

# AUA ALUMNI

## INNOVATION IN TODAY'S HEALTHCARE

AUA alumni share perspectives on the advancement of medicine

**Also Inside**  
**FLEXIBILITY IN A  
CHANGING HEALTHCARE  
LANDSCAPE**  
(10)

**KEEPING AN  
OPEN MIND**  
(28)

**FORGING A PATH  
TO THE FUTURE**  
(36)

ISSUE 6 | 2023

# TABLE OF CONTENTS



**4**

President's Letter

**6**

Think Outside  
The Box

**10**

Flexibility in a  
Changing Healthcare  
Landscape

**16**

From Grit  
to Growth

**22**

Practicing  
in Pediatric  
Emergency

**28**

Keeping an  
Open Mind

**32**

Learning to Lead

**36**

Forging a Path  
to the Future

**40**

Advancing Change  
AUA Alumni



# LETTER FROM THE PRESIDENT

Dear Alumni,

It is my pleasure to introduce this issue of the AUA Alumni Magazine. It is gratifying to see our graduates, who come from diverse ethnic and economic backgrounds, as competent and compassionate physicians, which clearly shines through each and every experience shared in this magazine. The articles showcase our alumni working at the forefront of the accelerated transition of medical practice and innovations in medical technology, an effect of the recent COVID-19 pandemic. We read about the rise in telemedicine

practice in fields such as gastroenterology and the practice of ultrasound in the Pediatric ER. Browsing through this publication you'll note one constant: no matter the situation, we see AUA alumni tirelessly confronting the challenges medicine has presented head-on.

Our alumni are shaping the field of medicine, becoming chief residents, earning significant awards, and obtaining competitive fellowships. Every article in this magazine reinforces AUA's academic strength and commitment to its mission to ensure that AUA graduates develop the skills and attitudes of lifelong learning, compassion, and professionalism. Each story shared here is a testament to the success of our graduates, reflecting their dedication and resiliency throughout the challenges brought on by the pandemic.

Success is multi-fold – past, current, and future – and as we move forward, we must not forget to value our past – our pillars of strength – our distinguished faculty. That is why it is with a heavy heart that I want to acknowledge the loss of two esteemed members of the AUA family, Dr. Alvin Noam Eden and Dr. Sam LeBaron. Dr. Eden, our Clinical Co-Chair of Pediatrics, taught, supervised, and mentored hundreds of students in clinical rotations and residents in training. He will be remembered as a Doctor's Doctor par excellence. Dr. LeBaron, AUA's former Executive Dean, Preclinical Sciences, was committed to improving the education of medical students while stressing the importance of service to patients.

In closing, I want to thank those who have contributed to this issue of the Alumni Magazine and wish our alumni continued success in advancing medicine and patient care and leading the way forward through technology, innovation, and compassion for their patients.

Sincerely yours,  
Neal S. Simon



# DEAR AUA ALUMNI:

On behalf of the AUA Alumni Association, I would like to express my gratitude and give a well-deserved shout-out to our alumni for their continuous dedication and support, especially during the COVID-19 pandemic. As a moment of reflection over the recent years, it is evident that the pandemic had a profound effect on healthcare globally, pushing the boundaries of the practice of medicine. At the same time, however, it is truly amazing to see our Alumni rise to the challenge, being forced to not only think outside of the box but take on more responsibilities without skipping a beat.

Many of our alumni saw the surge in innovation that accompanied the change in the healthcare landscape post-COVID and are now ready to carry it forward. AUA's long-term commitment to innovation in medicine has helped its graduates face the challenges, remain steadfast, and thrive in their medical careers. This directly reflects the quality of education they received at AUA.

Alumni play a very important role in showing our prospective and current students what can be achieved with strong academics, determination, and support. For this, I am truly grateful and appreciate the ongoing alumni participation in AUA activities. I am very happy to see our AUA family grow and prosper.

Since there are many facets through which you can support your alma mater, I am more than happy to discuss your commitments individually; so, please feel free to reach out to me. You're also welcome to participate or interact online at [auaalumni.org](http://auaalumni.org).

Warm regards,  
Par Prem Kumar

Advisor to the President for Special Projects  
(347) 268-4723  
[Pkumar@auamed.org](mailto:Pkumar@auamed.org)

**“No matter where you are in life, I wish you much success and urge you to stay connected with your origin – AUA – let's keep the legacy going!”**

THINK  
OUTSIDE  
THE BOX:

# DR. ANDREW VALASQUEZ

## ON ADAPTING TO CHANGE & CHALLENGE

Class of 2018  
Residency: St. Joseph's Medical Center (Stockton, CA), Family Medicine, 2021  
State Licensure: California  
Current Role: Primary Care Associate Physician and Module Leader, Kaiser Permanente,  
North Valley (Sacramento, CA); Army Physician, U.S. Army Reserve.

When **Dr. Gilbert Andrew Valasquez** graduated from AUA in 2018, his career path had already taken him into the public sector as an Infectious Disease Investigator with the San Diego (CA) Health Department and a period of honored service in the United States Military. He always gravitated toward careers of service, one that helped his family, his community and the larger world.

"I always felt a level of fulfillment with my career work, but I was missing something. I thought medical school was something I would do, something that I wanted to do, it just happened later in life." As a physician, he felt that he would be able to take his deep experience in public health, combine it with his general clinical understanding, and transform himself into a steadfast advocate for patients.

As he realigned his career into medicine, Dr. Valasquez quickly came to appreciate the critical role of adaptability in the clinical setting, one that he had come to learn as both a board-certified family medicine physician and administrator with Kaiser Permanente North Valley in Sacramento, CA and as a physician with the United States Army Reserve.

### Transforming a Career of Service

His AUA clinical training, coupled with his diverse experience in healthcare, has truly been valuable in dealing with the daily pressures of caring for our military. For that work, Valasquez, an Army Reserve Major, is required to deploy anywhere in the world once every three years performing physicals, ensuring soldier fitness, caring for and treating those completing active duty, and assessing our military heroes who will soon be traveling home.

At Kaiser Permanente North Valley, Dr. Valasquez plays a key role as the primary care associate physician. In this role, he fills his days with even more opportunities to serve others. Treating up to 40 patients a day, between in-office visits and telehealth, he relies on his adaptability to effectively care for his patients.

"Whether it's a soldier or a member of the public, I've yet to find a patient out of a textbook. Everyone comes in with a mix of symptoms and medical issues, and I need to sift out and focus on what the real issues are for each and every patient. Being able to adapt the approach and treatment from one patient to another is essential to delivering quality care and ensuring positive health outcomes."

### Learning Adaptability Through Crisis

When COVID-19 became a worldwide pandemic, doctors and clinical staff were forced into a new dynamic of innovation and adaptability, in terms of patient care. Often it had to be done on the fly, and, even more often, with little time for long range planning. As the pandemic moves closer to an endemic,

Dr. Valasquez is glad to be seeing more of his patients in person, but telehealth still serves a significant role in providing prompt clinical care.

While telehealth existed prior to the COVID-19 crisis, the pandemic demonstrated the full potential of telehealth to the medical community, the acute care environment, and healthcare payers. It became an effective tool to reach patients in rural communities and those who might not have immediate access to essential medical care. For Dr. Valasquez, the pandemic emerged during his last year of residency, putting his use of telehealth on the fast track. "I'm amazed at how quickly the medical community embraced technology as part of daily clinical care. It is truly a big change for me and my colleagues, especially in the time from when I started residency to my active practice now. It's become more than commonplace, it's a mainstay."

