's our collective responsibility to make sure that the world has trained, skilled, and compassionate doctors in place to protect the health and well-being of present and future generations.

The good news is that you're already part of the solution, and we're proud to have you and your fellow alumni represent AUA on the front lines of medicine. You're doing good work, and there's always more to be done. Thank you for what you do. As you continue to care for patients in these challenging times, please do keep your alma mater in mind. Our recent February 2021 entering class was one of the largest, most diverse cohorts in recent AUA history, and it's heartening to see that so many dedicated men and women are finding opportunity here.

A special note of gratitude to the many alumni (especially those who woke up to take my phone calls) who stepped up—despite often grueling work schedules—to speak at one of our virtual enrollment events for prospective students. I can tell you firsthand that our new and interested students absolutely love to hear about our graduates' experiences, so if you'd ever like to share yours at one of our live virtual events, please reach out!

In the meantime, stay safe, take care of your patients and loved ones, and always feel free to reach out to your Alumni Association if you'd like to volunteer at an event, speak with a student, or just catch up with your AUA family.

All the best,

Par Prem Kumar

Advisor to the President for Special Projects

# A YEAR LATER:

## HOW COVID EXPOSED THE WEAKNESSES IN HEALTHCARE

**University Provost Robert Mallin, MD,** discusses the highs and lows of the past year

When the news coverage started to talk about a virus coming from Wuhan, China, the general public perceived it as a low level threat, similar to SARS or the avian influenza. What was once dismissed, became a prevalent issue as we saw how quickly COVID-19 spread throughout the world. With no prejudice on age, race, or gender, those infected in the early months of 2020 found themselves intubated and isolated. Doctors were unsure of how to approach treatment, wary of taking care of patients at the risk of contracting it themselves. This past year served as an eye-opening experience, especially in regard to public health preparedness. Hospitals found themselves overwhelmed, without beds and in dire need of PPE to keep themselves protected. Looking back a year later, University Provost Robert Mallin, MD reflects on the mistakes, achievements and his hopes for the years to come.







A YEAR LATER





"What I find most distressing is the idea of people dying alone without their families. That has to be the hardest thing patients, families and healthcare workers have to deal with," Mallin said.

Before accepting the position as University Provost, Dr. Robert Mallin lived a rich life working in family medicine, the ER, academics and private practice. Starting off his medical career during the Vietnam War as a Navy medic, Mallin returned home with a new purpose in life. Wanting to pursue a career helping and caring for others, he attended the University of South Carolina's newly established medical school. As the first class, he graduated with honors and accepted a residency position in family medicine. Over the next decade, he worked in family medicine, academics and private practice before he decided to take a position running an Emergency department at a local hospital. He had always been drawn to the ER atmosphere, spending much of his residency and moonlighting there during his other positions.

Following his time running the ER, Mallin returned to academics teaching at the Medical University of South Carolina's College of Medicine in Charleston. After 16 years, he received an email inviting him to Antigua which he humorously brought up to his wife, who thought it would be a great opportunity. They decided to see what AUA was all about, as Mallin accepted Chair of Clinical Medicine for a year before returning to the United States. After working as a Program Director for Family Medicine at MUSC/Trident Hospital for 2 years, Mallin returned to AUA to assume the role of Dean. His wife, who is also a physician was also able to join the AUA faculty, acting as director for the newly established student health center.

"I really enjoyed my time with AUA as Dean, but it was at the President's suggestion I accepted the Provost position and returned back to New York, my home state," Mallin explained.

Now back in New York, his wife continues to direct the health center, and the two find themselves in Antigua about three months out of the year. They saw firsthand how the bustling metropolitan area slowly quickly turned into a ghost town, as if it was something out of a post-apocalyptic

movie. Considering the initial reception of the pandemic, he remembers his early years as an intern in the 80s as the AIDS epidemic emerged. Similar to this past year, when the cases initially started to appear hospitals were unsure of what this new virus was and how to treat it. Because of this, they didn't know how it was transmitted which led to some doctors choosing to protect themselves rather than treat patients.

"I was still green at that point, but over time we figured it out, we learned how it was transmitted," Mallin said. "It was the first time I had seen the underbelly of medicine, where many doctors I respected refused to treat patients in fear of getting their family sick."

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He went on to explain the similarities with some doctors dealing with today's pandemic, noting that the majority have been extremely courageous, putting their patients first. AUA alumni especially have continued to prove themselves, driven to care for patients even if others refuse. While the path of becoming a doctor is already complicated, navigating through rotations, residencies and board certifications, this past year proved to be their final test.

"It will be the single most important thing about their training, putting a patient's welfare above their own. This pandemic has been a true test of character, and I can proudly say that most of our alumni were able to do what their oath told them they had to do. It's phenomenal," he said.

One of the oddest results from the pandemic was the American Association for Medical Colleges announcing all medical students should refrain from treating patients and shutting down clinical rotations. Done to protect the students' health, Mallin believes this is a huge disservice to medical students, robbing them of a once in a lifetime experience to learn from this pandemic, as he did with the AIDS epidemic. Beyond those parallels, Mallin also spoke about the Spanish Flu of 1918, where it seemed like everywhere you looked there was someone dying and there was little done that made an impact. In the early months of COVID he remembers seeing refrigerated tractor trailers lining the streets of New York, serving as additional storage for those who had passed. There just wasn't enough room in the hospitals anymore. The whole situation just felt surreal. For the first time, the general public saw the faults in our healthcare system firsthand and how there was more focus on profits and loss over the care of the community.

"It gives us the opportunity to consider if this is how we want to approach medicine in the future, or if we want to put more focus on the overall patient treatment," he said.

Mallin is optimistic, noting we should continue to listen to established health experts and keep wearing masks while we stay socially distanced. He believes the vaccine will help us achieve herd immunity so we can return to some semblance of normalcy. Normally not a big fan of the big pharmaceutical companies, he is amazed at how quickly we were able to create vaccines and the different approaches taken. Along with the vaccines, he's adamant to emphasize the importance of staying on top of your healthcare needs. While it was initially a good idea to avoid hospitals and emergency rooms, most hospitals at this point have a good handle on the situation. It's important to return the focus on other aspects that could be life threatening, like strokes and heart attacks.

"We need to be more sensible about this and understand what our risk is," he explained. "Understanding the biggest risks on your life is not COVID, but the underlying chronic disorders that people can potentially get."

When it came to the future of the AUA curriculum, Mallin remembers the early days of the shutdown and how quickly things happened. The Antiguan government shut down all travel in and out right after AUA sent all of the students home. Mallin and his wife found themselves stuck in Antigua until the travel ban was lifted three months later. Within the first two weeks of the shutdown, the AUA faculty was able to transition all of their lessons to virtual learning. He remembers how difficult it was initially but considers the staff all professionals at it by this time. The real surprise for him was how much better the attendance was for remote learning. While it was refreshing to see, he understands the limitations of virtual learning over in-person education, especially with clinical rotations.

"Right now, it's a negative to be in the same room as a patient," Mallin said, "but there is a need for in person training, because it offers more opportunities to play a role along with making a connection to the patient."

He understands that telehealth is a valuable resource, as long as patients understand the limitations. Beyond that, there are studies proving the therapeutic response associated with a doctor's touch as they examine patients. He doesn't see that same type of relationship or connection being available when communicating through screens.

As the vaccine becomes more available throughout the country, Mallin is looking forward to getting students back into rotations. He's happy to still be in New York, even if it is in an isolated manner. Beyond being fortunate to live through this experience, the first thing he says he wants to do once things settle down is to see his grandchildren face to face. It's been over a year since he last saw them beyond FaceTime and Zoom calls.

Thinking of the AUA alumni, he couldn't be prouder of all of the doctors that stood up to the challenge and put their patient's welfare first.





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# REFLECTING

## OBSTACLES, ACHIEVEMENTS AND STAYING GRATEFUL

# BACK ON 2020:

An Interview with the Executive Dean of Preclinical Science, Dr. John Yergan

After a tumultuous year, Dr. John Yergan, the Executive Dean of Preclinical Sciences, was kind enough to take some time out of his busy day to virtually speak with us about his experience and time with American University of Antigua College of Medicine (AUA). While Dr. Yergan has only been with AUA for the past year, as an adult he always saw Antigua like a second home. Growing up in Williston Park, a small suburban town in Long Island, becoming a doctor always seemed like it was in the cards for him. He received his college and medical school education at Columbia University before beginning his internal medicine residency training at Montefiore Medical Center in New York. Following his residency, Dr. Yergan switched coasts and received his Masters in Public Health from Seattle's University of Washington. He finished his medical pursuits by completing his fellowship training in health services research through the Robert Wood Johnson Clinical Scholars program. Two of his biggest interests have included access to medical education and medical care to underserved populations. To help with the latter, Dr. Yergan has worked in various countries, including Guatemala, Nigeria, and the Marshall Islands.

He possesses a variety of experience in many different areas, referring to himself as a generalist in the medical field. His proficiencies range from emergency medicine to health services and administration. Though he initially joined AUA's faculty as an educator, certain events this past year led to Dr. Yergan assuming the role of Executive Dean of Preclinical Sciences. Much of his efforts have been focused on how to address the pandemic with the help of his exceptional faculty and administration.

During our conversation, we discussed many topics, including his background, how it has been navigating through this apprehensive 2020, and his advice for the alumni in the years to come. Even though this year has been full of unexpected surprises, his continuous optimism and positivity for 2021 was refreshing to hear.



**First and foremost, what prompted you to become a doctor?**

I knew I was going to be a doctor from the age of 5. There are physicians in my family, including my father. As I got older it continued to seem like the right path for me. It was a perfect combination of areas that interested me, including science, math, and most importantly helping others.

“I knew I was going to be a doctor from the age of 5. There are physicians in my family, including my father. As I got older it continued to seem like the right path for me. It was a perfect combination of areas that interested me, including science, math, and most importantly helping others.”

**Before joining AUA what were you doing?**

After finishing my education, residency, and fellowship I was working in academic medicine and administration for the University of Washington in Seattle. I was responsible for health services, research, and clinical practice in internal medicine. During this time a lot of my research focused on the issues disadvantaged groups face when seeking access to healthcare and medical education. Years ago, after some consideration, I decided to move into emergency medicine so I could gain a little more control of my time and add some flexibility to my schedule.

Prior to moving to Antigua, I was living outside of Seattle in a semi-rural area working at a local medical center. There I was involved with the ER as an emergency medicine physician, acted as Chief of Staff for hospital administration, and also worked in the Urgent Care Department.

**What brought you to AUA?**

I have always had a connection with Antigua. Growing up, my father and other family members would escape from New York and the kids for a little while by going to Antigua each year. When I got older I started a similar tradition for myself, and I've considered it as a second home for quite some time.

As for the university, I met an AUA faculty member by chance a couple of years ago. During our conversation, he suggested I visit the school and speak with the Dean and Provost. I decided to take his recommendation and after meeting them they offered me the opportunity to join the faculty which I gladly accepted.

I moved to Antigua in December 2019 and started teaching clinical medicine the month after.

**How has the pandemic affected your experience?**

It certainly has changed quite a few things. One of the biggest reasons why I am here in the administration of the school rather than teaching is because of Sam LeBaron, the dean before me. He was instrumental in recruiting and enabling me to join the faculty. Shortly after my arrival, Sam unfortunately became ill which changed my trajectory and role in the school in an unanticipated way.

In regards to COVID, everyone's role has changed in an unanticipated way as well. We've all had to adapt. We're talking about taking a very hands-on training curriculum and figuring out a way to digitize it without impacting the quality to the students. Fortunately, we have a lot of great faculty members who were quick to pivot and going from live to online only took us about two weeks to plan.

