WINDSOR UNIVERSITY
SCHOOL OF MEDICINE

Windsor Insight

ISSUE # 4 SPRING SEMESTER 2018

A Letter of Solidarity

WINDSOR UNIVERSITY SCHOOL OF MEDICINE

To the Dear Caribbean Community,

On behalf of the Windsor University School of Medicine, on the island of St Christopher and Nevis, we would like to convey our heartfelt condolences to the Caribbean Community in wake of the recent disastrous storms. We are deeply saddened by the seamless devastation, loss of life and property left by Hurricane Irma on the beautiful islands. The Caribbean community has repeatedly proven to be extremely resilient to challenges and we would like you to know that our hearts and prayers go out to everyone affected.

AMSA and Windsor University SOM unite in solidarity with the Caribbean people during these trying times. We send you hugs full of strength, solidarity and love, and assure you that Windsor University School of Medicine are committed to contribute in any possible manner. We are doing everything possible to support and assist in fundraising efforts designed to assist the islands affected by this tragedy. We continue advocating for all governments and volunteer groups/organizations to share in the responsibility of facilitating and safe resettlement of the affected people.

We pray that the comforting presence and spirit of Almighty God will give the bereaved Caribbean People strength and fortitude at this time of immense trial and grief.

In Solidarity,

Windsor University SOM Community

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Windsor Welcomes New Faculty

Emmanuel Uchechukwu Ukenenye, MD

I was a medical student first at Madonna University Nigeria before I transferred to Windsor University School of Medicine, St Kitts. I did most of my basic sciences at Madonna University, excelled at them and came out with a Distinction in Human Anatomy. I also mushroomed academically at Windsor University, excelling at the United State Medical Licensing Examination (USMLE). My experience at Joseph N. France General Hospital, St Kitts gave me the opportunity to meet and work with Caribbean doctors, other healthcare workers and people in general, thus expanding my medical and cultural horizon. I also obtained a good insight of medicine because I acquired knowledge of British approach to medicine (from Madonna University) and the American approach to medicine (Windsor University). I was always kept on my toes by my teachers, friends and most importantly by myself (self motivation) and got one of the best medical experience I could ever hope for.

I joined Windsor University faculty because I wanted to give back; bring out the very best in students not just by teaching but also for them to look up to me as someone that was once in their very own shoes, in this very campus and now has thrived.

I belong to the biochemistry department; taking biochemistry, USMLE board review and basic pharmacology.

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I plan on becoming a surgeon...
"Surgery without Anatomy is Forgery"

Arthur Dilibe, MD

Dr. Arthur started his medical education in 2009 in Ukraine, and subsequently transferred to Windsor University School of Medicine where he received his Medical Degree.

Dr. Arthur is very passionate about mental development and self growth. His philosophy about education is that we co-construct our knowledge. Each person holds only a slice of the pie, and there would always be a lapse in what an individual knows about a given topic at a given time, so ultimately we learn from one another, we learn from experiences that we've had prior to the situation that we're in. And then, by working together in an environment, we actually co-construct knowledge.

His philosophy of life revolves around finding balance between work and leisure, between what a person wants to do and what a person needs to do. Dr. Arthur is an avid reader and a fan of good music.

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INTRODUCTION OF RESIDENCY INTEREST GROUPS

By Sandeep Mellacheruvu

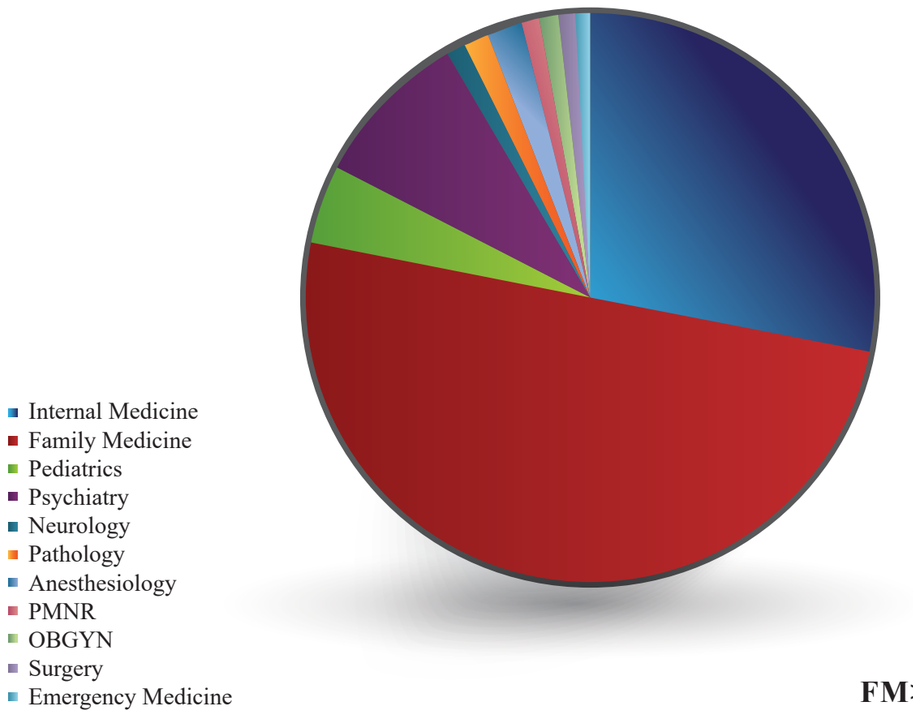
Introduction:

In an effort to improve academic guidance and career counseling to choose and apply for residency programs in United States for our students at Windsor University School of Medicine we are introducing residency interest groups in the fields of Family Medicine, Internal Medicine, Psychiatry, and Pediatrics. To create these groups we have reached out to current WUSOM clinical students, resident alumni, and department chairs. A current WUSOM clinical student, Ms. Rasmeet Chabra, has helped create the structure for each interest group. Multiple Windsor's resident alumni have come forward to help the students who would be applying for 2018 Match process. Our clinical department is coordinating these activities to create interest groups and encourage student participation and provide needed guidance for residency application. Our clinical department has been able to conduct residency preparation webinars with the help of successful resident alumni in the past for the last many years. Students are encouraged to sign up for these residency interest groups to receive specific guidance. Multiple resources will be shared to help students complete their ERAS applications, network with current resident alumni advisors, Department Chairs, write letters of recommendations, Medical Student Performance Evaluations (MSPE), and personal statements. If you have an interest in Family Medicine, Pediatrics, or Psychiatry for residency please fill the form at:

https://goo.gl/forms/YIzZ1RYMMYbFkimV2

Dr. Sandeep Mellacheruvu at **sandeep@windsor.edu** will receive a notification and will be available to guide you.