Dr. Valasquez saw that implementation of telehealth, during the height of the pandemic, favored organizations that had already been using it regularly, or, at minimum, that had been researching its use to prepare for a time when it might be necessary. "Some organizations were on the cutting edge, with many others catching on when there was little or no alternative to provide care. Many struggled to create the infrastructure, and create it quickly. For my colleagues at Kaiser, who had already been doing it for years before COVID, it was a quick, smooth and effective transition."

According to Dr. Valasquez, COVID, besides highlighting the overwhelming struggles affecting healthcare, continues to reveal how quickly the clinical care community needs to adapt when circumstances change. It sometimes shifts from hour to hour, and with little or no warning. "COVID made doctors, like me, step out of their comfort zone and get creative when caring for their patients. Several years into the pandemic, we still are not always sure what we are dealing with, but through collaboration and adaptability, we can develop a proactive and effective care plan for each of our patients."

#### Looking Forward

With 19 years of military service and a diverse career background, Valasquez also credits the rigors of his medical education at AUA with allowing him to meet the challenges of today's rapidly changing medical landscape head-on. He offers simple and straightforward advice to fellow AUA alumni and active medical students: "Work hard. Put in the hard work and it will truly reflect in your practice. It will reflect positively on you as a person, and reflect on you as an accomplished physician. It's an exciting time to be in medicine, but it's also a time when you need to be ready for anything!"

### TELEHEALTH

**While telehealth existed prior to the COVID-19 crisis, the pandemic demonstrated the full potential of telehealth to the medical community, the acute care environment, and healthcare payers. It became an effective tool to reach patients in rural communities and those who might not have immediate access to essential medical care.**

I HAVE YET  
TO FIND A  
PATIENT  
OUT OF A  
TEXTBOOK

# FLEXIBILITY IN A CHANGING HEALTHCARE LANDSCAPE:

## DR. ALEXIS TAYLOR ON WHY GOOD COMMUNICATION IS KEY

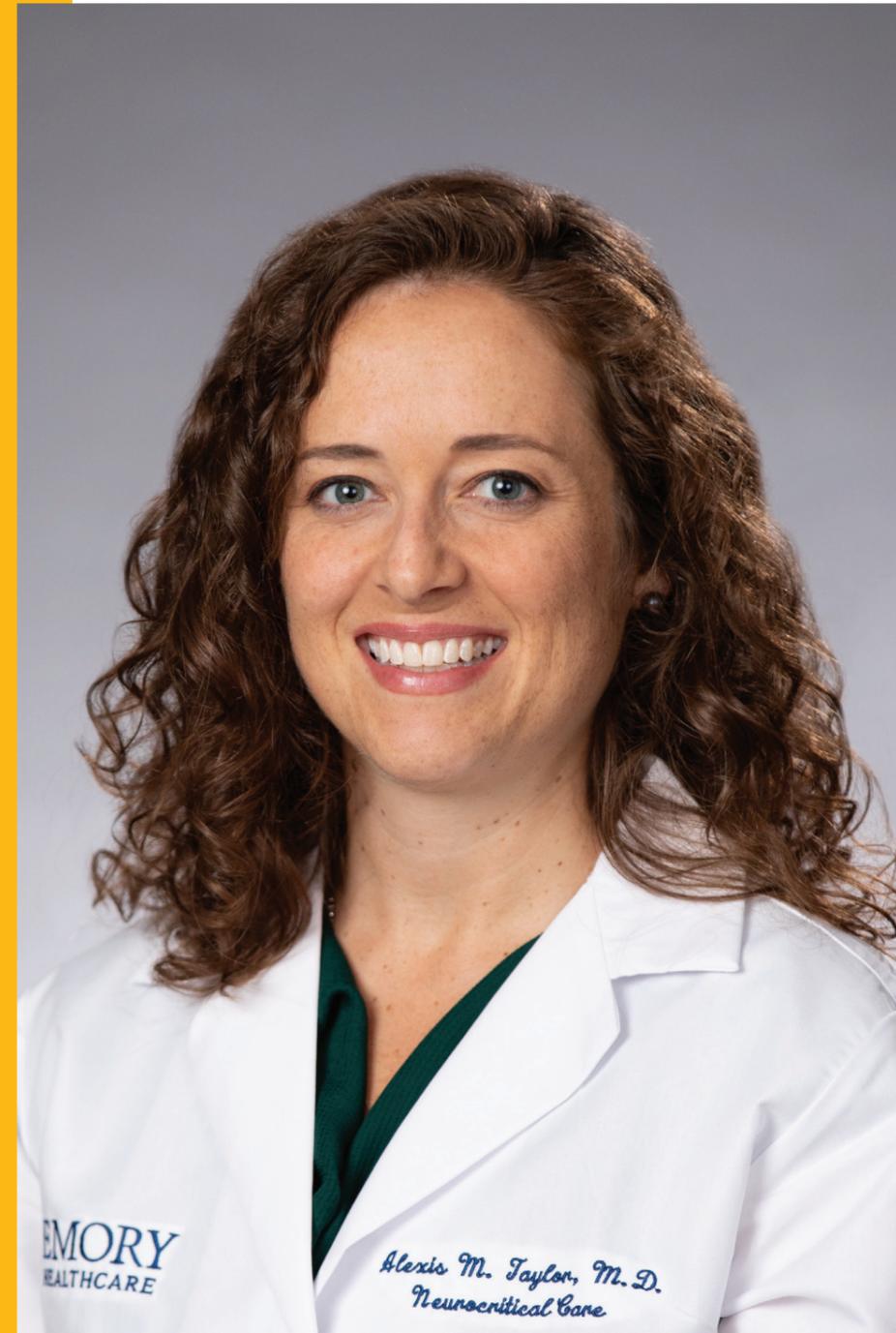
Residency: VCU Health (Richmond, VA), Neurocritical Care, 2018  
Fellowship: Emory University, Neurocritical Care, 2020; Emory University, Clinical Neurophysiology, 2021  
State Licensure: Colorado  
Current Role: Neurocritical Care and Clinical Neurophysiology Physician, Blue Sky Neurology (Denver, CO); Development Committee Member, Neurocritical Care Society

As the sun peaks over the horizon each morning, much of the world is just beginning to start its day. For Dr. Alexis Taylor, an AUA alumna and a board-certified neurologist for Blue Sky Neurology, it is already time for her pre-round visits with critically ill neuro-intensive care patients at Swedish Medical Center in metropolitan Denver. Without another

moment to spare, she then starts her rounds with the unit's multidisciplinary team. As a Neurocritical Care and Clinical Neurophysiology Physician, Dr. Taylor is thorough by nature and takes time to address every pressing concern of the highly trained neuro-nursing staff. Strangely, this is actually a normal day.

### Advancing Medicine and Patient Care

Dr. Taylor credits her training at American University of Antigua with helping her gain a better perspective on healthcare systems, both in the United States and abroad. She notes that there are many exciting aspects of her profession regarding the subject of advancing medicine. "I work closely with neurosurgeons, and they are always pioneering advanced procedures and engaging in clinical trials that promote patient recovery and decrease the level of injury to the brain. The trials, especially, help us promote better health outcomes for our patients," she expressed.





her neurocritical care fellowship at Emory University in 2020, COVID-19 gripped the world and threw the medical community into a period of constant adaptability, often on a minute-to-minute basis.