Overall, there has been a lot of trial and error as things never go 100% according to plan. While it hasn't been ideal, we definitely have seen some benefits. The most important was the flexibility our students gained through the remote learning environment, offering them more time to spend with their family as they still focus on their goals.

### **Were there any notable obstacles you and the faculty encountered adjusting the curriculum?**

Well, one of the things I want to say about that is how fortunate we were to have members of the faculty who were adept in the digital environment before we even encountered the need to adapt. Our IT department here on campus and leadership in New York have been pivotal in assisting us. We all learned new vocabulary very quickly, with synchronous and asynchronous approaches being a big focus for us.

Administrators here on campus like Vernon Solomon, Robert Mallin, MD the University Provost, and key members of our teaching faculty worked together closely as we put a plan together for the online curriculum. The biggest obstacle was to determine the best model for taking a hands-on education to the digital landscape. We had to decide whether to approach it asynchronously and pre-record lessons or try live lessons in a synchronous way. Along with lesson formatting, figuring out the resources we could use for our small groups of self-learning students and keeping faculty as facilitators without impeding the overall quality of education was top priority. Still, even as we prepare for 2021 it is an ongoing experiment, and we continue to identify methods that are more valuable than others. It has been quite an experience I think for everyone, and it still is.

### **What are you planning so far for 2021?**

It looks like we will be largely digital, though we do have some students here on campus. We hope to increase that number in the academic periods to come. There are many benefits to being on campus that we want the students to still be able to enjoy. Predominantly the curriculum will remain online, and not require students to not come back if they feel it is not in their best interest. We're trying to maintain a great deal of flexibility for the coming academic period.

We hope the light at the end of the tunnel is real so we can get back to more in-person learning both in the Preclinical Sciences and in clinical medicine. Both of these rely on hands-on learning, but we are continuing to identify methods to convey the same message online.

### **What precautions are you taking for the students on campus?**

The Antiguan government itself requires a negative COVID test and adhering to quarantine regulations upon arrival. On our campus, we have taken additional precautions, including a daily questionnaire, temperature checks, and nurse follow-ups for those that raise concern. We also strongly encourage the basics, including social distancing, wearing a mask on-premise, and of course, hand washing. Fortunately, there have not been a lot of active COVID cases in Antigua, especially at this point. We are on a two-week COVID testing cycle for all staff, faculty and students.

### **How do you think your past experience has added value to your efforts with AUA?**

There are many facets from my background that have proven to be valuable during my time with AUA. Certainly my experience in academic administration at the University of Washington where I was Dean of Students has prepared me for this new trajectory. My work in administration has granted me a unique perspective that has assisted my efforts in what we're experiencing now. I appreciate my public health and epidemiology training more than I have in a long time.

During my education and training I was also involved in developing a program that served students from disadvantaged backgrounds. Our mission at AUA is very much focused on quality medical education for whoever attends, but we are dedicated to ensuring access to medical education for those who otherwise might not have the opportunity.

**"During my education and training I was also involved in developing a program that served students from disadvantaged backgrounds."**

**What type of advice do you have for AUA's alumni?**

Well, I would love it if the alumni remember the school and take opportunities to come along and try to assist the current students. Offering any advice or insights to current students is always welcome. Our alumni have all gone off and done amazing things, gaining fresh perspectives that are always valuable to our students. Most importantly, make sure you take advantage of all opportunities as they present themselves.

**How are you maintaining a semblance of normal life in 2020?**

When I made the decision to move to Antigua and join AUA's faculty I wanted to use this opportunity to enjoy this wonderful island and its residents as much as I can in a safe and responsible way. I try to swim in the Caribbean Sea everyday, though as I became the Executive Dean it's dropped down to four or so days a week. I know I'll get that back up to seven, though, it'll just take time. I also try to sail my boat as much as I can as well.

“Our alumni have all gone off and done amazing things, gaining fresh perspectives that are always valuable to our students. Most importantly, make sure you take advantage of all opportunities as they present themselves.”

**How are you staying mentally healthy?**

I'm considered by several colleagues as the optimist of the group, so I try to remain positive. I think the most important aspect for mental health is maintaining a balance between work and personal life. With everything currently going on I consciously try to remain mindful of that. I strongly stress our alumni, students, faculty and staff focus on the same as well!







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# A NEW APPROACH

*MEETING THE CHALLENGE OF CLINICAL TRAINING DURING COVID-19*

Dr. Peter Bell, AUA's Executive Dean Clinical Sciences,  
discusses how the pandemic affected clinical training.

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2020 was the year of unprecedented challenges as we found ourselves dealing with the most severe pandemic, we have come across in over 100 years. Within this year's alumni magazine you will read the countless stories of the trials and triumphs from your peers, something that was almost taken away from current medical students because of the virus. As COVID evolved from an epidemic into a full-blown pandemic, the Association of American Medical Colleges (AAMC) recommended the suspension of clinical rotations. US and international medical schools followed suit, leading to significant consequences for student education and patient care. With hospital workforces already spread thin, the announcement prevented medical students from helping their local communities and inadvertently had a negative influence on their pathway to becoming a doctor. Dr. Peter Bell, AUA's Executive Dean Clinical Sciences and VP Global Medical Education, in collaboration with the university's academic and non-academic administration worked quickly to put a plan together to keep medical students on track while assisting the medical community.

"We just had a different understanding about the role of medical students in the times of need," Dr. Bell explained. "We, as do our clinical partners, clearly see the value medical students can bring to society in these challenging times."

Understanding that the decision by AAMC was to protect medical students and their families, some nevertheless felt that this decision was perplexing. Even though medical students possess the knowledge and skills to assist, they were told by other institutions to stay home rather than help. AUA felt differently and sought to find a way to not only assist their network of hospitals, but also help their medical students in minimizing the impact of the pandemic on their clinical education. Their approach was immediate and evolved over time.

"In the past medical students have contributed based on their level of training to address challenges complex humanitarian emergencies, like epidemics and pandemics, posed to individual patients and health care systems," said Dr. Bell. "When the SARS outbreak happened, medical students played a huge role in fighting the outbreak around the globe. We wanted our students to contribute in a similar way."

With that decision, AUA's clinical academic leadership got to work on figuring out how to keep clinical rotations going for their medical students in a safe environment. The vast majority of the teaching hospitals AUA works with shared the school's opinion and welcomed the students' contributions. AUA made sure all the facilities had enough PPE for their students and assisted those having difficulty obtaining them with receiving the supplies they needed.

"We decided to continue our clinical training as long as it was a safe environment for our students and permissible by federal, state, and local regulations," Dr. Bell said. "Our students really served on the frontline of response and were recognized by communities, faculty, hospital administration and their patients."

Across the country, there were instances of hospital wards being repurposed to accommodate the growing numbers of COVID patients. The added workforce numbers from AUA students helped balance the



overwhelmed hospital staff. Not only did AUA's approach help hospitals where the workforce was spread thin, but also offered their students a chance to give back to society and gain valuable experience. Their work was widely recognized, with hospitals acknowledging AUA's quality students and their contributions; this resulted in additional offers for residency positions. Now that clinical rotations were secured for most students, Dr. Bell and the AUA team looked for more ways to help their students.

"Despite all efforts and initiatives to keep students in contact with patients and their clinical education uninterrupted, the ground was shifting. What can we do now with all of these disruptions to help our students?" Dr. Bell said.


Working strategically, AUA was able to implement new learning opportunities in a variety of ways in collaboration with state agencies and hospitals. Many were offered the chance to volunteer in various medical facilities which could then be counted as a Community Medicine elective rotation elective if all other education and regulatory requirements were met. Telemedicine rotations were established in 2020's curriculum, along with specialty specific and multi-disciplinary grand rounds which were conducted remotely. AUA made sure to keep all the students updated with their efforts, using virtual town hall meetings and email blasts to address their questions and concerns.

AUA continued its academic and non-academic support initiatives and added additional programs. "While initially triggered by the pandemic, the new support programs we created for our students are here to stay. Besides increasing academic learning opportunities, we started wellness workshops, mindfulness programs and more," Dr. Bell said.


Along with the obstacles AUA faced with clinical rotations, the residency application process also proved to be disruptive to students this past year based on the cancellation of the Step 2 CS exam by the USMLE and significant procedural changes by the NRMP and ECFMG. A lot of effort was involved to assist students on how to apply for the 2021 Match.

"Despite all of the complications and disruptions the 2021 Match was the most successful in AUA's history," Dr. Bell said.

With different COVID vaccines becoming widely available, Dr. Bell and the rest of AUA's staff are hopeful that things will return to a "new" normal soon. While remote learning has proven to be valuable in certain circumstances, its future role will be -- partly based on regulatory requirements -- mainly supplemental when it comes to the clinical sciences. In case the pandemic causes new or additional challenges to medical education AUA will react based on the experience gained during the past year.



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"Based on the initiatives we developed at the height of the pandemic, we can always revert back, though we hope we don't have to do that," Dr. Bell said.

To stay mentally healthy, Dr. Bell sticks to a daily routine consisting of meditation, core workouts, and yoga to maintain an inner balance. He looks forward to being able to visit hospitals and attend the World Health Summit. His first stop though once traveling is allowed again? Antigua, of course.




# MOVING FORWARD

Dr. Nandini Chattopadhyay Reflects on Her Time at AUA


As a 2019 graduate, Nandini Chattopadhyay, MD, didn't have a lot of time to adjust to the "typical" medical landscape before the pandemic struck and quickly thrust her on to the front lines of defense amid ever-shifting treatment and care guidance for a virus that wasn't fully understood at the time.







These people changed my life. They went beyond teaching. There was genuine compassion and support to really make the students feel at home while so far away.



Chattopadhyay credits much of her ability at adapting to this new normal to the persistence she developed during her time at AUA—she'd been taught to remain calm, understand the situation, and act. And that's exactly what she did, quickly jumping into the fray to help.

### CHOOSING HER PATH

While Chattopadhyay was born in the United States, she grew up in Calcutta, India where she received her university education. Back then, her ultimate goal was to become a medical researcher, rather than a physician.

She recalls that during her undergraduate studies, though, one of her professors pointed out that her attention to detail and perfectionist tendencies could translate well to the medical field and suggesting she consider becoming a doctor.

To test the waters, she took advantage of an opportunity offered by the government of India to visit the United States to work with physicians at US hospitals. That brought her to a crossroads: would she stick with medical research, or start an entirely new chapter of her life at medical school?

Chattopadhyay, who comes from a family of doctors, made her choice and enrolled at American University of Antigua College of Medicine (AUA).

### THE NEXT CHAPTER

A month later, Chattopadhyay was sitting on a plane, bound for the island of Antigua. She wasn't accompanied by family and friends—it was just her—but she didn't feel alone at all. She'd had the opportunity to dip her toes into social waters by connecting with some of her soon-to-be peers via Facebook, and AUA ambassadors were waiting for her and her fellow students when their plane landed.

Chattopadhyay remembers those first few days of getting settled in as, in a word, comforting.

Throughout her time at AUA Chattopadhyay and her peers created a community, supporting each other in matters ranging from their studies to feeling homesick. And AUA's faculty members served as de facto members of this community, along with Chattopadhyay and her student colleagues – she counts AUA's professors and instructors as guides and mentors who helped direct her through a new and often complicated chapter of her life.

"These people changed my life," Chattopadhyay said. "They went beyond teaching. There was genuine compassion and support to really make the students feel at home while so far away."

When she returned to the United States and started comparing notes with fellow medical school students, she realized that not achieving her original goal—which had been attending a medical school in the US—had been a blessing in disguise. She and her other students had a bond and camaraderie that their US counterparts seemed to lack, and AUA's approach to teaching medicine had developed a resilience and grit that would serve her well when the COVID-19 pandemic began.