WUSOM RESIDENCY DISTRIBUTION



FM>IM>PSY>PED

Windsor University Family Medicine Interest Group (Windsor FMIG):

Description:

A student-run organization supported by the Department of Family Medicine at Windsor University School Of Medicine (WUSOM). Windsor FMIG meetings provide opportunities for medical students of all class levels to:

- Gain clinical skills relevant to the field of Family Medicine through opportunities for hands-on workshops, such as phlebotomy, suturing, women's health procedures and casting, etc..
- Provide information to help support medical student interest in Family Medicine as a specialty, and about areas of practice within Family Medicine.
- Meet and share experiences in local and international physicians settings.

Mission:

Windsor FMIG mission is to encourage, impassion, inform and equip students at WUSOM to pursue the exciting field of Family Medicine.

Residency Connection:

Foster an ongoing relationship between current medical students interested in the field with residents and young physicians who have graduated from WUSOM and successfully obtained a residency in the field of Family Medicine.

Objectives:

- Increase awareness of, and interest in Family Medicine

Educate medical students about the specialty of Family Medicine

- Assist students in finding a family physician mentor
- Provide opportunities for leadership involvement
- Assist in residency searches and understanding the Match
- Distribute information about Family Medicine
- Facilitate interaction among the medical students interested in Family Medicine

Faculty Advisors:

- Dr. Tariq Butt (ACCESS Community Health Network, Chicago, IL)
- Dr. Rajiv Kandala, Jackson Park Hospital, Chicago, IL

Resident Alumni:

- Dr. Sana Usman
- Dr. Keidren Lewi
- Dr. Murtuza Tameem
- Dr. Harinder Kaur
- Dr. Simona Rasquinha

Windsor University Internal Medicine Interest Group (Windsor IMIG)

Description:

A student-run organization supported by the Department of Internal Medicine at Windsor University School Of Medicine (WUSOM). Windsor FMIG meetings provide opportunities for medical students of all class levels to:

- Gain clinical skills relevant to the field of Internal Medicine through opportunities for hands-on workshops, such as airway management, EKG, nasogastric tube & foley's catheter insertion
- Provide information to help support medical student interest in Internal Medicine as a specialty, and about areas of practice within Internal Medicine.
- Meet and share experiences in local and international physician's settings.

Mission

Windsor IMIG mission is to encourage, impassion, inform and equip students at WUSOM to pursue the exciting field of Internal Medicine.

Residency Connection:

Foster an ongoing relationship between current medical students interested in the field with residents and young physicians who have graduated from WUSOM and successfully obtained a residency in the field of Internal Medicine.

Objectives:

- Increase awareness of, and interest in Internal Medicine
- Educate medical students about the specialty of Internal Medicine
- Assist students in finding a family physician mentor
- Provide opportunities for leadership involvement

Assist in residency searches and understanding the Match

- Distribute information about Internal Medicine
- Facilitate interaction among the medical students interested in Internal Medicine

Faculty Advisors:

- Dr. Prem Rupani, Mt. Sinai Hospital, Chicago, IL
- Dr. Jasmin Baleva, Memorial Herman Hospital, Houston, TX

Resident Alumni:

- Dr. Divyesh Reddy
- Dr. Sarosh Majeed
- Dr. Amid Bitar
- Dr. Mohammad Adnan Ul-Haq

Windsor University Psychiatry Interest Group (Windsor PSYCHIG)

Description:

A student-run organization under the supervision of the Department of Psychiatry at Windsor University School Of Medicine (WUSOM) in order to train in and promote the field of Psychiatry among medical students through regular meetings, community projects, and social events in which students will learn to advocate and obtain clinical skills needed to excel in residency and beyond.

Mission:

Windsor PsychIG mission is to promote and facilitate exposure within the field of Psychiatry to all the medical students interested in pursuing a career in Psychiatry

Residency Connection:

Foster an ongoing relationship between current medical students interested in the field of pediatrics with residents and young physicians who have graduated from WUSOM and successfully obtained a residency in the field of Psychiatry.

Objectives:

- Increase awareness of, and interest in Psychiatry
- Educate medical students about the specialty of Psychiatry
- Assist students in finding a

Psychiatry mentor

- Provide opportunities for leadership involvement
- Assist in residency searches and understanding the Match
- Distribute information about Psychiatry
- Facilitate interaction among the medical students interested in Psychiatry

Faculty Advisors:

- Dr. Carl Bell, Jackson Park Hospital, Chicago, IL
- Dr. Jorge Raichman, Memorial Hermann Hospital , Houston, TX

Resident Alumni:

- Dr. Mena Mirhom
- Dr. Nahrain Raihan
- Dr. Mudasir Kamal

Windsor University Pediatrics Interest Group (Windsor PEDIG)

Description:

A student-run organization supported by the Department of Pediatrics at Windsor University School Of Medicine (WUSOM) in order to train in and promote the field of Pediatrics and its subspecialties among medical students at different levels of training.

Mission:

Windsor PEDIG mission is to educate, inform and equip students interested in the field of Pediatrics through regular meetings, community projects, and social events in which students will learn to advocate and obtain clinical skills needed to excel in residency and beyond.

Residency Connection:

Foster an ongoing relationship between current medical students interested in the field of pediatrics with residents and young physicians who have graduated from WUSOM and successfully obtained a residency in the field of Pediatrics.