“We were rushing trying to make beds and ventilators available. One of the neuro-ICUs was transformed into a COVID unit. We took turns rotating through, and nobody knew what this novel virus was doing to the brain,” said Dr. Taylor. “We worked daily to figure it all out and unravel the depths that COVID had on the human body. It was an exciting time to be in medicine, but scary because you were not exactly sure how to best care for patients.”

As the pandemic pressed on, Dr. Taylor worked to complete her Clinical Neurophysiology Fellowship. “I was reading EEGs from COVID patients at home and then I began to see patients via telemedicine. I was familiar with telemedicine during my residency, and that experience proved to be significant training when it was used more widely during the pandemic and became a vital part of the physician-patient interaction.”

With the ever-changing landscape of healthcare, medical professionals, regardless of specialty, must think fast and be ready to adapt time-honored medical practice with creative solutions to complex problems. While the pandemic continues to ease, Dr. Taylor is still utilizing some of the COVID-

driven alternatives she embraced early on in the crisis.

Reflecting on the adaptations in medicine that she witnessed during the pandemic, Dr. Taylor says, “Hospitals had to reorganize patient care protocols. For my specialty, it was to triage how our facility was going to use ventilators. Important decisions also had to be made on which surgeries were essential to save a life. With the daily dynamics of the pandemic, healthcare systems are now better prepared and they have adapted their processes and procedures to be more effective than ever before.”

#### Encouraging the Future of Medicine

Dr. Taylor offers important advice for those pursuing careers in the medical field. “Be prepared. Do all your homework and learn to be flexible. My experience at AUA instilled that notion of flexibility and helped me learn to adapt quickly. Since my medical training took place in another country, and then I moved through multiple health facilities during my clinical training, I was comfortably prepared to deal with disparate medical teams in a variety of acute care environments. Add in a global pandemic, flexibility becomes vital in addressing the changing dynamic of healthcare.”

She also feels that exceptional communication skills help doctors ensure quality. During the pandemic, clear and effective communication was essential to navigating stressful healthcare situations. “Good communication was really important. It went beyond just team communication; it was the entire medical community sharing ideas to save lives.”

Lastly, Dr. Taylor believes that front-line experience is an excellent teacher. “We are always on the

precipice of exciting innovation and advancement in the field of medicine. In neurology and neurocritical care, we know that we will never know everything about the brain. We continually look for new and unique ways to take care of the brain and address an array of neurologic diseases, but the best part is that we continue to learn more and more every day.”

“**BE PREPARED. DO ALL YOUR HOMEWORK AND LEARN TO BE FLEXIBLE.**”

Dr. Taylor also works with several professional organizations and committees, including the Neurocritical Care Society, to stay current with the advancements in her specialty. Recently, while planning the organization’s annual conference, Dr. Taylor was able to review qualified lecture proposals and make selections on which topics to feature. “I got a chance to review cutting-edge research and to hear what my colleagues gauged as the most important for the neurology specialty. This gave me a first-hand perspective on what our specialty is focused on and offered me the ability to anticipate clinical trends and advances in care.”

#### The Enduring Influence of a Pandemic

While training in the intensive care unit (ICU) during



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ENVIRONMENT.

**- DR. ALEXIS TAYLOR**



# FROM GRIT TO GROWTH

## HOW DR. ALEXIS HAFTKA FACED THE BIGGEST CHALLENGE TO HEALTHCARE

Graduated in: 2013

Residency: Internal Medicine, Henry Ford Hospital (Detroit, MI), 2016

State Licensure: Michigan

Current Role: Academic Internal Medicine Senior Staff Physician & Associate Program Director, Internal Medicine Residency Program, Henry Ford Hospital (Detroit, MI)

**Detroit is a unique study of opposing forces. It is gritty, but grand, and tattered, but triumphant. In the “Motor City,” the push and pull are always at work and always moving, giving one of the country’s oldest cities a life of its own.**

For Dr. Alexis Haftka-George, a board-certified internal medicine physician and AUA alumna, there is no other place she’d rather practice medicine. Detroit and the State of Michigan are in every fiber of her being. It is as much a part of her as she is of it. A Michigander from the cradle.

Dr. Haftka-George always looked to return back, live and practice medicine in Michigan — particularly Detroit — to serve the city’s diverse patient population. Following her graduation from American University of Antigua in 2013, she returned to Detroit, completed her internal medicine residency at Henry Ford Hospital in 2016, and served as the facility’s chief medical resident from 2016-2017.





“What is a typical day? My typical day really depends on where in the facility I am.” Nevertheless, the busy schedule suits her well, helping to keep her ready for whatever might come next.

#### **The Impact of COVID-19**

While Dr. Haffka-George has witnessed the many dynamics of healthcare, she joins her medical colleagues in the belief that the COVID-19 pandemic is one of the biggest influences on medicine in recent years, and perhaps in our lifetimes. Before the pandemic hit, acute care was focused on quality improvement and patient safety, two elements that have taken on new levels of importance in the post-COVID era.

“The goal for any healthcare institution is to be considered a high-

reliability organization. With COVID, there was a tipping point that shook the medical field to the core without established processes or protocols to follow. Patient care treatment algorithms were changing every day. The virus showed us how quickly information can circulate, creating confusion and misunderstanding among patients,” said Dr. Haffka-George. “A renewed focus on quality improvement and evidence-based medicine in the acute care environment will go a long way to improve patient satisfaction and reinvigorate doctors who have grown weary from COVID-19 pandemic-related trauma.”

For many physicians, including Dr. Haffka-George, there was an overwhelming sense of a lack of control at the height of the pandemic. She credits the incredible spirit and camaraderie of her amazing colleagues with helping her when those dark clouds of despair rolled in.

“We were all fully there for each other. There was worry and anxiety, but there was a lot of hope. Being there for each other, and for the city of Detroit, was amazing. We care for a large underserved population and my colleagues and trainees banded together and continue to support each other now.”

For Dr. Haffka-George and Henry Ford Hospital, there were many things done to adapt to the rapidly changing COVID environment. During surges, when the hospital was unable to admit anyone other than the critically ill, COVID kits were created for patients being discharged. Patients were educated on how to use crucial tools like pulse oximeters and thermometers. “Patients discharged from the emergency department were sent home with a care package. Many patients didn’t even have thermometers, so we provided those and other essential tools so they could monitor themselves at home.”

Remote patient monitoring systems were another critical tool that the hospital implemented, allowing doctors to supervise patients via a Bluetooth band attached to the patient’s wrist. “We had remote devices outside each patient’s door that would read essential information directly from the band,” she explained. “With this technology, we knew how the patients were breathing, their respiratory and heart rates, and their oxygenation. This allowed us to keep a very close eye on patients when not in the room. It was simple, but safer for our patients, for us, and for the clinical staff.”

Despite the challenges to the field in the past few years, Dr. Haffka remains dedicated to practicing medicine in Detroit. “The way my medical colleagues and I were there for the City still gives me chills. When I think about it, the deep appreciation of the people of Detroit was truly remarkable. Henry Ford Hospital has been a pillar in our community for over a hundred years. We even have pictures of Henry Ford Hospital serving the community during the Spanish flu, the last worldwide pandemic. With COVID-19, the Hospital was once again that pillar of health for Detroit. I feel like I make a difference here and have a true passion for this city more than anywhere else.”