### NAVIGATING COVID-19

Chattopadhyay completed her third- and fourth-year clinical rotations at New York hospitals, including Richmond University Medical Center, Interfaith Medical Center, and Kingsbrook Jewish Medical Center. It was through these rotations she began to understand how to treat diverse populations, focusing on everything from internal medicine and geriatrics to endocrinology and emergency medicine. She credits her time in the Intensive Care Unit toward helping her understand

life, death, shifts in conditions, and seeing a patient triumph. She didn't realize it then, but this experience helped her to prepare for the sense of urgency that's become necessary during times of COVID-19.

Now in residency at MercyHealth in Chicago, she reflects on the early days when the pandemic first arrived. Both of MercyHealth's campuses in Rockton and Riverside quickly became filled to the brim with cases.

"It was a very scary time," she remembered. "No one knew how to tackle this—any symptom could potentially be related. It was extremely mentally exhausting and emotionally challenging,"

As MercyHealth—not to mention the rest of the world—struggled to get a better understanding of the virus, Chattopadhyay remembered being impressed and humbled by how everyone on staff, from physicians to administration to custodial staff, all rallied together for the singular goal of providing the best care they could for the incoming COVID-19 patients. That unified front was vital, she said, to managing this new influx of patients as well as they did.

"COVID is still apparent but we are much more comfortable treating it," she said. "I think this will be something we will be dealing with for quite a while."


## A SMALL MIRACLE

While the pandemic has had no shortage of tales of heartbreak, it's perhaps comforting that one day, toward the beginning of the pandemic in 2020, Chattopadhyay found herself witnessing what she calls a miracle. That day, a certified nursing assistant (CNA) who worked at MercyHealth came to the hospital ER. She was 26 weeks pregnant, and hadn't been feeling well. A rapid COVID test turned up a negative result, so the expectant mother was treated accordingly and released when she felt better.


Just days later, she was back in the ER, unable to breathe. Her oxygen saturation levels had dipped drastically—down to 20%, which could result in brain damage—and hospital staff immediately intubated the patient, performing a crash C-section in the hopes of saving the baby. Which they did, though the baby boy spent the first two months of life in the NICU.

"We weren't sure if she or her baby would make it through, but that little champion fought through it just like his mother," Chattopadhyay said. "Even now, at seven months old, he's still so tiny but doing so much better."

Though it would be easy for any doctor to become overwhelmed in COVID-19 times, Chattopadhyay has found a way to keep herself both mentally and physically healthy through the pandemic. She tries to start her day by meditating and sticks to working out for at least an hour after her shifts. There are days where she comes home, feeling overwhelmed, but thankfully she has a strong support system waiting for her. Her significant other, Adam, also works at MercyHealth, and this gives them the opportunity to talk about the day's experiences together and de-stress.



Make the best of being in  
a medical school and try  
to learn from whomever  
you can.



"I try to take it one day at a time. To me wellness is extremely important. If I can't keep myself happy I can't take care of my patients properly," Chattopadhyay said. "I try not to bring work home with me. I finish everything at the hospital and leave everything there. My workout afterwards takes away all of the day's fatigue."

Looking to impart some advice to current AUA students, Chattopadhyay considers what would have helped her while attending.

"Make the best of being in a medical school and try to learn from whomever you can. Try to be flexible and accommodating and don't hesitate to learn that extra bit!"



# APPROACHING *EVERY SHIFT* AS A STUDENT

*DR. EUGENE PEREPADA TALKS ABOUT AUA AND HIS PERSONAL COVID EXPERIENCE*

As a New York-based emergency medicine physician, Dr. Eugene Perepada (Class of 2011) has witnessed firsthand the damage done to citizens of the Empire State by the COVID-19 pandemic—and in March 2020, it hit him on a more personal and visceral level than ever before when he was diagnosed with the virus himself, alongside his wife and then-six-week-old daughter.

Thankfully, everyone's recovered—Perepada himself didn't require hospitalization and was soon back treating patients, and his family had only mild cases. But Perepada remembers the anxiety, and he saw the long-term impact the virus had on the medical and patient communities. He remembers the public being urged by the media to avoid the emergency room unless they were extremely ill, for example: a directive that could potentially delay treatment for victims of heart attack, stroke, or other serious conditions who, worried about contracting COVID-19, delay seeking treatment at the ER.







### SIGNS OF IMPROVEMENT

It's a stressful time for everyone, but as a physician, Perepada and others take it especially hard. Some days, during his 30-minute drive home, he feels good, like he's making a difference. But sometimes it's a challenge—to not take work home with you, to not feel the acute stress of fending off a contagion that has impacted the world on a such a drastic global scale.

But it's all part and parcel of being a physician, Perepada contends.



**Every day, you go into work knowing it has to be you, because there's no one else. I credit my education from AUA for providing me with that approach and mentality.**



"Every day, you go into work knowing it has to be you, because there's no one else," he says. "I credit my education from AUA for providing me with that approach and mentality."

Things seem to be leveling out, Perepada believes. The ER is no longer overrun as it was in the early days of the pandemic—treatment now takes days, not weeks, which translates to more beds for new patients—and the medical industry as a whole is much better prepared to cope with COVID than in the pandemic's infancy.

### A LIFELONG LEARNER

Perepada remembers his time at AUA fondly, calling it the "best 16 months of my life."

"Studying was definitely demanding," he remembered. "But during your off times, you'll find yourself in this beautiful Caribbean setting with great places to eat and more. It was a really amazing experience, to say the least."

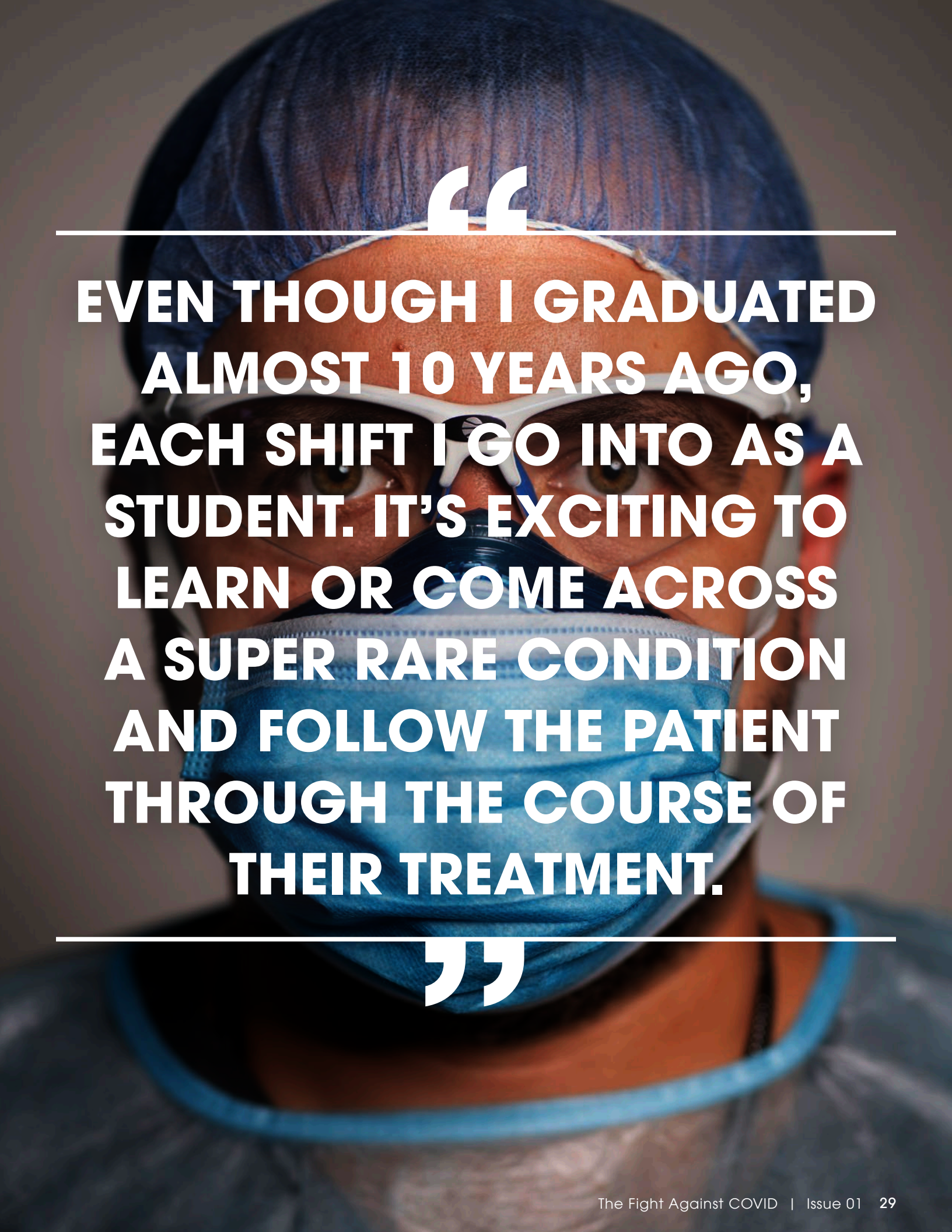
But more than that, Perepada's time at AUA, from the early goings in Antigua to his clinical rotations at US hospitals, represented a shift in the way he approached learning and education. The initial foundational learning on the Preclinical Sciences campus in Antigua, combined with the hands-on patient care training during Clinical Sciences, helped Perepada construct a solid educational base that helped him earn an emergency medicine residency at Brooklyn Hospital Medical Center—where he'd once completed clinical rotations. And even though it's been years since he's been a student, he hasn't stopped learning.

"Even though I graduated almost 10 years ago, each shift I go into as a student," he says. "It's exciting to learn or come across a super rare condition and follow the patient through the course of their treatment." He credits his background in internal medicine, along with its emphasis on problem solving, in helping him develop this philosophy of lifelong learning.

But from a medical school perspective, emergency medicine was the specialty he truly fell in love with—the fast pace, the constant variety, and the challenges presented by the Emergency Room environment itself. To this day, he believes specializing in emergency medicine—and designating himself as the first line of defense for patients presenting in crisis in an emergency setting—was one of the best decisions he's ever made.

To students considering AUA or currently studying there, Perepada offers this advice: Enjoy your time at medical school, but be prepared for a challenge.

"The process flies by so fast, enjoy every aspect of it," he says. "This is a very difficult path, but a highly rewarding one. You should only do it if you love it—otherwise, you won't be really helping those seeking care from you."



**“  
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”**



# Great Expectations: **PAVING HER OWN PATH**

Dr. Kim Harden Talks Texas, Traveling, and Pandemic Fatigue

Growing up in Houston, Texas, Dr. Kim Harden (Class of 2009) always enjoyed traveling throughout the country with her mother—they've been all over the world, from Canada to the Caribbean. So perhaps it's fitting that the journey to her MD didn't start in her home state, but on AUA's Preclinical Sciences campus in Antigua.

And from the very beginning, she knew she wasn't in for an easy path—and she welcomed it.



"The upper-level students made it clear from day one: This is not going to be an easy ride just because you're in the Caribbean," Harden said. "If anything, you had more to prove because of this alternative path, and you're going to have to prove yourself a bit more when you return to the states."

**I decided to take a gamble on AUA and be part of a new opportunity, something up and coming. If it doesn't work out, I could always go home, and if it does, I'll stay. Thank goodness it did!**

Still in the early stages, AUA was not the sprawling campus it is today, but there was a robust student body and a curriculum that—to Harden—appeared no different from curricula in the United States. To this day, she still stays in touch with the peers and classmates who helped support her during her time at AUA.

### A BROADER PERSPECTIVE

Now a practicing family medicine physician who's board certified in both family medicine and obesity medicine, Harden maintains that her experience at AUA gave her a broader perspective on patient care specifically because of the extra traveling, not in spite of it.