Objectives:

- Increase awareness of, and interest in Pediatrics and its subspecialties
- Educate medical students about the specialty of Pediatrics
- Assist students in finding a Pediatrics mentor
- Provide opportunities for leadership involvement
- Assist in residency searches and understanding the Match
- Distribute information about Pediatrics
- Facilitate interaction among the medical students interested in Pediatrics

Faculty Advisors:

- Dr. Mark Rothschild, Jackson Park Hospital, Chicago, IL
- Dr. Mohammad Zaied, Jackson Hospital, Montgomerry, AL

Resident Alumni:

- Dr. Jasmine Virk
- Dr. Tanvi Beri

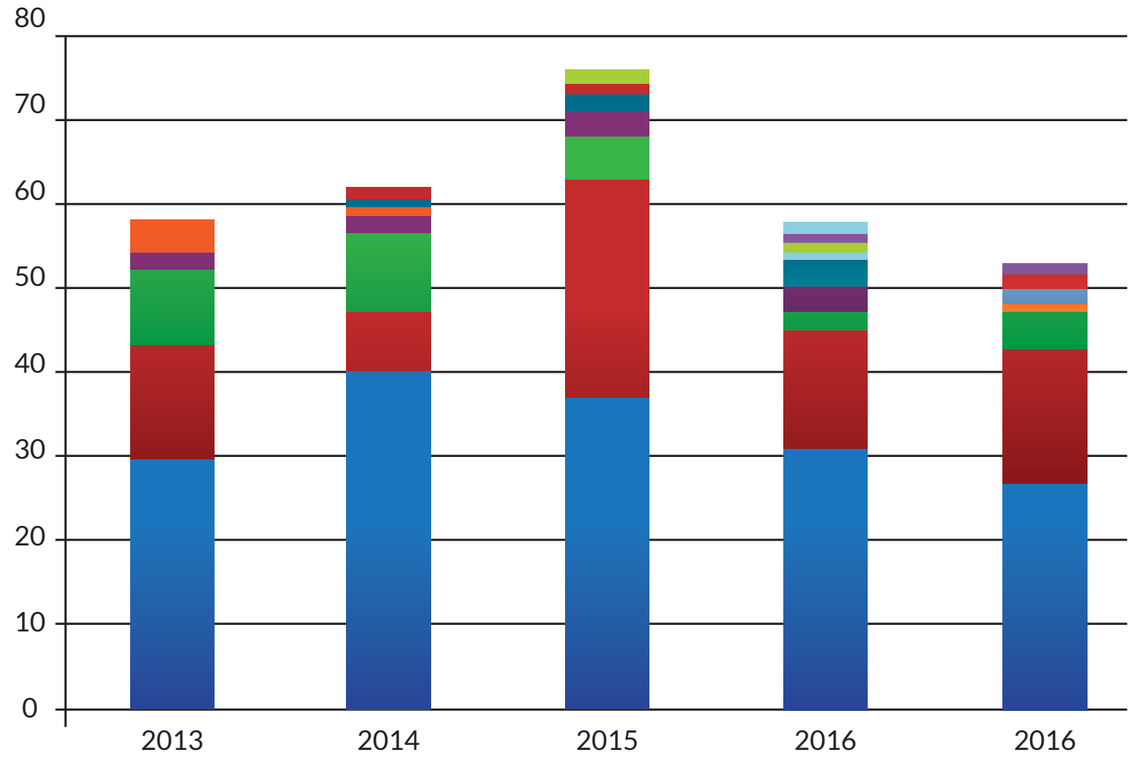
States where WUSOM resident alumni currently doing their residencies:

- Alabama
- Arizona
- Arkansas
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Iowa
- Kentucky
- Louisiana
- Maine
- Maryland
- Michigan
- Minnesota
- Missouri
- Nebraska
- New Jersey
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Pennsylvania
- South Carolina
- South Dakota
- Texas
- Virginia
- Washington
- West Virginia
- Wisconsin

33 STATES

IL>MI>PA>OH

WUSOM NRMP Data 2013-2017



- Emergency Medicine
- OBGYN
- Transitional
- Neurology
- Surgery
- Anesthesiology
- Pathology
- Pediatrics
- Psychiatry
- Internal Medicine
- Family Medicine

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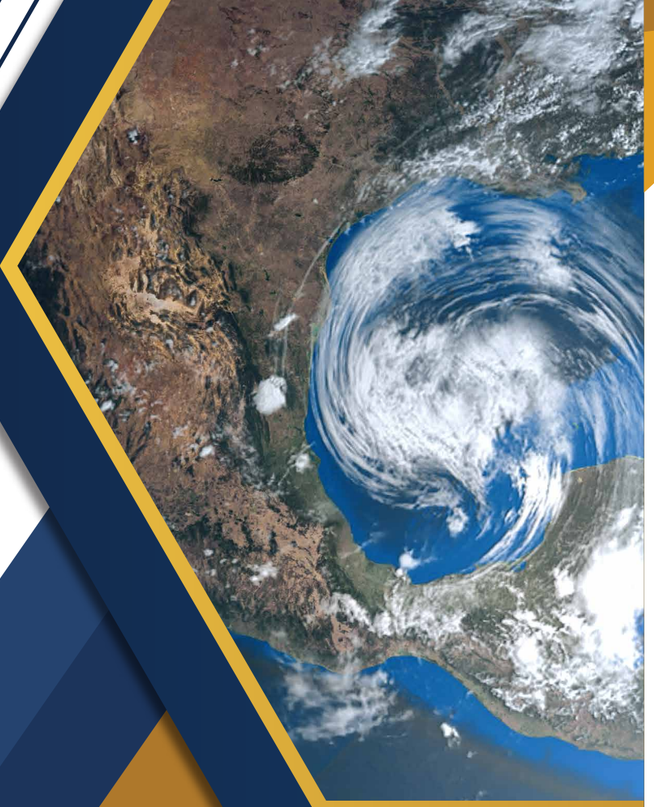
HURRICANES ARE REAL. BE PREPARED.

By Khalil Ali



When applying to medical school in the Caribbean, one of the very first questions that our family and friends ask, ***"Is it safe?"*** Safety is a crucial part of life and in the Caribbean region, natural disasters(storms, hurricanes, volcanoes etc) are a key concern.