#### **A Growing Future Builds Resilience**

Dr. Haffka-George and her husband found out that they were expecting their second child in August of 2020. Working through the pandemic, while pregnant and choosing to get the vaccine, was an experience that tested her resolve and pushed her to grow in ways she

**WE’RE ALWAYS LOOKING FOR THAT ONE STEP AHEAD. YOU CAN’T BE COMPLACENT IN MEDICINE AND ESPECIALLY IN MEDICAL EDUCATION BECAUSE THINGS ARE CHANGING ALL THE TIME.**

never thought possible. During times of stress, Dr. Haffka-George recalls her dad reassuring her with a saying that would become her mantra. “One day at a time,” he told her, “one day at a time.”

Her AUA education experience taught her about resilience, a crucial strength for doctors practicing in the current healthcare and post-COVID environment. She has important advice for medical students. “Put yourself into a situation where you can grow. Whether it is through community service, education, or doing something smaller for a chapter of one of the medical organizations in your state, just try to do something on a greater scale,” Dr. Haffka-George suggests. “I feel it gives you a different perspective and helps you to adapt. It may make you uncomfortable at the start, but going in with some grit, giving it a try, and learning from it, will only benefit you.”

Although COVID is slowly moving to an endemic, Dr. Haffka-George looks at the present time as a renewal for medicine as a whole. “I look at the present day from an optimistic rebuilding standpoint, especially for colleagues, younger faculty, trainees and medical students. I’m hopeful it will help reenergize the profession a bit.”

Excited for the chance to give back, actively participating in the education of tomorrow’s medical leaders was something she looked forward to. “When I was at AUA, I was privileged to become a teaching assistant. I have a passion for mentoring and helping those coming up in the ranks behind me to become successful. There were many role models for me during my medical training, and it is fulfilling to help those coming into the profession after me.”

#### **A Day in the Life**

Dr. Haffka-George’s “typical” workday at Henry Ford Hospital is much like the city she serves – dynamic and multifaceted. There is the clinical element, rounding for the inpatient general medicine service, and seeing the outpatients that represent a large portion of her clinical practice.

Then there is the administrative side of Dr. Haffka-George’s daily work. Following her residency, she took a faculty position in general internal medicine with Henry Ford Health, the Hospital’s parent organization, where she conducts faculty development in the Graduate Medical Education Department. She also became the associate program director for the Internal Medicine residency program, where she has worked with medical students in Henry Ford Hospital’s General Internal Medicine Clinic for the last five years.

Dr. Haffka-George has also been the chair of the Clinical Competency Committee for the Internal Medicine Residency since 2018, making sure residents get an assessment evaluation that provides valuable feedback for their growth. She also serves as the chair of the Peer Review Committee for General Internal Medicine.



CHANGE IS HARD, BUT YOU HAVE  
TO BE ABLE TO LOOK AT THINGS  
FROM A

**DIFFERENT  
PERSPECTIVE**

WITH AN OPEN MIND AND BE  
ABLE TO APPROACH CHALLENGES  
IN A DIFFERENT WAY.

**- DR. ALEXIS HAFTKA**



DR.  
SARA  
TANO

**ON  
PRACTICING  
IN PEDIATRIC  
EMERGENCY**

# CHANGE IS ESSENTIAL

**THINK FAST.  
ACT FAST.  
ADAPT AND LEARN.**

Dr. Sara Tano knows, more than most, that these are words to live by, especially when “go time” is all the time. As a pediatric emergency medicine doctor practicing in Miami, FL, every day is unpredictable. Every encounter at this premier pediatric hospital demands her best. When the weight of the responsibility hangs heavy on her shoulders.

**There's no time for fear. Only action.**

Graduated in: 2016  
Residency: Nicklaus Children's Hospital (Miami, FL), Pediatrics, 2016  
Fellowship: Nicklaus Children's Hospital (Miami, FL), Pediatrics, 2022  
State Licensure: Florida  
Current Role: Pediatric Emergency Doctor, Nicklaus Children's Hospital (Miami, FL)

Dr. Tano went through the AUA medical program, graduating in 2016. A resident of Miami, she was fortunate to match her pediatric skills with one of the city's leading hospitals, Nicklaus Children's Hospital. There, she completed a three-year residency in Pediatrics and a three-year fellowship in Pediatric Emergency Medicine, all leading to licensure in Florida.

As another in the multiple generations of her family to pursue medicine, Dr. Tano knew a career in medicine was a certainty when she reached her college years, subsequently leading her to AUA. "My dad is a neonatologist and pediatrician, and my uncles are also in medicine. Being a doctor was something that was ingrained in me from a young age and was something I wanted to explore."

For Dr. Tano, a board-certified pediatric doctor, every day is always different, and that variable is one of the things that drew her into emergency medicine. She thrives on the fast pace and not knowing what's coming next. With the specialized needs of children from infancy through adolescence and into young adulthood, she often finds herself as a jack-of-all-trades. "I need to know enough about each pediatric specialty to stabilize a patient and take care of them," she says. "Routine is often out the window, and, strangely, I like not knowing how my day is going to go. It keeps things exciting, that's for sure."

#### Translating Experience and Knowledge into Change

Dr. Tano was deep into her fellowship training when the COVID-19 pandemic hit, bringing with it swift and unprecedented changes in medicine and patient care, often day-to-day and sometimes even patient-to-patient.

"COVID-19 was an eye opener for everyone in the healthcare field. It brought with it a new sense of awareness in the community and made patients evaluate whether a trip to the hospital for minor issues was required, especially when staffing was limited and resources were stretched," said Dr. Tano. "This new healthcare climate allowed us to focus on the really sick kids that were coming in, and less on the routine minor illness and injury. It also changed the way hospital administrators looked at recruitment and staff utilization."

At the height of the pandemic, emergency rooms were the front line of the battle, a place where many in the community sought help first. "The pandemic really pushed me beyond what I thought were my capabilities and my skill set. During

the crisis, we were so busy that some days the hospital had eight-hour wait times in the emergency room. It was challenging for me and my colleagues, but it also taught us a lot more about medicine and how to handle much more than anticipated. Adaptability was key."