For example, she said, US students are typically locked into completing clinical rotations at the medical school they're enrolled at. But because AUA has multiple clinical affiliates across the country, Harden was able to rotate at different sites to gain a broader understanding of how different healthcare systems and patient populations operate.

As a family medicine physician, Harden treats patients of all ages at Rush Oak Park Hospital, just outside of Chicago, IL. She enjoys the variety of it all, she says—perhaps a natural extension of her predilection for traveling and seeing different places.

### ADAPTING TO COVID-19

Like many in the medical field, when COVID-19 struck,, Harden found herself faced with the question of how best to administer patient care, prevent the spread of the disease, and keep herself safe in the process. Still, she chose to put herself on the front lines to help as many people as possible.

Rush Oak Park Hospital was lucky on one front, though: personal protective equipment (PPE). The hospital was still fully stocked from coping with an Ebola outbreak a few years ago, with several suspected cases in New York. Because Rush University Medical Center was built to handle mass casualties and pandemics, they all went through specialized Ebola training just as a precaution.

"We just stored everything that we received," Harden says. "I even jokingly put an N95 mask in a hazmat bag and put it on the wall with a message: Break open if epidemic hits. Needless to say, we broke it open."





**If you look for something you can do where you are a lifelong learner, your career won't ever be a job.**

One challenge she's facing now: Patients who avoided routine care are now much sicker than they normally would be. While this population might be afraid of catching COVID, that sometimes means that they're neglecting other serious problems that could complicate treatment.

"Whether they're immunocompromised or live in a multi-generational family, they're trying to keep their exposure bubble-tight," Harden said. "It's honorable but can be really detrimental."

And, she admits, she's feeling the fatigue of those who aren't taking the precautions seriously.

"I would love it if people keep social distancing, wash their hands, and wear masks," she says. "It will really help prevent the rise of cases."

To keep herself occupied while not treating patients, Harden has looked for things to help channel her energy. From rekindling connections with friends and family to learning how to kayak, she has kept herself busy. She even bought a bike and found herself adopted into a group that rides together (socially distanced).

When she thinks of her time at AUA and the advice that would have helped her during her journey, she says to stay passionate and always strive to grow.

"Find a passion in medicine and something you can grow in," she says. "If you look for something you can do where you are a lifelong student, your career won't ever be a job—it will be something you can enjoy."




# TRUST in the MOMENT


Dr. Chandrasekaran's Personal Journey Through AUA and Beyond

At an early age, Dr. Neena Chandrasekaran (Class of 2016) witnessed the power of medicine and patient care whenever she would accompany her mother to work. She was in awe over how grateful patients were to her mother and her curiosity was piqued. What was her mother doing to treat these people? She remembers it was at this early age of doing rounds in clinics and hospitals with her mother that she felt a calling towards the medical field. As she got older she began to understand more of what it meant to be a doctor, something that never seemed to stray from her mind even through high school and her time as an undergrad at Nova Southeastern University in Ft. Lauderdale in Florida. Around the time she was finishing up her undergrad and taking the MCATs her cousin was attending a Caribbean medical school.





I think it's good for people on the island to talk to those outside of Antigua. At the end of the day it helps to hear what they are going through.



"I saw the opportunities that were laid out for her and it was definitely a path that appealed to me to follow," she explained. "I felt this was a good pathway for me that got me to exactly where I wanted to be."

When she attended AUA in 2011, she remembers how exciting it was to arrive at the island. She described it as the perfect balance between a beautiful setting and a rigorous curriculum. Rather than finding herself distracted, she focused on her studies and prioritized her time using all of the resources AUA offered.

"The education and resources AUA provided definitely gave you a guiding light," she remembers. "My education there really helped me get through my board certifications. You just need to put your mind to it and use what you're given."

Like many other AUA attendees, she arrived to the island alone. It wasn't long before she created her own community, making friendships that have lasted a lifetime. To this day she still talks to many of her fellow alumni and remembers how they were each other's support system for everything from studying to being homesick.

For her, another big draw to AUA was its collaboration with Florida International University (FIU). She was in the first class to join the FIU route which allowed her to return back to Florida, the state she grew up in, to do her clinical rotations. The program helped her connect with a mentor and provided the opportunity to rotate in well-renowned hospitals. She saw it also opened the door to a lot of networking opportunities and sparked interest in those interviewing her for her fellowship and residency. As she progressed through the AUA curriculum, she became a teaching assistant in neurology and biochemistry, which she remembers as another opportunity where she was able to speak with residents attending the island. A lot of the recommendations they offered helped her to stick out on applications and make the most of her time with AUA.

"I think it's good for people on the island to talk to those outside of Antigua," she explained. "At the end of the day it helps to hear what they are going through."

Initially, Chandrasekaran thought she would wind up in cardiology but things changed in her third year when she saw a patient code during an internal medicine rotation. She was intrigued by the fast paced environment, so AUA helped her set up two clinical rotations in the ICU during her fourth year. Since then she has realized she never would have heard her true calling without the opportunities AUA provided which set her on the path to pulmonary critical care. And without her knowing, the field she chose would play a pivotal role in the current pandemic.

Three weeks after learning about the virus it made its way to her hospital in Detroit, Michigan. Because there were so many unknowns when it came to COVID in the early days, staff were being quarantined left and

right, causing a furor in staffing. Like many hospitals, they initially treated through intubation and while the lungs were being controlled the risks of organ failure remained high. She began to see people coding left and right, alone without their family.

“New protocols were being created every day, with our program director emailing us about what to follow and what not to do. Things were constantly changing,” she says.

Almost a year after the pandemic hit the US, it still is difficult to say what helps and what doesn't. In the end, Chandrasekaran's main goal is to treat every patient to the best of her abilities and just keep them alive and breathing. While dealing with loss and isolation, Dr. Chandrasekaran and her fellow doctors were able to find some positive moments throughout the last year. When they had pockets of time in their shift, they would make rounds with iPads so patients could talk to their family members. Any time a patient's treatment was successful they would ring the bell they had in the ICU as they were discharged to celebrate the win and keep spirits up. One of the biggest wins she witnessed was when a pregnant woman with twins arrived in the ICU, COVID positive. They had to do an emergency delivery before intubating the patient. She fell into a coma for two weeks with an artificial machine helping her breathe until one day she woke up and was able to start walking and talking again. Still, the pandemic raises more questions than answers for the medical community.

“We still find ourselves acting in the moment. It's hard because you see young people getting affected, and we still don't know why some people are getting hit harder than others,” Chandrasekaran said.

When she catches herself questioning the point of being a doctor if she's unable to help treat them, she finds the support she needs through her friends and family. Just the ability to vent about her experience has helped keep her balanced and driven to keep treating. To keep herself mentally healthy she's taken on new hobbies like calligraphy, caught up on some reading and has put more of a focus on self care. It keeps her fresh and ready to take on whatever comes through the door.

“Everything is going to be okay. Keep moving forward and don't feel the need to make leaps and bounds. Just live in the moment and hope for the best,” she says.

Looking towards her future after completing her fellowship she is considering returning to the warmer climate to teach ICU in Florida along with something in the private sector. Considering what kind of advice would have helped her during her time at AUA, she emphasizes how she wouldn't change her journey for anything.

“It's all your mindset and how you prioritize your goals,” she said. “Always take the opportunity to talk to others that have gone through it, because it really does help.”



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**Everything is going to be okay.  
Keep moving forward and  
don't feel the need to make  
leaps and bounds.**

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g Dixon, MD  
Emergency Medicine



# PUTTING THE PIECES TOGETHER

Dr. Doug Dixon Shares How AUA Helped His Mid-Life Career Change

It's surprising that 2010 alumnus Doug Dixon, MD has time to sleep. The former nurse—who made the leap to medicine after a 12-year nursing career left him unfulfilled—has now found himself teaching emergency medicine residents, fellows, paramedics, and first responders. He serves as medical director for multiple EMS agencies in several counties throughout New Mexico, as well as for the area's university-based medical flight services program. And when he isn't teaching or working in the ER, he's on helicopters as a flight physician and crew member, transporting patients throughout the state to receive medical care.

“  
The right job  
fell into place.  
Because I  
had the right  
beginnings.”

And given how hard COVID-19 hit New Mexico during the early stages of the pandemic, he's nowhere near slowing down. In the seven years Dixon has been doing flight med, the patients he's transported during this past year are the sickest he's ever seen during his flight career. At one point, he recalled flying several missions a day, picking up patients from smaller rural hospitals to transport them throughout the state—in some cases, he'd fly from New Mexico to Denver, Colorado, or Phoenix because that's where the bed availability was.

"These smaller communities are getting hit so hard that we are starting to see psychological effects from it," he said. "It's like PTSD, without a war. It's been a surreal experience."

#### **A CLEAN START AT AUA**

Starting medical school during midlife was, it's safe to say, a challenge for Dixon and his wife—but after a long discussion, the two sold their house and cars

to pay for medical school and hunkered down for an interesting handful of years ahead of them.

"We wanted to make sure the kids stayed in good schools, so we kind of became single parents," Dixon said. "My wife supported all of my dreams and crazy ideas. I couldn't be more thankful."

After a rocky start at another Caribbean school, Dixon had the opportunity to transfer to AUA. Looking back, he remembers how the curriculum was as rigorous as he expected, but what really appealed to him was AUA's clinical rotation opportunities.

"All of the AUA sites were true academic sites, and nothing was bottom of the barrel," he said. "I have known other people who have gotten caught up in places that could potentially hinder you getting your license. AUA never had that issue."

Following his graduation, Dixon knew he wanted to complete his residency in emergency medicine. He liked how every patient who walked in was like a puzzle, one that you had only a short amount of time to solve. Despite emergency medicine being a competitive field, Dixon was able to secure a residency in that discipline at Indiana University.

"I felt pretty blessed," he recalled. "I think it was a combination of my drive and the opportunities that AUA offered me that helped me get there."

After finishing his residency and EMS fellowship in Indiana, Doug headed to New Mexico to start his career.



“  
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to be miserable  
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Keep your eyes  
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expected.”

### TIME TO REFLECT

For many, this year's pandemic has been a cold reminder of how short and fragile life can truly be. He recalled one patient: a Native American woman in her late 70s who, fearing she would never wake up, spent a harrowing 10 days awake and hooked up to a ventilator. Luckily, her spirit and persistence seemed to help, with Dixon relieved to see her first transferred to rehab and, then, afterward, on her way home.

These days, Dixon finds himself reflecting, contemplating how he can create more of a balance between his work and personal life in a post-COVID world. With Dixon home much more

than before, he's gotten the opportunity to be with his family more and take on projects around the house.

His advice to future AUA students? It's a long road, but in the end, everything pays off.

"Life is too short to be miserable in your job," he said. "Keep your eyes open for career opportunities that you wouldn't have expected. Medicine is broad enough that you can find something that makes you happy and fulfilled."



# PUSHING FORWARD: STAY

## Dr. George Sangah Looks Back on AUA and the Past Year

As an internal medicine physician currently based at Hugh Chatham Memorial Hospital in Elkin, North Carolina, AUA graduate George Sangah (Class of 2011) tends to prefer the night shifts. Besides the ER physician, Sangah typically finds himself the only physician on the floor—he doesn't have to worry about involving administration, and he can admit, assess, and treat the up-to-75 patients under his care without any distractions.

This solitude keeps him focused on why he went to medical school in the first place: to practice medicine, and to treat patients.

"I feel like I control my own destiny," Sangah said. "I like to practice medicine by practicing medicine. I don't like playing politics."

Born and raised in Ghana—he came to the United States at age 16—Sangah saw firsthand how people less fortunate were unable to receive medicine and treatment. These early memories inspired him, and that altruistic, empathetic spirit became a core tenet behind his decision to attend medical school and earn his MD.