The Caribbean islands sit in the direct path of brewing weather fronts that develop every year. The warm air in the ocean near the equator rises, causing an area of low air pressure below it. Air from the surrounding areas flow into the low pressure area. This "new" air is then warmed and begins to rise. This cycle of warming and cooling develops into clouds. The whole system of clouds are fed by the ocean's heat, and develops into catastrophic hurricanes. The hurricanes are ranked into 5 categories, category 1 being the least and category 5 being the most devastating. Hurricane season varies from island to island but usually extends from June through November.

In the 2017 season, the Caribbean was struck with a number of category 3 and category 5 hurricanes. The damage to a number of these islands was huge and a most of them are still recovering. The storms left a shortage of food and clean water(since most countries are dependant on import from Nort and South America), destruction of important infrastructure, eradication of telecommunications and loss of life. The saying:

"better safe than sorry"

couldn't be more appropriate in this situation. Here are a few ways to prepare yourself for these possibly catastrophic natural disasters.

Know where you live:

Be familiar with where your island is located since islands that are closezst to the equator, are at more risk of being hit by these storms. Paying special attention to how close you are to the ocean since high tides can also cause flooding.

Know the closest safety zone:

There are safety zones that have medical supplies and are a safe haven if something happens to your home or it is no longer safe to stay in your home.

Listen to broadcasts:

Every area has specified times when they are more likely to be hit by hurricanes. When you know it is hurricane season, listen to the weather to hear if any storms are developing.

Prepare essentials.

Having all your essential documents in a safe accessible location is always a good idea. It is also a good idea to always have a bag packed with a change of clothes, some snacks, some water, a flashlight, a radio, and your medications.

Protect your property.

With increased wind speed, there may be large debris that can break your windows, therefore it is advised to board your windows with plywood or metal. Also, before the hurricane passes secure loose objects around your property that can be dislodged with high winds. Large trees or shrubs should also be trimmed to avoid more debris. It is important that you also encourage your neighbours to do the same, as their objects can cause serious damage.

Charge all electronics:

When the power goes, so does your technology. Keeping those devices charged could be crucial to saving your life and staying locally connected. Also, to preserve charge on your devices, only use when absolutely necessary since the electricity may be down for a few days and keep them on battery saving mode.
Once you know that there is an impending hurricane it's time to stock up on the basics. The aftermath of the hurricane can leave you without electricity, and clean water for several days. Head over to the store and buy water bottles, canned foods, non-perishable items, can openers, flashlights, batteries, candles and matches. The longer you wait to purchase these items is the less likely they will be stocked on the shelves. Cooking food in advance can be beneficial, but looking into an alternative way to cook your food is smart. Propane or coal barbeque grills will work to heat food but can be very dangerous in closed confined areas. Boiling water and storing it can also be used to take showers and flush toilets.

Now you have prepared in advance for the hurricane, and it is lurking over you. Remember there is safety in numbers, arrange for a couple of family of friends to stay together to wait out the storm. This way you have company to whether out the storm, as well as help in the case of an emergency.

Children and Elderly:

Some children and elderly require assistance to perform daily tasks, take this into consideration when making all decisions. Inform them of the severity of situations, and give ample time.

Pets:

Animals are innately instinctive, they can sense natural disasters and become very uncomfortable. Release all animals from crates or cages. Leave food accessible for them in case you need to desert your home and cannot take them with you. However, they are also part of the family so leave no man behind.

Avoid going outside at all costs:

The most destructive part of the storm is the flying debris. Going outside puts yourself and rescue personnel at risk. Hurricanes have an 'eye', a false sense of safety. The 'eye' is in the centre of the hurricane where it is calm and normal pressures and is surrounded by the higher winded areas. Many people think that it is over and are caught when the tail end of the hurricane hits.

Wait for the all clear.

When the hurricane is all done. We are left with its after effects. There can be downed power lines that lay in water and can electrocute you, wreckage lodged in higher areas waiting to fall and impending flash floods. The government officials will give the all clear after they make initial assessments.
Keep in mind, the debris and wind may cause severe damage to the telecommunications and electricity for a few days. Trying to reach loved ones is difficult, make the call as soon as possible as they may have been injured and are in need of assistance. Assess the damage to your property and start checking if your neighbours are well. The hospitals and doctors clinics will be busy, therefore avoid going for small issues. The water supply may be contaminated and it is important to avoid drinking tap water unless it is boiled first. The grocery stores may take a while to receive new stock, but when they restock remember to replenish the inventory that you used. Always think logically and focus on safety first. Remember, it's better to be safe than sorry.

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A SEMESTER LOOK INTO AMSA

By Ritha Mera & Khalil Ali
(Co-presidents)

The American Medical Student Association Windsor University School of Medicine chapter is a student-governed organization that thrives on community service and student leadership development. Throughout the semester we strive to partner with different student and local community organizations as well as provide essential workshops for our students. We divide our activities into three main categories: community outreach, ***'Sports vs. Medicine'***, student development and training.

We began this semester with our hurricane relief food drive that focused on providing essential items to islands devastated by Hurricane Irma and Maria. Our students and the Kittian community rallied and collected over 200 liters of water and 40 boxes of food and toiletries for St. Marteen and Barbuda. We partnered with Ms. Hall from Robert L. Bradshaw Airport who facilitated the transport of goods with volunteer pilots. Windsor University students and staff went beyond the call of duty and extended their love and solidarity to these islands.

AMSA and Students for Health (SHF) began a brilliant partnership this semester providing complementary health screenings to the students and the local community. Our first event was a ***"Health screening"*** for the Special Olympics Athletes of St. Kitts. The athletes received individual health consultation sessions as well as seminars of healthy eating and the importance of exercise.

Our next collaboration was a campus wide health and glucose monitoring screening where for two days both students and staff were able to receive these services as we promoted preventative medicine.

Additionally, AMSA and SFH partnered with the St. Kitts Diabetes Association for World Diabetes Day held at Independence Square where students interacted with the Kittian community and provided health and glucose screening as well as brief counseling sessions pertaining to diabetes, high blood pressure and overall health.

The two student clubs also partnered for the St. Christopher's Children Home Run.

This was a fundraising 5K-island wide event where health screenings were provided to children and adults focusing on maintaining healthy eating and exercise habits.