#### Medical School - The Perfect Training Ground

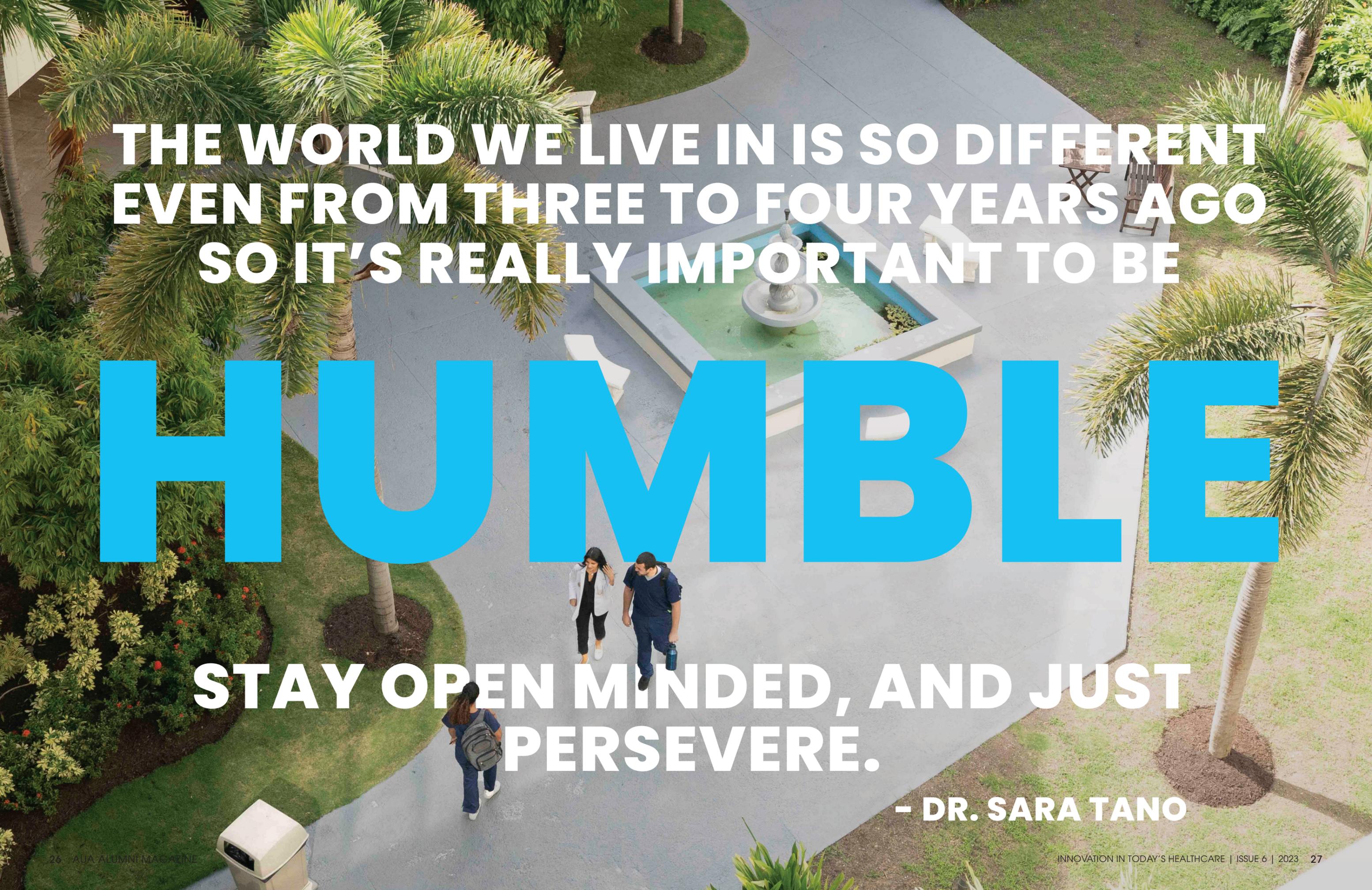
Dr. Tano looks back fondly on her time at AUA and how the University prepared her to face the rapidly changing medical landscape. She started at AUA at age 23, after leaving home for the first time. AUA was on an island, not the USA, which, to her, was challenging. "There were little things that you wouldn't think of having to deal with as a med student, but, in the end, it forced me to learn how to adapt to the moment," she said. "I attribute my time at AUA, and what I learned from each and every person I met, to the well-rounded person and more versatile medical doctor I am today."

Dr. Tano believes the future of medicine is bright. For example, ultrasound, used routinely in the adult emergency room, has not been used much for pediatric patients, and she feels strongly that it is about to change. "For me and my colleagues in pediatric emergencies, training on the use of traditional, effective diagnostic tools for adults is quickly making its way into the pediatric care environment. This will allow us to make quicker diagnoses on our smallest and youngest of patients. The quicker the diagnosis, the better outcome for these patients."

When it comes to encouraging medical students, Dr. Tano's guidance is straightforward. She suggests that the most important element for today's medical students is to be open to a learning experience. "Doctors face so much stress in medicine, but it can be an effective teacher. You have to be ready for change at any moment, for things to evolve, and to be ready for things to not turn out the way you expected. Learning to cope with that stress is essential."

“YOU HAVE TO BE READY FOR CHANGE, READY FOR THINGS TO EVOLVE, READY FOR THINGS THAT MAY NOT BE THE WAY YOU THOUGHT THEY WERE GOING TO BE AND LEARN WAYS TO ADAPT.”



An aerial photograph of a university courtyard. In the center is a square fountain with a tiered stone structure. The courtyard is paved with light-colored stone tiles and surrounded by lush greenery, including several palm trees and other tropical plants. Three people are walking on the path: a woman in a white lab coat and black pants, a man in a dark blue polo shirt and pants carrying a blue water bottle, and a woman in a blue shirt and dark pants with a backpack. The overall atmosphere is bright and sunny.

**THE WORLD WE LIVE IN IS SO DIFFERENT  
EVEN FROM THREE TO FOUR YEARS AGO  
SO IT'S REALLY IMPORTANT TO BE**

# HUMBLE

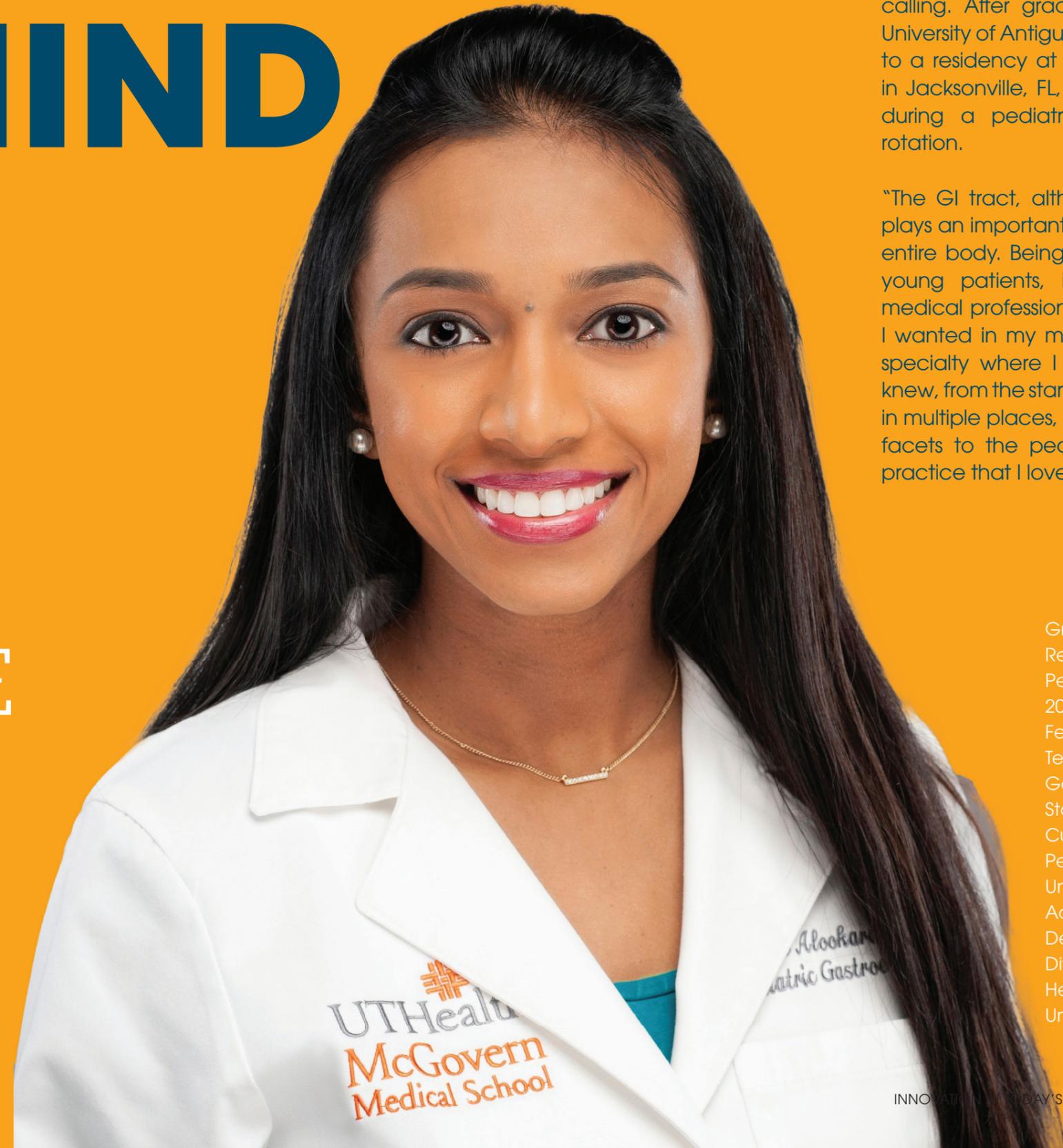
**STAY OPEN MINDED, AND JUST  
PERSEVERE.**