## HOPE IN THE TIME OF COVID

It's this same empathy that now drives him and keeps him motivated during the throes of the COVID-19 pandemic. "You sometimes feel like you're doing everything you can, but not seeing any progress," Sangah said. "You're seeing patients die, without any family members around, and it's heartbreaking."



I decided to give them a chance and they took one on me, so the rest is history.



Though he's seen upticks in COVID-19 cases in recent months and has often felt that the situation is in some ways worse than when it first started, Sangah looks for glimmers of hope where he can. Often, he finds them. He's received two rounds of COVID-19 vaccinations—giving him some small comfort as he continues to treat patients on the front lines—and the bond shared between him and his fellow healthcare workers has only strengthened as teams rally together to care for patients. That bond, he said, has helped him and his colleagues manage an often-stressful situation

and keep hospital operations running as smoothly as possible during the pandemic.

When he's not working, Sangah goes on runs or works out at the gym. To relax, he'll catch up on some movies and check in with family and friends to make sure everyone is healthy and happy.

## MEMORIES OF AUA

While he hasn't been back to Antigua since graduating, he has watched the evolution of the campus that helped him become the first doctor in his family. What he does remember clearly, he said, is the camaraderie fostered between him and his classmates—Sangah's peers would serve as a support system, pushing him to stay focused as AUA's curriculum continued to grow more challenging, demanding, and complex.

Sangah's journey to AUA was similar to that of many of his fellow graduates—after being shut out of the US medical school system, he turned to AUA. Though it was still a relatively new medical school at the time, there was something about AUA that spoke to Sangah, and he traveled there in search of an opportunity. He found it.

"I decided to give them a chance and they took one on me, so the rest is history," Sangah remembered. He credits his fellow students, AUA faculty, and the US-modeled curriculum for his success during his time at AUA in the Preclinical Sciences.

The foundational knowledge from his time in Antigua served Sangah well as he completed clinical rotations and began mulling residency options. It took him a few years to find the right





specialty for him -- he considered surgery at first, but ultimately decided to apply to internal medicine and matched.

"I really liked the mental aspect and pragmatic approach to internal medicine," Sangah said. "There was an appeal to seeing the person as a whole and how things affect other areas."

At the end of the day, even on night shifts where he knows he's responsible for dozens of patients, the support he receives from his peers gives him the opportunity to focus on what matters the most: caring for the patients.

For current students, Sangah has these words of advice: put in the time, and stay motivated.

“  
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# BRING ON THE STRESS:

## FROM EMS TO INTERNAL MEDICINE

Dr. Jaffer Ahmad Takes His Efforts to New Levels Thanks to AUA

Like many graduates of American University of Antigua College of Medicine (AUA), Jaffer Ahmad, MD (Class of 2019) was on a career trajectory that couldn't be more different from medicine. Ahmad was always drawn to music, played a variety of instruments, and assumed he would ultimately become a music teacher.

But—again, like many career-changers who make the leap to medicine from a different discipline—he felt somehow unfulfilled, and wanted to do more to help people on a deeper, more significant level. It was during his time with an emergency medical services (EMS) squad in college that he fell in love with the medical field, and the rest is history. After being unable to secure one of the limited seats in the United States medical school system, Ahmed found his opportunity with AUA.





I knew if I put the time in, I could get the work done. AUA gave me a second chance that I couldn't get with American schools, and it got me to where I am today.

What Ahmad discovered during his time in Antigua was a comprehensive curriculum, welcoming faculty and peers, and even a fellow musician—Dr. Honey Marcos, who Ahmad performed with for some extracurricular concerts. Specifically, Ahmad recalls how he and his fellow students were often encouraged to approach situations from different perspectives by also exploring things like laboratory work and medical research.

"It gave us a bit of an edge tackling those issues in the practical and clinical setting," he said. "We learned how it applied to the actual patient."

### ACTING UNDER PRESSURE

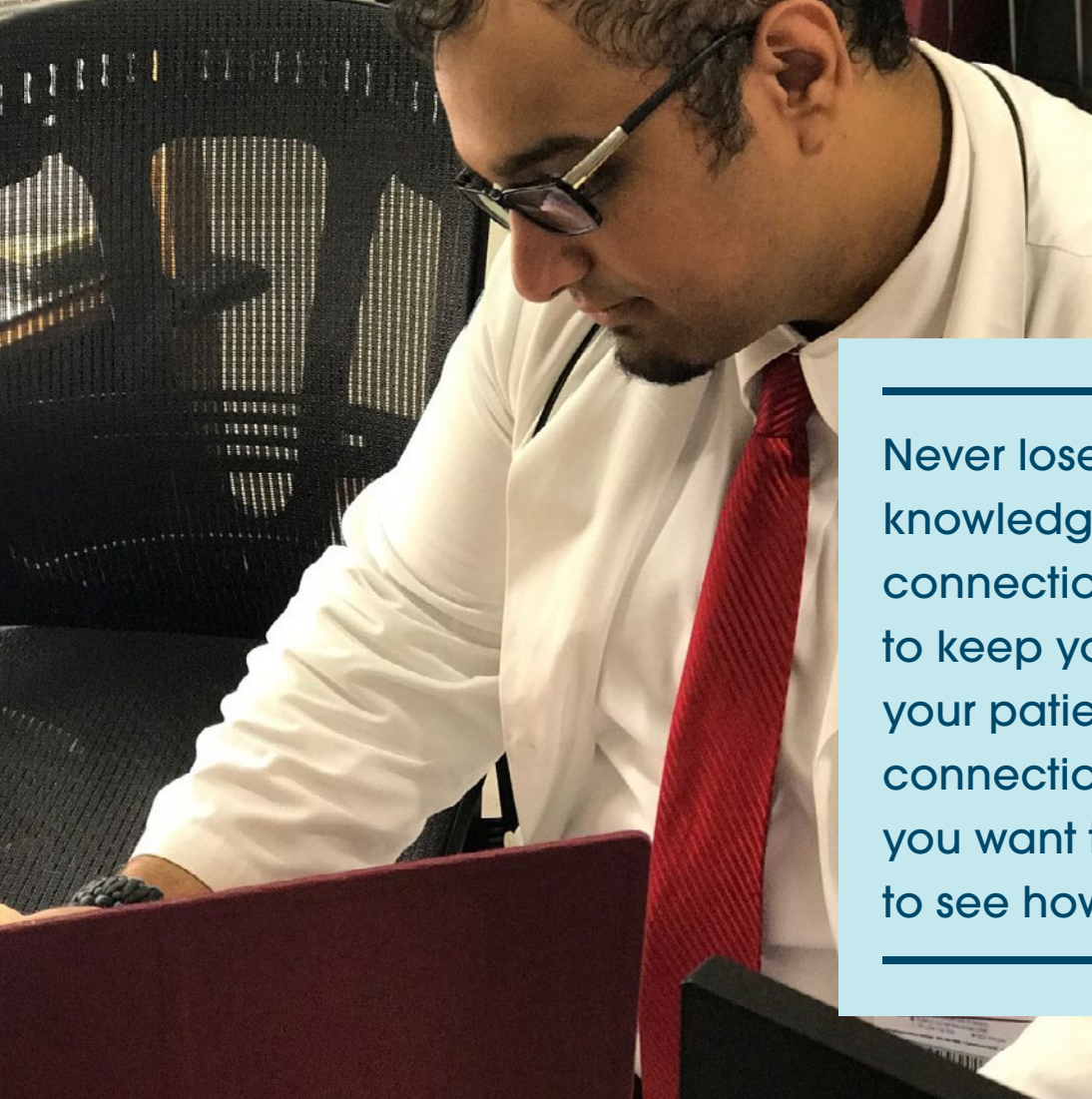
Given his EMS background, it perhaps makes sense that Ahmad had his eyes on specializing in emergency medicine—at least, that's how it was when he started clinical rotations. However, he ended up falling in love with critical care after completing a rotation in the ICU, and elected to apply to internal medicine residency programs with the intent of pursuing a fellowship in pulmonary critical care.

He started his internal medicine residency at Nassau University Medical Center (NUMC) in 2019, just before the COVID-19 pandemic hit and turned his, and everyone else's, lives upside down. He's likened the pandemic experience to being in the trenches: NUMC, a county hospital, is located right in the center of Long Island during a pandemic. The hospital's ICU usually holds 20 patients—at some points, NUMC doctors were treating 40 to 50 patients at a time. And each day, approaches and guidelines were changing, which made it difficult to keep up.

"At this point, I had about 10 years of EMS experience, so I was used to stressful situations," Ahmad explains. "We had 20 codes in one day, but I was able to act under pressure."

### "THE PINNACLE OF IT ALL"

The stress of the pandemic makes it even more important to find those glimmers of hope. For Ahmad, there were four glimmers—four patients whose care he was involved with for every step of their COVID-19 treatment. He saw them on rounds when they were initially admitted, had them intubated and brought into the ICU, and even was



“Never lose your thirst for knowledge and find a connection with your patients to keep you passionate. See your patients as people. That connection will always make you want to go back into work to see how they’re doing.”

the one to code three out of the four. He watched them all start to come around the bend. Soon, they were removed from their ventilators, discharged, and on their way back home to their families.

“Just last month, I saw two of them in my outpatient clinic and—to me—that was the pinnacle of it all. It made everything I went through for the past year all worth it,” he said. “These four ... I saw them at their worst, and made sure they got back home to their families safe and sound. And honestly, I couldn’t have been there without the training I had.”

Throughout all of this, he credits a lot of his unorthodox solutions or approach to treatment as a result of his background in music, which also serves as an outlet for stress relief at the end of the day.

He also decompresses by working out, connecting with his fellow alumni, spending time with his family, and cooking (a point of pride was successfully making Gordon Ramsay’s Beef Wellington dish, a feat he didn’t think he could accomplish).

To future AUA students, he offers the following advice: study hard, but don’t forget to have some fun, too.

“Never lose your thirst for knowledge and find a connection with your patients to keep you passionate,” he said. “See your patients as people. That connection will always make you want to go back into work to see how they’re doing.”

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# COMMERCE IN CARE


Hanif Gilani, MD, MPH, Does What He Can for Kenya

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Dr. Hanif Gilani (AUA Class of 2014) credits his younger sister for his career trajectory. Fresh from earning a Bachelor of Commerce degree from McMaster University in Ontario, Canada, Gilani had been considering careers in hotel management or investment banking—but as he was weighing his options, he was also watching his sister, who was on her own journey to becoming a physician. And that’s what made him realize how impactful being a physician could be.







**I don't think I would have been here if I didn't get to see what she was going through.**



The problem was, however, that Gilani didn't have a science background, didn't have those fundamental building blocks needed to start medical school. So he enrolled in the American International College of Arts and Sciences - Antigua (AICASA) premedical program, which helped him build the foundation he needed to start the rigors of medical school. After completing AICASA, Gilani decided to stay in Antigua and attend American University of Antigua College of Medicine (AUA) upon the recommendation of a family friend who had studied there.

"There are so many unknowns and pivot points when it comes to making a decision like this," Gilani explained. "It was his recommendation that gave me some confidence and peace of mind. In the end he was right, AUA had everything I needed to bring out my full potential."

### **A QUICK ADJUSTMENT TO ANTIGUA**

Having grown up in Kisumu, the third largest city in Western Kenya, Gilani had been able to adjust fairly easily to the Antiguan environment and culture. And when he looked deeper, what he discovered was a

well-rounded curriculum, shaped by professors who hailed from all over the world, and supportive peers who had his back as he learned the fundamentals of medicine.

"I've been very lucky, so I try to take every opportunity possible," he said. "When I started I never thought the outcome would be so much better than I expected."