Our last event with SHF was a partnership with the St. Christopher and Nevis government for World Aids Day to provide HIV screening for the general population.

Last but not least was a partnership with Muslim Student Association (MSA) to visit the St. Christopher Children's Home. We donated school supplies and food as we spent an afternoon with the children laughing and playing games.

Our second category of events 'Sports vs. Medicine' strives to promote preventative medicine as well as provide students with healthy productive breaks from studying. We had volleyball and basketball tournaments where each MD competes with others for bragging rights. Our events are so popular that there is always a faculty team that loves to promote physical activity and steal the championship. We are hoping to continue this theme of sports vs. medicine and add more sports in the upcoming semesters.

Lastly, our third category focuses on student development and training. Our chapter believes that peer-to-peer teaching is a vital part of learning in medical school. Our "Footsteps Program" is a peer tutoring service provided for all subjects not only focusing on the material for the class but also provides studying tips and mentoring. Likewise, our "Suturing Clinic" allow students to learn innovative suturing techniques that will help them shine in their clinical rotations and residency. Our professors as well as our students are extremely passionate about this clinic.

AMSA at Windsor University School of Medicine strives to create a balance between student life, medical school and community involvement. Our chapter loved all our partnerships and strives to keep them. We would like to give a special thanks to Nurse Stevens, for supporting our partnership ideas with SFH. We would like to also recognize that our success this semester would not have been possible without Dr. Bikramajit Singh Saroya, his dedication; ideas and never ending commitment were invaluable. Last but not least we would like to thank our board, without all of you wonderful people, the semester would not have run as smoothly. We thank all of you for your time, dedication, ideas and energy.

We hope that all students and faculty enjoyed the semester as much as we did and are prepared for an upcoming semester filled with new ideas.

P.S. don't forget to follow us on social media to keep up -to date with all our events

@amsa.windsoru

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HEPATITIS C AND THE OPIOID EPIDEMIC

By Ritha Mera

Pain management has always been a controversial issue within the medical community. Since pain cannot be quantitatively measured the decision on how to treat patients with chronic pain is left up to each individual physician. Physicians face the tough moral decision of turning a blind eye to debilitating chronic pain or prescribing opioids that could potentially lead to life long addiction. Due to the highly addictive nature of opiods and the increasing unemployment in the United States there is an opiod crisis which has subsequently led to a new wave of hepatitis C infections. The United States Government has recently declared a national health emergency to attempt to curve overdose deaths and the spread of hepatitis C in IV drug users. As addiction veered its ugly head, law enforcement began to crack down on pain management clinics, physicians and users of prescription drugs delivering tough fines and sentences. Unfortunately, this tactic lead to drug use underground and morphed the prescription pill addiction trend to IV drug use. According to the Center for Disease Control and Prevention, cases of hepatitis C have tripled from 2010 to 2015 mainly affecting people 20-29 years of age. Hepatitis C is a viral infection that causes permanent long-term damage through inflammation of the liver, often leading to liver cirrhosis and death. The biggest risk factor for acquiring this infection is through contaminated blood. In order to cure these new infections the government and health care professionals must address this epidemic on multidimensional levels. First, an affordable and adequate solution must be implemented to diagnose and treat current Hepatitis C infections. Currently, the most susceptible population cannot afford treatments or have access to testing centers. Creating mobile Hepatitis C clinics that bring testing to the population can be explored to expand accessibility to diagnosis and treatment compliance.

Secondly, IV drug users must be informed of the virus's ability to spread not only through blood but also its ability to live in water and surfaces for an extended period of time. Education as a form of preventive medicine can be successful in reducing infections. Thirdly, the addiction and mental health component of the epidemic must be addressed. Shifting the view of IV drug use as criminal behavior into a mental health issue could be helpful. This shift ensures that patients end up in rehabilitation centers and not in the prison system, where they can receive adequate treatment improving their chances of long-term sobriety and overall survival. Lastly, new integrative forms of chronic pain management must be explored. Alternative medicine such as acupuncture, physical therapy and psychotherapy should be further analyzed to address all the factors involved in chronic pain.

Addiction is a very complex issue that affects all levels of life and community often taking advantage and breeding in the holes that society has in its health care system. In this instance, it has bred new cases of hepatitis C. It is imperative to create and implement new strategies to deal not only with infectious diseases such as hepatitis C but also with the underlying cause of drug addiction.

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CRISIS INTERVENTION (PES) AT AN URBAN 24-HOUR CRISIS UNIT EFFECTIVENESS IN STABILIZATION OF PSYCHIATRIC PATIENTS

Karen V. Jenkins, MPH, MIS, MBA, Amanda Hong, Leslie Zun, MD, MBA, LaVonne Downey, PhD

There is a growing number of patients seeking psychiatric care in hospital emergency departments (ED) in the United States. Studies estimated that they make up between 6 to 9% of all ED visits. Many ED'S have either limited onsite mental health services and or a small number of inpatient beds for those patients. Resulting in a nationwide trend of boarding of psychiatric patients, often for long periods. Studies show boarding can last for a minimum of 8 hours and up to 34 hours. The impact of boarding is negative for the hospital and the patient with an average cost of $2,264 and patient's symptoms have gotten worse not better during their boarding experience.

One innovative way to address this issue is to have a dedicated Psychiatric Emergency Service unit (PES) where patients are evaluated, receive intensive treatment, and are allowed time for observation and healing. The goal of PES is to stabilize patients and avoid hospitalization. PES achieves this by; patients receiving intensive treatment with psychiatrists, nurses, and other affiliated personnel for up to 24 hours onsite and with the goals of rapid stabilization of the acute mental health crisis, and avoidance of inpatient hospitalization via assessments and observations.

Assessment of patients via observation for no longer than 24 hours is conducted by; Triage Assessment which is done immediate to determine appropriate referral (outpatient treatment, inpatient, private therapist) if needed and if medication is needed immediately in current state, a Crisis Assessment, and SASS (Screening, Assessment and Support) done by social worker or crisis worker.