**– DR. SARA TANO**

# KEEPING AN OPEN MIND

## DR. JANE ALOOKARAN

JUMPING  
HEADLONG  
INTO MEDICINE  
DURING  
CHALLENGING  
TIMES



For **Dr. Jane Alookaran**, she knew that working with kids would always be her calling. After graduating from American University of Antigua in 2013, she moved on to a residency at the University of Florida in Jacksonville, FL, and found that calling during a pediatric gastrointestinal (GI) rotation.

“The GI tract, although very specialized, plays an important role and influences the entire body. Being able to care for these young patients, in concert with other medical professionals, offers me fulfillment I wanted in my medical career. This is a specialty where I feel a nice balance. I knew, from the start, it would mean working in multiple places, but there were so many facets to the pediatric gastroenterology practice that I loved.”

Graduated in: 2013  
Residency: University of Florida, Pediatric Gastroenterology, 2013  
Fellowship: University of Texas (Houston, TX), Pediatric Gastroenterology, 2019  
State Licensure: Texas  
Current Role: Attending Pediatric Gastroenterologist, University of Texas (Houston, TX); Adjunct Assistant Professor, Department of Pediatrics, Division of Gastroenterology, Hepatology and Nutrition, University of Texas (Houston, TX)

After graduating her fellowship at the University of Texas Health Science Center in 2019, Dr. Alookaran went on to a position as an attending physician where, after a few short months, the COVID-19 pandemic hit.

#### **Challenge Creates Solutions**

"I saw things change pretty dramatically after just three or four months, with the biggest change being the shift towards telemedicine. Traditionally, for GI issues, an in-person physical exam was essential for an accurate diagnosis. At the start of the pandemic, my colleagues and I never believed that we would be making diagnoses via telemedicine," Dr. Alookaran, a board-certified doctor, said. "Somehow we made it work. We found many indications within our specialty where telemedicine would be more than sufficient. It gave our patients greater access to care for the small things that needed a quick check."

During the early stages of the pandemic, as healthcare was changing very rapidly, Dr. Alookaran met with fellow attendings often. They would discuss how they might be able to adapt and be flexible, what was and was not working, and areas that might benefit from change. They met weekly and everyone was open-minded to ensure patients got the care they needed.

The heavy use of telemedicine, during the pandemic, helped Dr. Alookaran realize that a large number of patients in Houston came from a distance – sometimes two, three or more hours away. Many of her patients are medically complex, so transportation was, and still is, not just a simple car ride. For some, it required taking a specialized medical vehicle or ambulance to clinical visits. Telemedicine, especially at the height of the pandemic, helped facilitate care and convenience for them and made it more efficient and convenient for providers.

Still, she and her colleagues were thrilled to be able to return to in-person clinical care at the first opportunity. While the COVID-19 crisis tested the limits of the acute and clinical care communities, Dr. Alookaran found that being flexible and adapting to change was easy, especially in the early years of her medical career. "For younger doctors, like me, it was easier for us to transform our work into what was required, or what my patients needed, providing care that was not necessarily fixed in standard processes and protocols."

#### **AUA's Medical Training was a True Asset**

Dr. Alookaran credits the complexities of her medical training with helping to prepare her for a career in medicine and how to deal with the changing dynamics of healthcare during the pandemic. "At AUA, patience and patients were always the overriding theme of our medical training and educational journey," she said. "The journey of medicine is not one where you meet your goals right away. Things come about for you when they are supposed to."

Three years into active practice, keeping an open mind and learning to adapt are two things that serve Dr. Alookaran daily. Particularly, she is impressed with the regular innovations in pediatric GI care. She also acknowledges that her specialty requires an extra level of decision making, and a keen sense of observation on how colleagues and the medical community approach similar issues in the field. She is grateful to be part of a nationwide Listserv where she can regularly exchange ideas and experiences with other pediatric GI specialists about difficult cases. For such a growing specialty, the next step is not always determined by a textbook or medical reference source. Often, with a specialty that only has a small universe of approximately 2,600 specialists in the United States and Canada, it takes collaboration and real front-line experience.

Dr. Alookaran urges medical students to keep an open mind as they pursue their medical education. "As long as you keep an open mind, you will be amazed at the results. Utilizing virtual technology, like telehealth, was once a distant thought in gastroenterology. The fact that we are using it today, and doing so effectively, is remarkable. For students, saying yes to new ideas, even if you're not completely certain about their potential, is always the best option."

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JOURNEY.**”