After graduating, Gilani completed his internal medicine/preventive medicine residency at Griffin Hospital, Connecticut, later supplementing this experience with a Master of Public Health degree from Yale University—an opportunity that had appealed to him for a number of reasons, including the ability to impact patient policy and become more proactive in terms of treating disease.

"If we could prevent illness, we would be so much better off from an individual, family, community and societal perspective," he said. "Let food be thy medicine and medicine be thy food."

### **COVID-19 STRIKES KENYA AND THE WORLD**

His public health knowledge was put to good use last March, in 2020, when the COVID-19 pandemic struck Kenya and the rest of the world. As everything began to shut down, he saw the huge impact it had on Kenya's economy. With many Kenyans living hand to mouth in the tourism, service and horticulture industries, their economy seemed to dry up overnight as income stopped coming in. Working quickly, he was able to create a partnership with the Kenyan Red Cross to help individuals affected by COVID-19 along with those who were displaced due to climate change.

“My experience with them, and the help of my peers, resulted in a positive impact on the ground,” he said. “This pandemic has provided an interesting experience as the global population begins to realize how fragile our healthcare systems can be when something like a pandemic comes along. I have a lot of gratitude for everyone involved.”

## HEALTHCARE PREVENTION MEETS TECH

Now, Gilani is exploring opportunities in public health and preventive medicine, and he has a lofty goal in mind—to come up with a model bridging aspects of healthcare prevention, wellness and technology. He wants individuals to feel empowered by knowing their healthcare and well-being is taken care of, and believes figuring out how to provide open access to nutrition, fitness, mental health resources, and the correct information can have a huge impact both on an individual and societal level.

In the meantime, he keeps an eye on his own mental well-being and uses a combination of physical exercise and meditation, along with journaling on a daily basis. He has recently started cooking, focusing

on Middle Eastern and African inspired dishes, and hopes to pursue acquiring a pilot’s license when things begin to settle.

“One of the dreams I always had was to get a license and have access to a plane so I could deliver healthcare to less accessible parts of the world,” he said.

To this day he looks back at the choices he has made that brought him to this point. He is full of gratitude and appreciation for all of those that offered their guidance and hopes current and future AUA students are ready to witness the impact they will have on other people’s lives.

“It’s difficult and may require many sacrifices, but the journeys you will embark on make it all worth it,” he said. “What’s in store for you is more than you could ever imagine.”

**If we could prevent illness, we would be so much better off from an individual, family, community and societal perspective. Let food be thy medicine and medicine be thy food.**










# MARRIAGE AND MED SCHOOL: A LOT TO LEARN


How Dr. Jacob and Kristen Sandoz Went from Louisiana to Antigua

When 2008's Hurricane Gustav forced students out of Louisiana State University, ultimately displacing them to the University of Louisiana in Lafayette, it was also the catalyst that brought Drs. Jacob and Kristen Sandoz (AUA Class of 2017) together. But it's unlikely that either of them could have imagined that this happenstance meeting was just the first leg of a journey they'd be taking together—through marriage to Antigua, from Antigua to clinicals, all the way to graduation.

And from there, things went full circle for the couple: They ended up right back home, in Louisiana, as third-year residents at LSU Hospital in Shreveport. It was a goal they would privately joke about while studying at AUA. The pair are chief residents for their respective programs—internal medicine for Jacob, pediatrics for Kristen—and at press time, Jacob was busy interviewing candidates for his program from a medical school that he's very familiar with — his alma mater.



**This year alone I've already interviewed about six AUA graduates for next year's residency. It's amazing.**



### **CULTURE SHOCK**

Before becoming physicians, the two were on paths completely outside of where they are today —Jacob was running a lawn and landscaping company with a detour into nursing school, while Kristen was pursuing her pre-pharmaceutical education. They certainly didn't expect to be a married couple preparing to leave their home to start a new adventure in an entirely new country. But the two had done their research—Jacob had worked with two AUA alumni during nursing rotations—and felt comfortable that AUA was the perfect school for them.

"We did a lot of homework beforehand," Jacob added. "It seemed like a good fit for a newly married couple: somewhere that would give us a shot and train us well."

Was there culture shock? Sure. But they weren't alone, and the knowledge that they were sharing

this experience with people from all over the world helped foster a sense of community during their time on campus—a sense of community that was only bolstered by their existing commitment to each other. Having each other was a blessing; Jacob and Kristen were able to support and push each other through their studies.

"We definitely have a lot more tenacity," said Kristen. "We have to work a lot harder to prove ourselves to overcome the perception of Caribbean med schools and I think that's why we're always so driven. I wouldn't change our path for anything."

### **PRESENT AND FUTURE**

That same drive and persistence that Jacob and Kristen showed during their medical studies helped them this past year as they found themselves experiencing a worldwide pandemic. It was a sudden shift: One day, the hospital was admitting their first COVID patient and two weeks later, their hospital was at full capacity, with the facility's administration purchasing another hospital just to create space for more beds at the main campus.

The whole process took about six weeks, but both remember shuttling patients to the new facility while inspections were still happening. There was even one day where they had to carefully transfer 60 Neonatal Intensive Care Unit (NICU) babies within a six-hour span to the new location.

In a way, it reminds them of the day they arrived in Antigua to start their medical education—here they were again, finding themselves in a new world.



"It's become the new normal," Jacob replies. "Everything's changed, from lectures to just the overall standard approach to treatment."

"We're dealing with a whole new scenario," Kristen adds. "There's more beds, more shifts and less staff. It's been a tough situation but thankfully, we have had a lot of support from our community and saw how this situation has brought out a lot of good in people."

Even during such a difficult time, the couple are still hopeful and optimistic. They've recently welcomed

a child into the world, which has been keeping them busy and fulfilled. On top of that, they've been vaccinated for COVID-19, which offers a hopeful light at the end of the tunnel. Their passion for helping others has not wavered, driven to just do the most that they can.

To Jacob it's simple. "If you love what you do it's really not that hard to be happy doing it. Even in the pandemic, I love helping and taking care of people regardless of the risk."



**We're dealing with a whole new scenario. There's more beds, more shifts and less staff. It's been a tough situation but thankfully, we have had a lot of support from our community and saw how this situation has brought out a lot of good in people.**

# A TRUE TEST OF CHARACTER

Dr. Ashley Kanjira talks COVID and how he misses the Antiguan waters

Working in the emergency room can be an overwhelming experience. For Dr. Ashley Kanjira, he was drawn to the ER, seeing it as a blend between traditional medicine and a procedural approach. As a 2012 graduate of AUA, his perspective has changed with the pandemic, working on the front lines in Georgia's Northside Hospital System. He relies on the support of his family, his hobbies and his memories of AUA to keep him driven and hopeful for better times ahead. For him, AUA was a great experience, from meeting his wife to building a community of friends and peers he still keeps in touch with today. Like many of the alumni and attending students, Kanjira was having trouble being accepted into a US medical school, and after a recommendation from an Antiguan pharmacist he worked with, he applied to AUA.





"When you're down there by yourself on an island away from home, the people around you, whether it's fellow students or staff, all become your own community," Kanjira said. "Thankfully I had a great support system in the groups of friends my wife and I had. I think without that I wouldn't be here."

**"When you're down there by yourself on an island away from home, the people around you, whether it's fellow students or staff, all become your own community. Thankfully I had a great support system in the groups of friends my wife and I had. I think without that I wouldn't be here."**

Reflecting on his time at AUA, Dr. Kanjira recalls the beautiful island, its amenities, and how AUA's curriculum got him prepared for coming back to the United States. After graduating, he came back to the US driven and self-motivated, two qualities he credits AUA with helping him attain. He thought about how the teaching assistants (TAs) and faculty at AUA really helped set the tone for what to expect, mentioning that professors and faculty served as great role models during his time there. With an education from AUA, Kanjira believes there was an added advantage to his time in Antigua.

"AUA makes you want to prove yourself and stay hungry. You always wanted to stay on top of your game, and stay self-motivated," he said.

He initially wanted to pursue a career as a surgeon, but after some friendly guidance from his wife, he started to consider other specialties. He decided to do his residency in Emergency Medicine and has not stopped since. There was a dynamic, fast-paced allure to the department that Kanjira immediately connected with. The more shifts he did, the more he realized it had a procedural nature that had initially drawn him to surgery and it just clicked with his particular thought process.

"It's never boring," he said. "The hours were flexible, there were less specializations, and it was more of a think-on-your-feet approach with multitasking."

He realized those words were never more true than this past year. As the pandemic hit, his perspective began to change. He saw how things unrelated to healthcare began to impact the industry, noting how the politics and administration sometimes left him feeling like he and his colleagues were unable to do right by their patients. There would be nights where he would leave the hospital with a majority of the ER beds filled with COVID cases and the waiting room packed with 70 people or more. There just wasn't enough space for all of the patients, as they lined the hallways.

"You just feel helpless, like a cog in the gears," he said. "Ultimately, I know I am making a difference, but sometimes it's hard to see it that way."

**“AUA makes you want to prove yourself and stay hungry. You always wanted to stay on top of your game, and stay self-motivated.”**

While feeling disillusioned by the pandemic's fallout he still persists, even at his lowest moments. He knows things can always be worse, and each day he's in the emergency room he's helping and saving lives. On his off days he keeps himself busy staying physically fit and working on projects around the house. He feels very fortunate to have a great family life, with his wife, two children and his nearby family all there to support him. He has even taken up a few new hobbies, including bonsai which he sees as a great meditative outlet.

“I find myself dreaming about that Antiguan water. I cannot believe how silly we all were back then. We didn't fully appreciate how amazing that place was. We've been talking about going back—we just need to find the time,” Kanjira said.

He expands on the beautiful island as he offers advice to the current students, saying to appreciate your environment and your community. He remembers the immense friendships and bonds with the people he met down there, who he's still in contact with to this day.

“You're literally put in a crucible when you come down to the island by yourself. Take the time to make friends and create strong bonds so you can be each other's support. It will really make the time you are there even more memorable,” he said.



**“I find myself dreaming about that Antiguan water. I cannot believe how silly we all were back then. We didn't fully appreciate how amazing that place was. We've been talking about going back—we just need to find the time.”**

# A FAMILY PRACTICE: MAKING THOSE CONNECTIONS

Dr. Rashmi Jadhav Reflects on AUA and The Influence of Her Aunt and Uncle

June 2021's a big month for AUA graduate Rashmi Jadhav (Class of 2018)—it marks the end of her emergency medicine residency training as she looks forward to the beginning of a fellowship at Georgetown University. And as for what happens afterward, she's thought about that too, and is hoping for something that gives her the best of both worlds—a position where she could flex her academic muscles by teaching residents while still maintaining a clinical position in the ER.

But that's the future, though. For now as of press time, Jadhav's focus is on the COVID-19 pandemic after she and her fellow residents—at Brandon Regional Hospital in Florida—had found themselves in the heart of a medical crisis that they weren't necessarily expecting during residency training.





"We got a great perspective on how we were approaching and handling the pandemic in our hospital," Rashmi explained. "This experience also showed how important the administrative side is and how it's not just you in the ER." Complicating this was a dilemma that all physicians, including Jadhav, were facing: how to make sure those providing the care were as protected as the ones receiving it.

**We got a great perspective on how we were approaching and handling the pandemic in our hospital. This experience also showed how important the administrative side is and how it's not just you in the ER.**

In the end, though, Jadhav did end up infected with COVID in March—and, like, many, the social isolation proved just as difficult to manage as the ache in her bones and her breathing difficulties. Luckily, her fellow residents all took turns dropping food off and stayed in touch through video calls to help her through it. She recently got her vaccine and is in high spirits for the months ahead.

"Residency itself is difficult, but adding the pandemic to the situation really showed how

important it was to have a group of family and friends to support you and each other," Jadhav said. "It really makes all of the difference."