The primary objective of this study is to determine if the Crisis Unit (PES) at an urban 24-hour crisis unit is effective in stabilization of psychiatric patient's acute symptoms and avoidance of boarding and psychiatric hospitalization.

Methods: Data was collected on all PES Psychiatric patients and/or who received medical clearance who were sent to an urban 24-hour crisis unit in 2015-2016. The study was conducted on patients who were treated at an institution, urban, inner-city hospital, that is a Level 1 Trauma Center with 291 Staffed Beds and 60,000 ED visits per year.

Inclusion Criteria:

All psychiatric patients who came into the PES crisis unit initially for a psychiatric complaint who were observers or admitted within 2015-2016.

Exclusion Criteria:

Patients who did not come into the PES crisis unit with a psychiatric complaint.

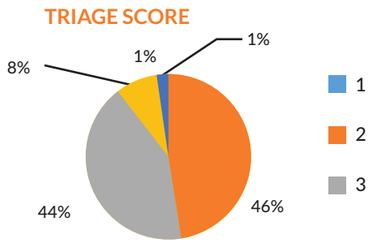
A retrospective, random sampled chart review of all PES patients from 2015-2016 via Meditech. 774 psychiatric patients were pulled from the electronic health records system. The first random 200 patients were sampled. This was done by importing all psych patients onto Excel, using the Random Function to randomize the patient population and this was done to eliminate bias. The data was analyzed using SPSS 22.

The variables that were include in this study are; Age, Sex, Admitted or Observed in the PES, Readmission to PES or Psychiatric Unit within 3 days, 30 days, and 90 days from initial visit, Initial Cost of treatment before insurance, after insurance, and the balance, Insurance Type, Number of medication given in PES crisis unit, Arrival Mode, Length of stay (LOS) in days, and Length of Service in Non-Admitted Hours, Total Length of Service Hours to PES and Psychiatric Hospitalization. This study is IRB approved.

Data Analysis: A total of 200 patients were sampled, 190 enrolled with 10 excluded due to incomplete data. Gender of this population is 117 Males (58%) and 73 Females (36.5%). The primary arrival mode the hospital was 92 Fire Department (46%) and 81 Walk-In Self (40.5%). The most prominent age range of the patients were 30-39 years old (23.7%).

Admitted	**63%**
Admitted for Observation	**64%**

Table 1: Admitted to Inpatient Unit and Admitted to PES



Graph 1: Triage Score

Diagnosis and Length of Stay:

The primary diagnosis of the patient population is Schizophrenia 18.5% (37) and Bipolar 16.5% (33) with Depression 16.5% (33) following. The LOS in Days is 1 Day 75% (150) for patients that are being admitted. The LOS in Hours Visit Range is 9-20 hours 42.4% (79) and 21-32 hours 32.2% (60) for total amount of time spent in PES and being admitted. The LOS of Non Admitted Range is 13-16 hours 20.4% (38) which is the longest length of stay without being admitted to inpatient facility.

Return Visit:

There is a significantly lower return visit to PES than to inpatient treatment. It seems that patient issues are being addressed initially in PES with proper resources due to: zero Medication given 22% (44), and 3 and 4 Medication are given 11% (22) each.

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Days	% (Frequency)
3 Days	0.5% (1)
30 Days	14% (28)
90 Days	19% (38)

Table 2: PES Return Visit

Days	% (Frequency)
3 Days	23% (46)
30 Days	61.5% (123)
90 Days	63.5% (127)

Table 3: Inpatient Return Visit

Cost	Actual Cost	After Insurance	Balance
$0-$4,999	39.8%	64.7%	74.2%
$5,000-$9,999	53,4%	33.2%	14.2%
$10,000-$14,999	4.5%	1.1%	1.1%
$15,000-$19,999	1.5%	1.1%	0.5%

Cost: Primary insurance is Public Aid 83.1% (157).