# LEARNING TO LEAD:

## DR. BASIT RAHIM ON THE FOREFRONT OF A CHANGING HEALTHCARE LANDSCAPE

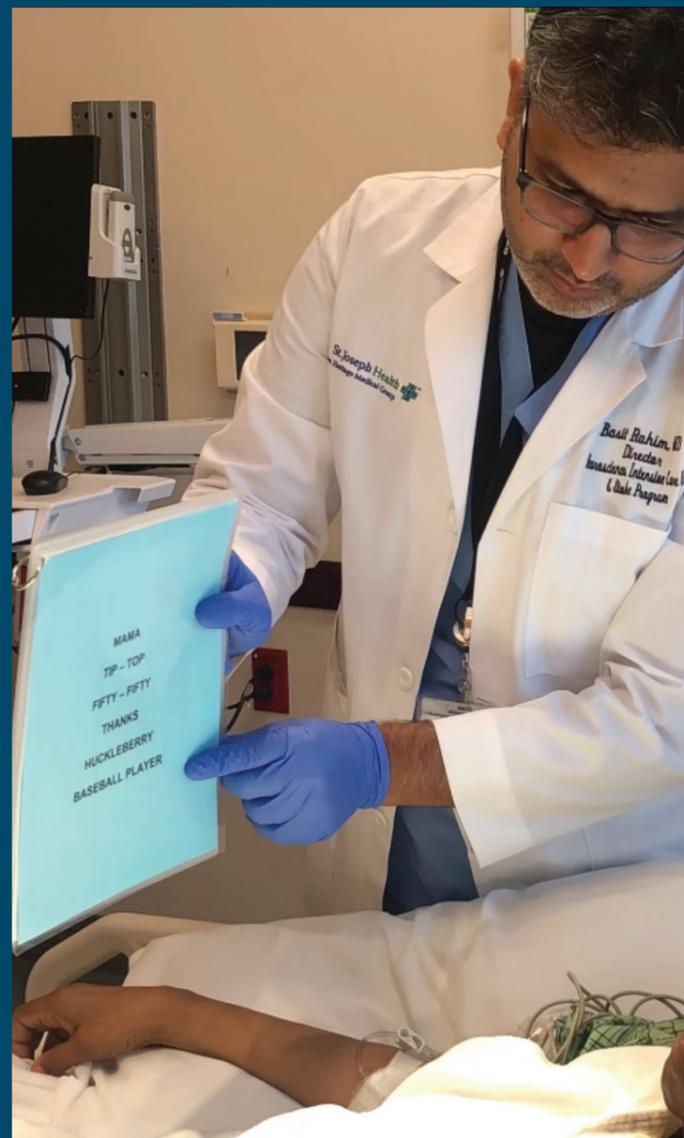
Graduated in: 2012

Residency: Primary Care Associates (Richmond, VA), 2013  
Neurology, 2014

Fellowship: Stanford University, Neurocritical Care, 2017

State Licensure: California

Current Role: Medical Director, Neurocritical Care and Stroke, Providence Mission Hospital/St. Joseph's Medical System (Orange County, CA)



Harnessing the latest innovations in medicine and remaining current on the latest treatment guidelines and procedures is essential for doctors, especially those in neurology, stroke and neurocritical care. Medical Director for Neurocritical Care and Stroke at Providence Mission Hospital in Southern California, Dr. Basit Rahim, a board-certified neurologist and an AUA alumnus, does just that. For critically ill patients, the enhanced knowledge and capabilities of those doctors providing their care can make a world of difference in their health outcomes.

Providence Mission Hospital is a Level II trauma center, and the only comprehensive stroke center in the region. Their 22-bed neurocritical care intensive care unit (ICU) is consistently near capacity. When patients suffer a stroke or traumatic brain injury, every second counts. With stakes that high, knowledge and adaptability through change is vital. Under Dr. Rahim's leadership, the ICU is always evolving, including implementing a new "neuro suite" to meet demand and accommodate the growing numbers of neurological cases they see in the facility.

"At Providence Mission Hospital, when it comes to stroke, the responsibility falls on me and the stroke coordinators to make sure we are current, meeting all the new guidelines and each and every measure outlined by the Joint Commission. We also need to work closely with other hospitals and the EMS crews to make sure that patients get top-notch, quality care."

### Employing Advanced Technology to Improve Care

Dr. Rahim says that one of the most exciting aspects of his job is being at the forefront of medical technology. With stroke and other neurology patients, he and his team are able to employ an array of innovative technology into their care and diagnosis of patients. In particular, the Neurocritical Care ICU is equipped with a pupillometry device. Technologies like this help prevent harm to the patient and can potentially stop the further progression of injury or illness.

Under Dr. Rahim's guidance, the facility is regularly making significant changes in intracranial pressure (ICP) monitoring and electroencephalograms (EEGs), allowing for robust and accurate monitoring of stroke patients. They have also recently purchased a state-of-the-art hybrid diagnostic imaging unit that can perform computerized tomography (CT), coronary computed tomography angiography (CTA), thrombectomy, and

diagnostic angiograms all in one unit. This reduces the treatment delay and improves overall outcomes. Dr. Rahim is also excited that the Hospital is adding a portable CT scanner, a crucial diagnostic tool for traumatic brain injury patients that are too sick for traditional CT scans.

### Adjusting Stroke Care during a Pandemic

For Dr. Rahim, and many in the medical field, the biggest changes in healthcare came about in response and as a direct result of the COVID-19 pandemic. Dr. Rahim had completed his fellowship, and was an early attending physician, when the crisis began, completely upending every standard process and protocol he and his colleagues had come to trust.

"Traditionally everything is done by the book, especially when it comes to stroke and neurological care. My facility is lucky to have the resources and be able to provide the advanced care that is handled at the hospital," he said. "Before the pandemic, we got used to standard process and protocol and we knew that a patient with a stroke or brain injury traditionally had a minimum hospital stay before taking the next steps in their recovery. With the COVID-19 crisis, we had to regularly re-evaluate our approach and create new standards of care, creating change that is bound to be helpful in the future."

The gravity of the pandemic required Dr. Rahim and his colleagues to adapt, and do so quickly. Shortages of nurses, occasional shortages of basic resources, and bed shortages meant medical professionals had to innovate on the fly and create space for those who needed advanced care. With the prolonged hospitalizations associated with early COVID cases, Dr. Rahim worked with hospital staff to rethink extended hospital stays for lower acuity patients while they adapted to a "new normal."

"In medicine, we have clinical trials and data to support what we do. With COVID, we had no data to work with, frustrating even the most seasoned providers," said Dr. Rahim. "Add the concern of families who were not able to see their loved ones in our care, and we found ourselves underprepared. We did our best to accommodate each and every patient, no matter what. We were there to serve our community."

Dr. Rahim is hopeful for how the field of medicine will evolve post-COVID. He believes the pandemic will motivate acute care facilities to initiate more research

**THERE ARE ALWAYS GOING TO BE CURVEBALLS IN MEDICINE, AND IT REQUIRES YOU TO BE PREPARED FOR ANY KIND OF SCENARIO.**

into how they can adapt and respond to significant patient surges in the future. "COVID put us through a hectic and stressful period, but it gave us a stepping stone on how to approach acute care medicine and treatments in the future. The positive side of the pandemic is that we can use this experience to be better prepared moving forward."

**AUA Provided the Foundation for a Successful Future**

After graduating from AUA in 2012, Dr. Rahim completed a four-year residency at Virginia Commonwealth University before moving on to his fellowships in neurocritical care and stroke at Stanford. "My training at AUA, coupled with my residency and fellowship, gave me the maturity I needed to achieve my goal of becoming an administrator in my field and to be able to provide care to my patients in a time of crisis," he said.

Dr. Rahim also credits the support of his family in helping him to become the physician he is today. "My family backed me up in a significant way, encouraging me to go back to school and pursue medicine. Without the support of family, I would have been lost."

Dr. Rahim encourages current medical students to incorporate what they have learned from textbooks into their practice, but to also keep an open mind when it comes to real change," he concluded. "Think of medicine one patient at a time. Rather than reading everything from the book and knowing the pathology itself, incorporate that pathology into a specific patient and follow them throughout their hospital journey. There are always going to be curveballs in medicine, and it requires you to be prepared for any scenario."