### **FAMILY TIES AND CULTURE SHOCK**

Like many, Jadhav's career plans were influenced in part by those of her family members. In this case, it was her aunt and uncle, physicians with their own family practice. They loved what they did, and that stuck out: when they retired at age 73, they were less concerned with their own plans and more concerned about where their patients would end up.

"Seeing that bond between my aunt and uncle and their patients really stuck out to me more than anything else," she said.

Jadhav, a Rutgers University graduate, had never been far from her New Jersey home, so (like many) she suffered some slight culture shock when arriving in Antigua. But being far from home in a different country allowed her to see how different life and treatment were for Antiguan citizens. For example, as opposed to her United States counterparts, she and other AUA students visited underserved schools that lacked supplies.

These drastic disparities in citizen lives and treatment from one country to the next, Jadhav said, is something every medical school student should be exposed to before practicing on their own.

"We know medical care isn't the same everywhere, but to see that so early on in medical school is really important. I got that from my experience on the island," she said.



**I got everything  
I wanted with  
emergency medicine.  
I love going to work  
every day.**

## FINDING HER CALLING

As for the curriculum and training, she found it no different than what she experienced during her undergraduate studies. She kept herself motivated and even formed a study group to prepare with her peers for exams, especially as they started the more demanding courses during Med 3 and Med 4. AUA's faculty members were there to support her, too, and she remembers how each of the instructors brought something different to the table, from their approach to their personalities.

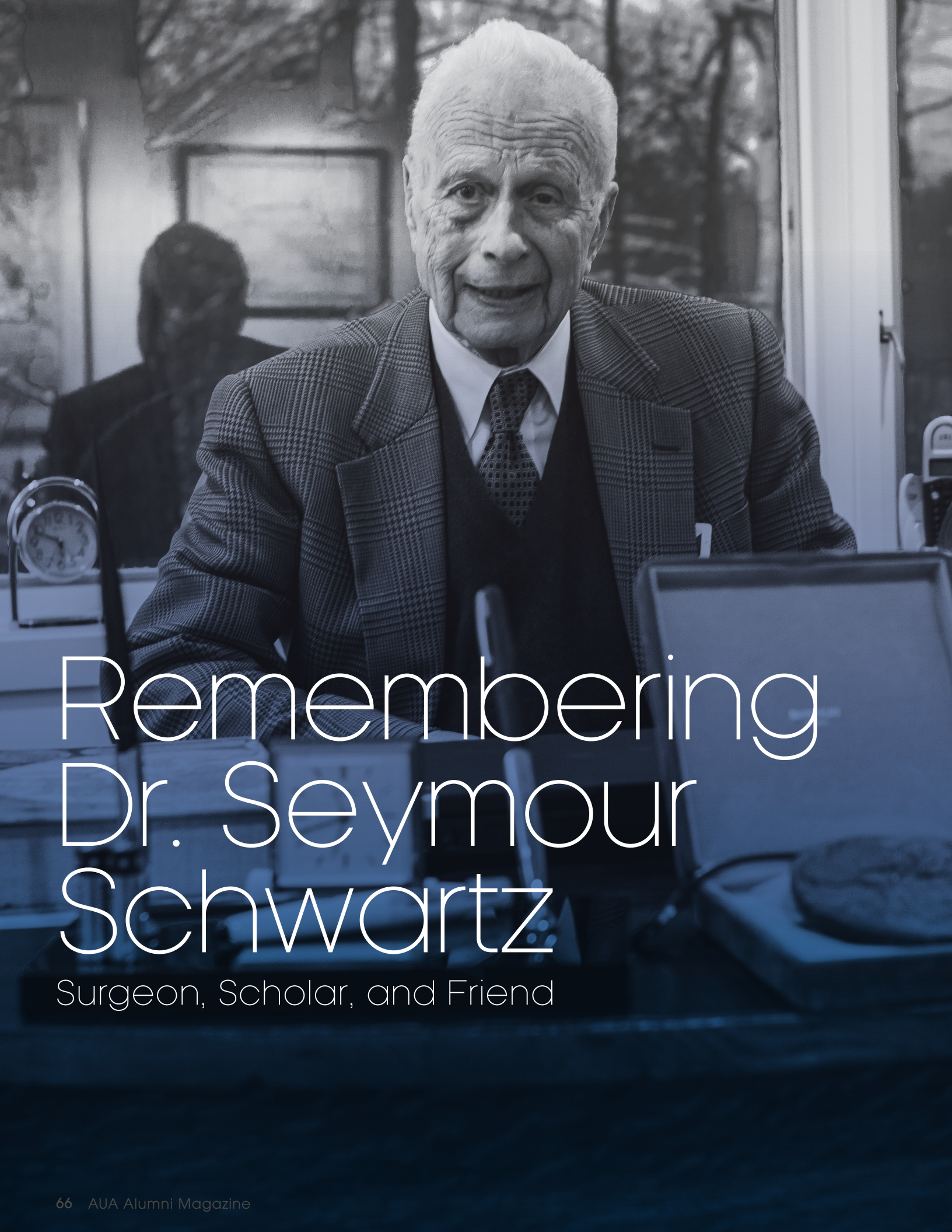
When Jadhav did her first emergency medicine rotation in Brooklyn, New York, she knew she had found her calling. Initially she was thinking of pursuing OB/GYN but fell in love with the fast pace of shifts and variety of cases in emergency

medicine, which she saw as a great culmination of the different disparate facets of medicine coupled with the idea that you aren't quite sure who's going to walk into the ER that day.

But besides that, she was looking for a role where she could still have a life outside of work. She remembered how her aunt and uncle would be charting from home and while they loved it, bringing work home wasn't something that Jadhav was looking for.

"I got everything I wanted with emergency medicine," she said. "I love going to work every day."





# Remembering Dr. Seymour Schwartz

Surgeon, Scholar, and Friend



In 2004, when I met Dr. Seymour Schwartz for the first time on the old campus in Antigua, I could not foresee what an impact he would make on AUA nor on myself for the years to come. Seymour, as I was allowed to call him, visited the campus to give a lecture on surgery to AUA students, faculty and Antiguan physicians. He was introduced to AUA by Dr. Glasser and was curious to learn more about our school and the alternative pathway to residency in North America we had just created for our medical students.

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Dr. Schwartz, a world-renowned surgeon, did not only write surgical history in the US, particularly in the field of liver surgery, but he has also influenced the surgical education of nearly every surgeon in the English-speaking world and beyond through his textbook Schwartz's Principles of Surgery, which is currently in its 11th edition.

After being raised in the Bronx, NY and attending medical school at the University of Wisconsin on a scholarship, Dr. Schwartz spent his entire academic career at the University of Rochester in New York beginning with his surgical residency in 1950.

His accomplishments in the field of surgery were not enough to satisfy his curiosity. After being advised by his late wife, one of the first female gynecologists in New York, that he needed a hobby, Dr. Schwartz started to collect historic maps and by doing so became one of the world's leading experts on maps depicting America. He actually found the first map that names America in a German cloister and convinced the Library of Congress to acquire it for its collection and, true to his nature, he wrote a book about that adventure. This is one of many examples of his extensive scholarship beyond surgery. Another one is his book about saints in medicine called The Patron Saints of Medicine, a topic he lectured cardinals about.

Beyond his scholarly work in medicine and other disciplines for which he received national and international recognition including the title "Icon of Surgery" by the American College of Surgeons, Dr. Schwartz remained a humble person with a subtle sense of humor. Asked by his companion, Lyn, to take the trash out after he received this honor he responded, "Icons do not do trash!"

For American University of Antigua, in his role as Provost of the College of Medicine, Dr. Schwartz provided sound advice based on his experience and analytical skills, and his undying ambition assisted AUA in granting opportunities for underrepresented minorities and otherwise qualified students who were not accepted to a mainland medical school. He was instrumental in writing our mission statement, which is the intellectual foundation of what AUA stands for.

Despite all his achievements and contributions I will never forget how humble he was, always kind but firm, not willing to make any academic compromises, and never allowing anyone to carry his bag for him.

Dr. Schwartz is missed as the great and humble person he was, as a surgeon, a scholar, a mentor, and a friend.

— Peter Bell, MD

*Vice President, Global Medical Education*

*Executive Dean, Clinical Sciences*

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# WHERE ARE THEY NOW?

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## **Kaushal Jani ('19)**

### **Where are you located?**

Toledo, OH

### **Where are you working?**

Mercy Health Center, Toledo,  
PGY1 in family medicine



## **Nickul Shah ('17)**

### **Where are you located?**

Agawam, Massachusetts

### **Where are you working?**

Molecular Diagnostics at the  
Life Sciences Testing Center at  
Northeastern University in Burlington,  
Massachusetts



## **Kirill Alekseyev ('14)**

### **Where are you located?**

Dover, DE

### **Where are you working?**

Medical Director,  
Post Acute Medical Hospital  
of Dover, DE







**Chandan Samra ('15)**  
**Where are you located?**

Bakersfield, CA

**Where are you working?**

Completing psychiatry residency at  
UCLA-Kern Medical Center



**Gurbani Sandhu ('19)**  
**Where are you located?**

Toronto, Canada

**Where are you working?**

Co-Chief Resident at University  
of Toronto Mount Sinai  
Family Medicine



**Andrew Valasquez ('18)**  
**Where are you located?**

Sacramento, California

**Where are you working?**

Chief resident, family medicine  
residency program at St.  
Joseph's Medical Center in  
Stockton, California



**Peter Sayegh ('16)**  
**Where are you located?**

New York, NY

**Where are you working?**

Currently completing  
cardiovascular disease fellowship  
at Lenox Hill Hospital, NYC; starting  
interventional cardiology fellowship  
afterward, also at Lenox Hill



**Nuwan Gunawardhana ('16)**  
**Where are you located?**

Birmingham, Alabama

**Where are you working?**

Infectious Diseases Fellowship at  
the University of Alabama  
at Birmingham



**Sara Tano ('16)**  
**Where are you located?**

Miami, Florida

**Where are you working?**

Second-year emergency  
medicine fellow at Nicklaus  
Children's Hospital, Miami

**Osman Ali ('17)**

**Where are you located?**

University of Maryland  
Medical Center (UMMC)

**Where are you working?**

Currently a gastroenterology  
and hepatology fellow  
at UMMC



**Hassan Masri ('10)**

**Where are you located?**

Saskatchewan, Canada

**Where are you working?**

Associate professor and  
assistant program director of  
internal medicine at University  
of Saskatchewan



**Shanza Khan Mahmood ('15)**

**Where are you located?**

Pittsburgh, PA

**Where are you working?**

UPMC Presbyterian Hospital as  
a clinical associate professor  
and full-time infectious diseases  
faculty member



**Srikant Sivaraman ('12)**

**Where are you located?**

Southern Colorado

**Where are you working?**

Currently an attending  
vascular surgeon; board-  
certified in both general  
surgery and vascular surgery

**Monique Leung ('13)**

**Where are you located?**

Honolulu, HI

**Where are you working?**

Currently working in an OB/GYN  
private practice with Premier  
Women's Health Hawaii



**Yamuna Krishna ('14)**

**Where are you located?**

University of Connecticut/Hartford  
Hospital

**Where are you working?**

Completing trauma surgery/  
critical care fellowship at U of C





# WHERE ARE THEY NOW?



**Bilal Khan ('11)**

**Where are you located?**

Livingston, NJ

**Where are you working?**

Currently a pulmonary, critical care, and sleep physician at St. Barnabas Medical Center; also serves as Director of Quality and Assistant Director of Research

**Imran Siddiqui ('14)**

**Where are you located?**

California

**Where are you working?**

Currently the Chief Medical Officer for Desert Valley Hospital, Desert Valley Medical Group



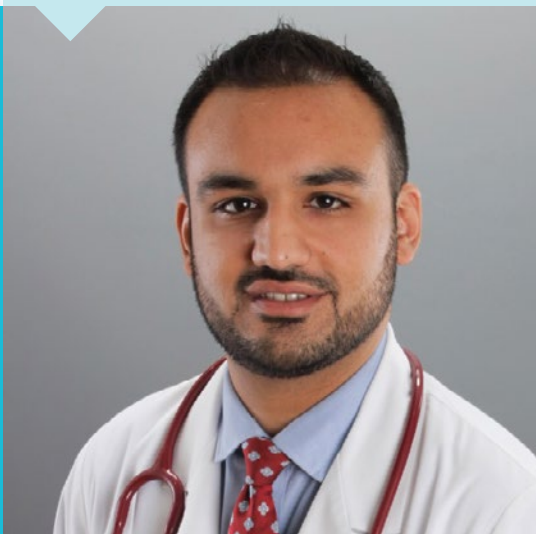
**Gagan Randhawa ('17)**

**Where are you located?**

University of Oklahoma

**Where are you working?**

Currently completing final year of a family medicine residency at University of Oklahoma, which will be followed by a sleep medicine fellowship at the same location





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# WHERE ARE THEY NOW?