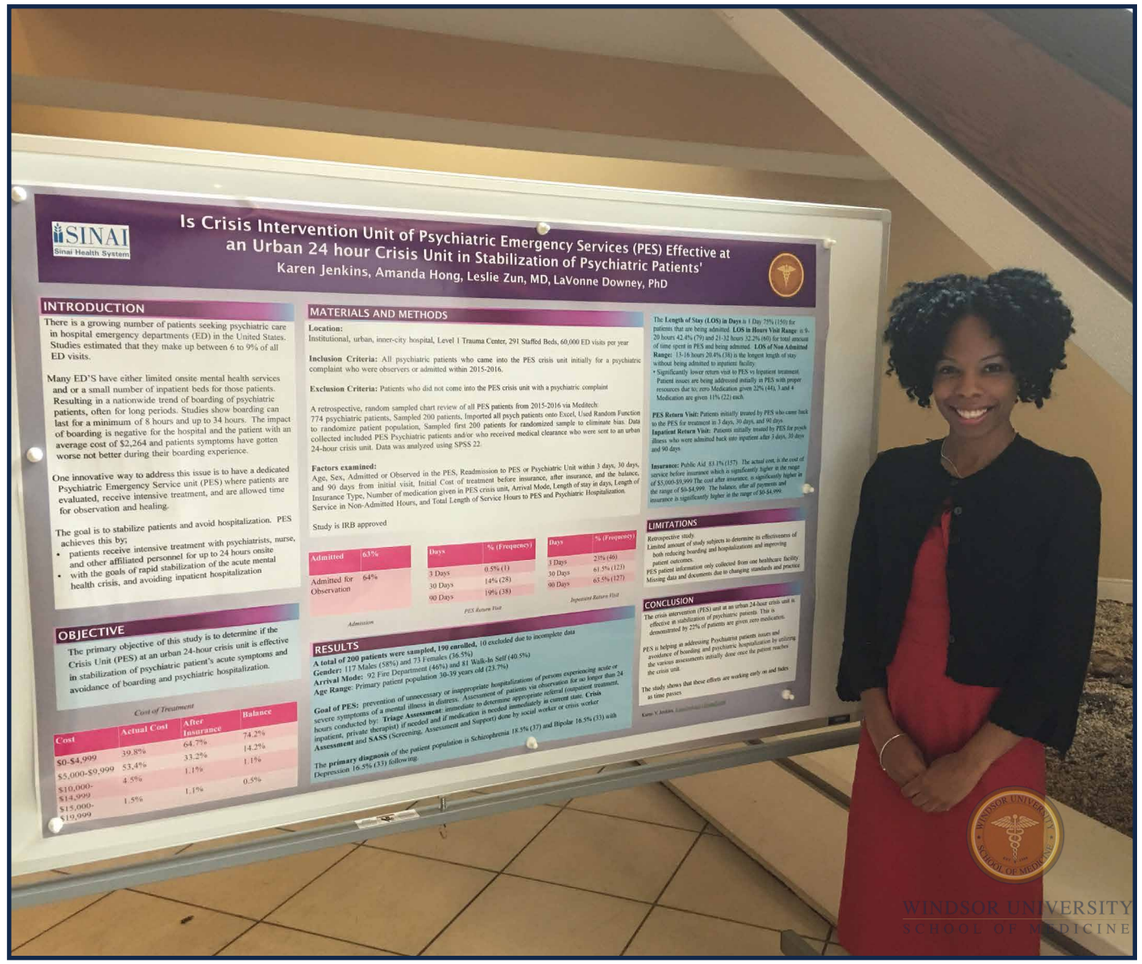
Table 4: Cost

Discussion/Conclusion:

There is no significant difference in admitted or admitted for observation (63%, 64%) in patient's initial visit to the PES crisis unit. While the primary patient population is diagnosed with Schizophrenia (18.5%). 75% average 1 day stay, 42.4% total hours of visit is 9-20 hours and 20.4% average 13-16 hours non admitted. In relation to Returned PES visit there is a higher variance when compared to PES revisit. While patient readmission to inpatient steadily increases as the days go on.

Patients are doing better after crisis intervention of PES than going inpatient after being boarded. 83.1% of this population is on Public Aid and the average cost after insurance is $0-$4,999 accounting for 74.2%.

The crisis intervention (PES) unit at an urban 24-hour crisis unit is effective in stabilization of psychiatric patients. This is demonstrated by 22% of patients are given zero medication. PES is helping in addressing Psychiatrist patient's issues and avoidance of boarding and psychiatric hospitalization by utilizing the various assessments initially done once the patient reaches the crisis unit. The study shows that these efforts are working early on and fades as time passes.



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TWO SISTERS TOO MANY: A CASE OF BENZODIAZEPINE WITHDRAWAL-INDUCED REDUPLICATIVE PARAMNESIA

By Seens, Hoda [1], Hirsch, Alan [2]

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Background:

Hallucinations have been reported with long-term use of benzodiazepines (Ashton, 1984) with a small number of cases following withdrawal from benzodiazepines (Roberts, 1986). Reduplicative paramnesia is a subset of delusional misidentification syndrome (Politis, 2012) characterized by a belief of duplication in a familiar person, place, or object (Blom, 2010). Reduplicative paramnesia has not been reported resulting from benzodiazepines withdrawal.

Methods:

Case Report: The patient, a 39-year-old right-handed male three days following abrupt discontinuation of 4 mg per day of alprazolam, hallucinated two copies of his sister. At the same time, the patient would hear a mechanical male voice with command hallucinations to eliminate the imposters leading the patient to charge towards the sisters with a knife in an attempt to kill them. The reduplicative vhallucination remained until the patient consumed 2 mg of alprazolam and fell into sleep for approximately six hours.

Results:

Abnormalities in Neurological Examination: Cranial nerves IX and X: uvula deviated to the left. Motor: drift test with right abductor digiti minimi sign. Cerebellar: finger-to-nose dysmetria bilaterally. Low amplitude, high frequency tremor on extension on both upper extremities. Reflexes: 0 branchioradialis, 1+ biceps, 0 triceps, 0 quadriceps femoris, 1+ right ankle jerk, and 0 left ankle jerk.

Conclusions:

Reduplicative paramnesia is typically associated with lesions in the right frontal lobe (Kapur, 1988). However, reduplicative paramnesia cannot be assumed to exist merely in the context of frontal lobe lesions. In patients presenting with such poly-optic hallucinations, query as to benzodiazepine withdrawal is warranted.

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COMMUNITY SERVICE

By Vashti-Amelia Geer

"We make a living by what we get, but we make a life by what we give. Only a life lived for others is a life worthwhile"- Sir Winston Churchill.

This quote is the essence of what medical professionals must use as their mantra. While community service is something that every noble human being should want to take part in, those pursuing a career in the many fields of medicine, practice this service on a daily basis.

The needs of those in our communities all across the globe will always be similar and should be near and dear to our hearts because those are the people that we will examine, care for, improve our clinical skills on and learn from. I believe Mahatma Gandhi said it best,
"The best way to find yourself, is to lose yourself in the service of others."
Pursuing a career in the medical field is one of the most selfless acts that one can do, because unlike many other career options, medicine is long, tiresome, mentally, emotionally, physically and financially draining. We do not get our **"reward"**, whether it be the **"MD"** behind our last name, our degree, paychecks until years of test taking and have going through tremendous amounts of material.

Inherently, community service or the will to help others, especially those in need lights a special fire within us. Not that we have a need to please our own egos, but because we have a desire to help the greater good, serving those who need our assistance and always with a smile and a warm heart. Helping one person at a time also is a helpful teaching aid where we learn leadership roles, confidence, interpersonal skills, strengthens our ability to think on our feet and enriches our idea of empathy and bedside manner.

The key part about serving others is that reciprocation or your name in the limelight is not what drives us. It is knowing that one small act can make such a huge impact in our communities and change lives for the better. Let us use our knowledge and fine skills for the greater good and remember that the fire that burns within us must be used to ignite that selfless fire in others around us, because a light of hope and charity is enough to change a world filled with darkness and despair. As we advance in our medical journey, let us never dim this light of service and giving back that once ignited our desire to pursue this highly respected and cherished career.

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PRE-MED TO MD: MY TIP OF THE ICEBERG

By Shar Mansuri

By Spring of 2016, I had already had the next few years of my life planned out; I had accepted University of Toronto's Offer to join their life Science program for the fall semester, I was offered an upcoming promotion at my part-time job at Kumon and my life seemed like it was full of sunshine. Except for one detail that wouldn't leave me alone: how could I be sure I was making the right choice? If I didn't end up being happy with my choice or program I couldn't just press a button and change my life right away.