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**Pedro Torres ('15)**

**Where are you located?**

Tucson, AZ

**Where are you working?**

Currently employed by Sound Physicians, AZ, as an intensivist (neurology, medical, and cardiovascular ICU).

**Bhartiben Patel ('13)**

**Where are you located?**

Florida

**Where are you working?**

Currently providing telehealth services; planned Health Care of America/Florida fellowship in July 2021



**Brintha Vasagar ('12)**

**Where are you located?**

Delaware

**Where are you working?**

Program Director for the first residency program in central/southern Delaware: Bayhealth Family Medicine Residency Program. Her first class of 8 residents will begin in July





**Neel Talwar ('14)**

**Where are you located?**

Southern California

**Where are you working?**

Hematologist/oncologist at City of Hope Comprehensive Cancer Center, treating a variety of cancers and blood disorders



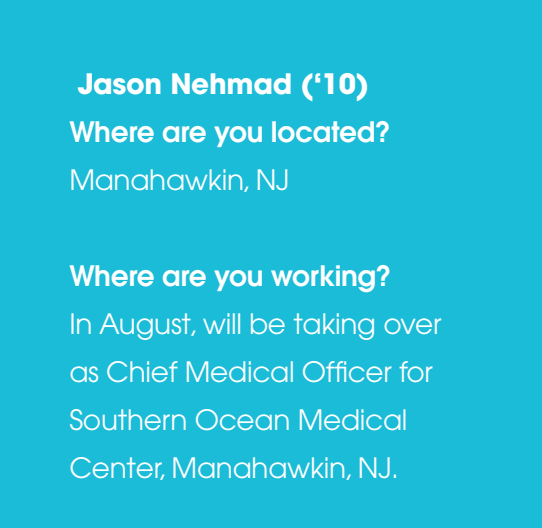
**Saurabh Dang ('11)**

**Where are you located?**

New Jersey

**Where are you working?**

Pain medicine physician, Garden State Pain Control, NJ



**Jason Nehmad ('10)**

**Where are you located?**

Manahawkin, NJ

**Where are you working?**

In August, will be taking over as Chief Medical Officer for Southern Ocean Medical Center, Manahawkin, NJ.



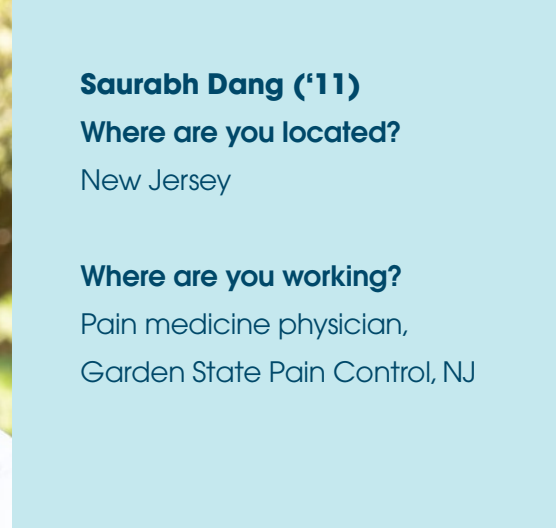
**Rylan Ciccerallo ('19)**

**Where are you located?**

Gainesville, FL

**Where are you working?**

Currently a psychiatry resident at North Regional Florida Healthcare



**Radmehr Torabi ('08)**

**Where are you located?**

Rhode Island

**Where are you working?**

Director of Endovascular Neurosurgery, the Warren Alpert Medical School of Brown University



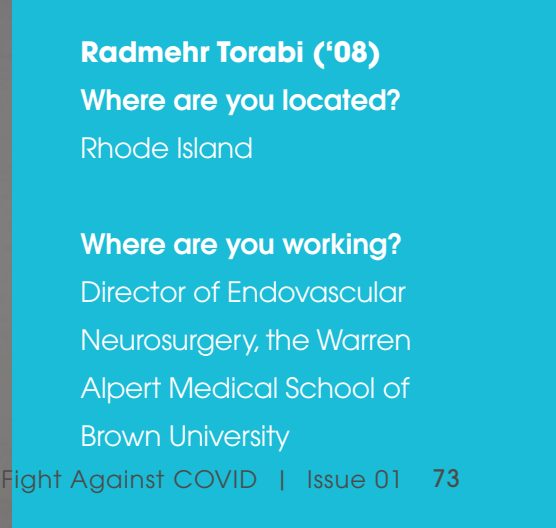
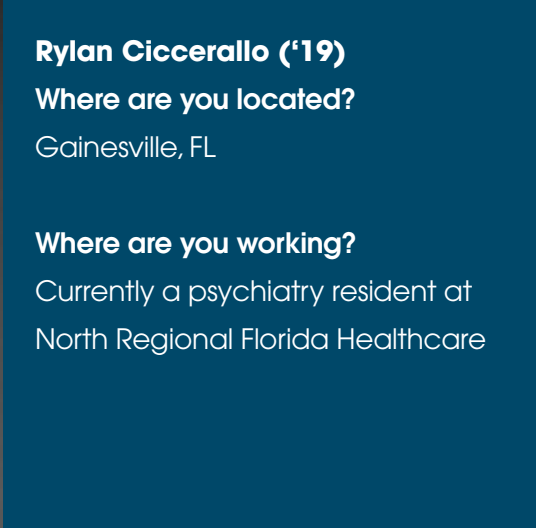
**Farhan Rafi ('14)**

**Where are you located?**

Van Alstyne, TX

**Where are you working?**

Baylor Scott & White Primary Care at Van Alstyne as a family medicine/sports medicine physician





**Swaiman Singh ('15)**

**Where are you located?**

Newark, NJ

**Where are you working?**

Interventional cardiology  
fellow, Newark Beth Israel  
Medical Center - The Heart  
Hospital of NJ



**Mark Sayegh ('18)**

**Where are you located?**

Yonkers, NY

**Where are you working?**

Chief Resident for the internal  
medicine residency program  
at St. John's Riverside Hospital



**Marlon Coehlo ('17)**

**Where are you located?**

Yonkers, New York

**Where are you working?**

Incoming chief resident in  
diagnostic radiology, SUNY  
Upstate Medical University;  
fellowship in integrated nuclear  
medicine



**Adam Kramer ('16)**

**Where are you located?**

Brooklyn, NY

**Where are you working?**

Emergency Medicine Academic  
Chief Resident at The Brooklyn  
Hospital Medical Center

**Matthew Sayegh ('17)**

**Where are you located?**

Philadelphia, PA

**Where are you working?**

Surgery resident at Crozer  
Chester Medical Center, just  
outside Philadelphia PA.



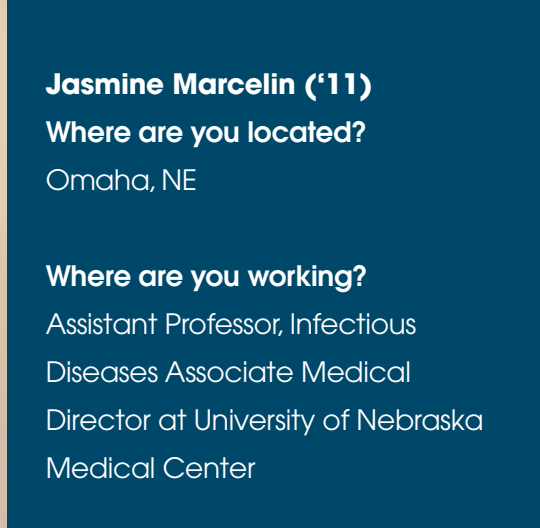
**Jasmine Marcelin ('11)**

**Where are you located?**

Omaha, NE

**Where are you working?**

Assistant Professor, Infectious  
Diseases Associate Medical  
Director at University of Nebraska  
Medical Center





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# WHERE ARE THEY NOW?

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**Johnny Amit Grover ('17)**

**Where are you located?**

Memphis, TN

**What's your specialty area?**

Currently practicing  
geriatric medicine

**Pooja Mehta ('13)**

**Where are you located?**

Philadelphia, PA

**Where are you working?**

Temple Physicians, Inc., as  
a primary care/urgent  
care physician



**Donish Siddiqi ('13)**

**Where are you located?**

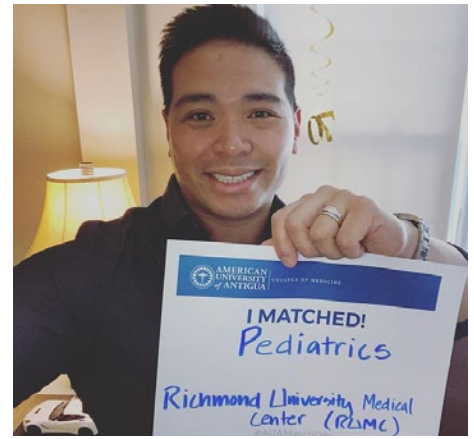
Holy Springs, GA

**Where are you working?**

Practicing family medicine  
at Wellstar Medical Group



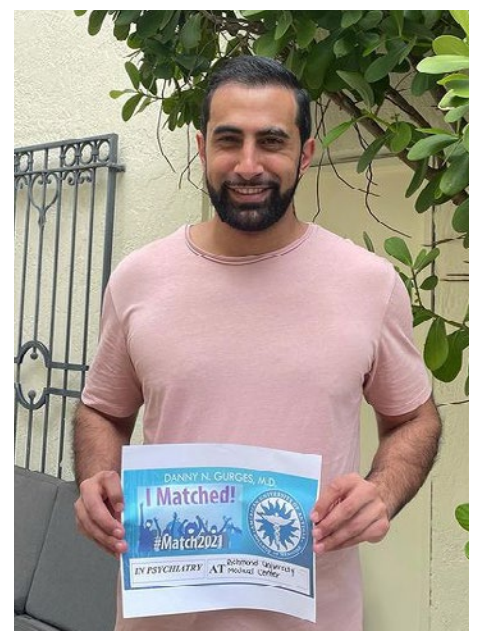








Please join us in celebrating more than 235 AUA graduates (and counting) who attained residency placements in 2021. Congratulations, and good luck during your residency training!





# THE PATHWAY TO AUA



As a student, AUA paved the way for you to become an MD, and the lifelong impact of your years at AUA is undeniable. Help us tell the AUA story by supporting us during AUA events and becoming brand ambassadors.

**LEARN MORE ABOUT THE AUA ALUMNI ASSOCIATION**

**[WWW.AUAALUMNI.ORG](http://WWW.AUAALUMNI.ORG)**