This is where having a sibling much older than me ended up being beneficial. My older brother is a Windsor University School of Medicine Alumni. Right before I had my very own High School Graduation, I attended my brother's graduation ceremony in May, and when I saw him walk on stage and accept his degree, I knew without a doubt that that is where I wanted to see myself in in the future. Standing in front of my family and loved ones, holding on to a degree that I put my heart into earning, one which would let me give more of my myself to something I've always believed in, which is healing others.

Now that I was sure I saw a path for myself, I told my family and they were surprised at first because I always made it a point to be known that I was not interested in following someone else's path in life. However it just took me this long to realize that despite the fact that my destination may be the same as many other aspiring medical students, my path in getting there is just as unique as I am. My parents were beyond pleased because this was my personal choice rather than something that was forced onto me with wrong intentions.

All that was left was to send out my application for Windsor. All the requirements came and went in a blur of emails and spring was summer before I realized it. I received my acceptance letter for the premed program and packed my bags, bought my first stethoscope and sets of scrubs. I put on a brave face at the airport and I honestly didn't need to try that hard because I was ecstatic; I felt like I was making the best choice I could've made for myself at 18 years old. My self assuredness was like a slap on the face after my first 72 hours of being on St.Kitts and having to deal with issues I never thought I would have to deal with, such as eing forgotten at the airport and having half of my suitcases go missing. No matter what anyone says, I'm still going to hold it as an accomplishment that I didn't cry until my second night. Over the next year whenever a class or situation would overwhelm me, I would refer back to how confident I felt at the airport leaving my uncomplicated life behind, it never failed to reassure me that I made the right choice.

Most of my premed memories include just adjusting to the island and school atmosphere in general so it was a good thing the courses consisted of basic sciences and I wasn't stressing over the course load and was able to take everything at my own pace. In all honesty, I was disappointed that I didn't get the medical school feel from that first semester and the fact that we only had less than 10 students in class didn't help with that as well. Yet I quickly appreciated our small class size because it made it easier to have more in depth and interactive lectures with our professors. I also really enjoyed the Medical terminology and History of Medicine classes. At the time I never realized how useful having that background knowledge would be for my MD1 semester, especially when Dr. Kusai was so enthusiastic about teaching and quick to answer any inquires I had.

At the start of premed 2, all I could think of was how I couldn't wait for Anatomy lab to start and I could finally see what it was like to be in medical school and get some hands on learning. All the electric excitement I felt had vanished when I actually had my first lab and I saw our cadaver. This was not my first experience with a corpse, but it felt different in the way that I couldn't fully grasp at that time. Our lab instructor Mr. Khan asked the class "what is the first thing that comes to mind when you see the cadaver?" without realizing that I had spoken up I responded "That he used to be an actual person". Mr. Khan nodded and he proceeded to explain that we always need to remember that fact whenever we are in the lab. That memory always sticks out to me when I think about my time in pre-med because it was then I realized that it doesn't take a big mistake to end a patient's life, mainly because of the example that was in front of me.

Premed 3 was my favourite semester as it was the most clinically relevant one with having Pathophysiology, Microbiology, Biochemistry, Genetics and Pharmacology in the syllabus. I always knew that studying the basics of all those subjects gave me a good foundation for the MD program, but I still get a pleasant surprise sometimes when I'm writing a pop quiz for Histology class that I haven't yet studied for, but the answers just come to me because of the material I studied in pharmacology class or pathology class.

After being at Windsor University for a year and three months, the past three months have been a lot like my first three months, as I had to once again adjust to another curriculum and the demands it came with. I feel like my premed year gave me a life jacket and a crash course on swimming before I was thrown to the shark infested waters of the MD program. All in all it has taught me how to utilize my own skills to the best of my abilities and that I have to keep working at achieving my goals despite all the roadblocks that I have faced and will continue to face in the future.

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STUDYING DURING THE BREAK (AWAY FROM CAMPUS AND/ OR THE ISLAND)

By Zareena Khan

Studying during the semester is made easy because there's a set schedule for us to follow; class in the morning and afternoon, and back to studying in the evening till late night, or early hours of the morning for some. However, it is much harder to do in the comforts of our own homes once the semester is done. Here are some tips that'll (hopefully) help when studying from home!

Establish a regular study schedule, and a place to study. Are you comfortable studying at home, or do you need to be around others to study effectively and efficiently? Are you a night owl or a lark?

Create a timetable listing what you're going to study, and when you're going to study; it can be weekly or monthly. Follow it and don't procrastinate!

Don't overwhelm yourself with 4-5 sources for each subject. Find a source that works best for you, use that, and refer back to First Aid.

Study your weaker subjects first- if you dread opening that particular section in First Aid, that's the one!

Set aside time for questions once you're done with a section.

Remove all your electronics, unless you're using your laptop, and store them in a different room or in your bag pack. You can check your social media stuff during your break.

If you're unable to study alone, find a study partner so you can study over Facetime or Skype; establish a time when you'll both be available. This will allow you to clarify and explain concepts, and save each other from the boredom of studying alone. Just don't get carried away chatting.

Let your family know when you're studying, that way you won't be disturbed. However, make sure you set time aside for them, whether that includes having meals together or spending your well-earned 10-minute break with them instead of tapping away on your phone.

Don't forget to eat while studying- coffee and energy drinks are not food! If you study effectively, and don't procrastinate, you won't have to sacrifice sleep time.

Since you're on a break, figure out how many hours of sleep you need to function on a daily basis. You can do this by not setting an alarm for 3 days. The first day doesn't count. Take note of how many hours you sleep on day 2 and 3, without waking up with an alarm. This might not work for everyone, but it's worth a try! Mine was between 5-6hrs/day.

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It's hard for us to imagine going back to studying once the semester is finished but we have to remember there is no end to learning in this profession. You have to constantly build on your knowledge. However, a break is still a break, so make sure you give yourself a couple of days before you get back into it!