**“THE NEUROCRITICAL CARE ICU IS EQUIPPED WITH A PUPILLOMETRY DEVICE, WHICH IS USED WHEN MEDICAL STAFF ARE UNABLE TO PERFORM A CLINICAL EXAM ON AN INTUBATED NEUROLOGICAL PATIENT. TECHNOLOGIES LIKE THIS HELP PREVENT HARM TO THE PATIENT AND CAN POTENTIALLY STOP THE FURTHER PROGRESSION OF INJURY OR ILLNESS.”**



# FORGING A PATH TO THE FUTURE

Graduated in: 2016

Residency: Albany Medical Center (Albany, NY), Psychiatry, 2017

Fellowship: Tufts Medical Center (Boston, MA), Child and Adolescent Psychiatry, 2022

State Licensure: MA, NY, CT

Current Role: Department Chair of Child and Adolescent Psychiatry at Saratoga Hospital, an Albany Medical College Affiliate.

# DR. ANJAN MARELLA

## ON EXPANDING ACCESS TO MENTAL HEALTHCARE

For a board-certified psychiatrist, service and support is at the core of Dr Anjan Marella’s medical career. A graduate of American University of Antigua in 2012, he currently provides behavioral health services to patients in upstate New York that have experienced severe trauma and may be dealing with mental illness.

As the Medical Director for Psychiatry for Behavioral Health and Children’s Services at St Mary’s Hospital in Amsterdam, New York, Dr. Marella focuses mainly on serving patients in the clinical environment, while also executing administrative functions and coordinating care with colleagues in primary care. When not caring for patients at St. Mary’s, Dr. Marella has been a long-time advocate for refugees and asylum seekers, also working with them on transition to a new life in the United States and doing his best to ensure that they could function in an entirely new environment.

“Global mental health has always been a passion project for me,” said Dr. Marella. “Before residency, I worked in a free clinic and then, during my residency, I started volunteering at the Capital District Asylum Center. During my fellowship, I began working with

the asylum clinic at Massachusetts General Hospital, conducting evaluations and providing a clear and strong voice for people who experienced significant trauma. I helped them through the process, coordinating their care, and set them up with services that ensure a successful transition.”

Behavioral health and medicine was not Dr. Marella’s original career path. As an undergrad engineering student, he fell ill, quite a distance from home, and all by himself. During his hospitalization, he met a physician that inspired him to become a doctor and he realized that his original career path would not give him the fulfillment he wanted. From that point, Dr. Marella knew that helping and healing was his calling.

### **Serving the Community and the World**

In recent years, especially during the COVID-19 pandemic, Dr. Marella has witnessed great change in the field of mental health, but it is now a broader, global challenge.

# WE HAVE DONE A LOT, BUT WE'RE NOWHERE NEAR FINISHED.

"Before the pandemic, global mental health was still in its infancy. There are a lot of people, like me, who are driven to help refugees and asylum seekers, many of whom have been addressing their mental health needs for decades. In the last two to three years there has been much greater awareness of global mental health," said Dr. Marella. "We can talk about all the many amazing innovations to technology, processes and protocols that have come about as a result of COVID-19, but with mental health we cannot ignore the human perspective. It's about being there for one another, not just for our close neighbors but also for our human family across the world. It is what will get us through the next pandemic."

As the pandemic continues to wane, Dr. Marella sees positive change occurring in the medical field. "Like with many areas of care, telemedicine gave us a safe and efficient opportunity for outreach and access, including access to patients who had difficulty getting to the clinical setting or had financial hardship or difficulty making appointments. Telemedicine gave

us the opportunity to see some of these people in their homes, see them in their natural environments, see the stressors that they talk about regularly, and, in the end, provide intervention within their home setting."

Dr. Marella also believes that for child psychiatry, many youth struggled with remote schooling and deprivation of social interaction with their peers during the pandemic. As life assumed a "new normal," the mental toll on children was quite evident. "Telemedicine gives us the opportunity to see them in their school, coordinate with school nurses and psychologists, and we can more readily get them to attend their appointments on a more consistent basis."

For Dr. Marella, resiliency is also a key factor of positive personal growth, both now and during the height of the COVID-19 outbreak. The pandemic tested everyone. It did not matter whether they were providers, hospital staff, parents or even patients,

each and every person's resiliency was tested and it created a lot of hardship.

"At the apex of the pandemic, a large amount of mental health was not addressed or the resources were not readily available," said Dr. Marella. "The mental health field adapted, creating the support structures and systems required to help those in need, creating a more resilient provider environment. As a result, we were able to better care for our communities. Providers and patients are stronger as a result of that effort."

## A Bright Future for Mental Health

Dr. Marella is excited for the future of mental health medicine, and it is that vision for the field that drives him forward. He believes that the current mental health system is stressed, but it is working hard to improve access to timely and efficient care. When he assumed an administrative role at St. Mary's, it was with the goal of guiding the current mental health system into the future.

Now, Dr. Marella hopes for a more integrated, inclusive healthcare system that will see mental health as part of primary care resources for the community. He also looks for a more coordinated effort where patients can see their primary care providers or specialists and have immediate access to mental health care. For this vision to become a reality, much work needs to be done, but he claims the current trend has drastically improved access.

At St. Mary's, they have created an integrated behavioral health clinic and community consultation services for all primary care providers in the area. Clinic wait times that were once over six months are now less than five days. "We have done a lot, but we are nowhere near finished. We still operate as two separate clinics, a mental health clinic and a primary care clinic, but my vision for the future is that we will one day function as a single patient-centric operation. It will take more effort and more time, but we are already seeing the impact of positive change."

Dr. Marella also offers great advice for AUA students preparing for a future in medicine. "The road ahead

in your career will be paved with challenges. Every difficulty and hardship we face prepares us for the future and will make it easier for those who come after us. It is all about perseverance. No matter how hard things get, do not give up. If you ever feel like you are struggling, reach out for help. There are plenty of people who want to help, but when you're in the thick of it, sometimes it's really hard to see that your friends and colleagues are there for you."

**No matter how hard things can get, do not give up. If you ever feel like you are struggling, reach out for help. There are plenty of people who want to help, but when you're in the thick of it, sometimes it's really hard to see that your friends and colleagues want you to succeed.**

# ADVANCING CHANGE

## AUA ALUMNI

2011

### BILAL KHAN

**Where are you located?**

Livingston, NJ

**Where are you working?**

Physician, Pulmonary & Critical Care, Assistant Director of Research for Division of Critical Care RWJ-Cooperman-Barnabas Medical Center.



2008

### ADAM ISACOFF

**Where are you located?**

Louisville, Kentucky

**Where are you working?**

Associate Medical Director, Pediatric Emergency Department, Norton Children's Hospital/Associate Professor of Pediatrics, University of Louisville, School of Medicine, KY.



2014

### DHAVAL PAU

**Where are you located?**

Tucson, Arizona

**Where are you working?**

Intensivist and Neurointensivist with Sound Physicians, AZ.



2016

### PETER SAYEGH

**Where are you located?**

New York, NY

**Where are you working?**

Fellowship in Interventional Cardiology at Lenox Hill Hospital.



2010

### JASON NEHMAD

**Where are you located?**

Manahawkin, NJ

**Where are you working?**

VP/Chief Medical Officer at Southern Ocean Medical Center - HMH, NJ.



# ADVANCING CHANGE

## AUA ALUMNI

2017

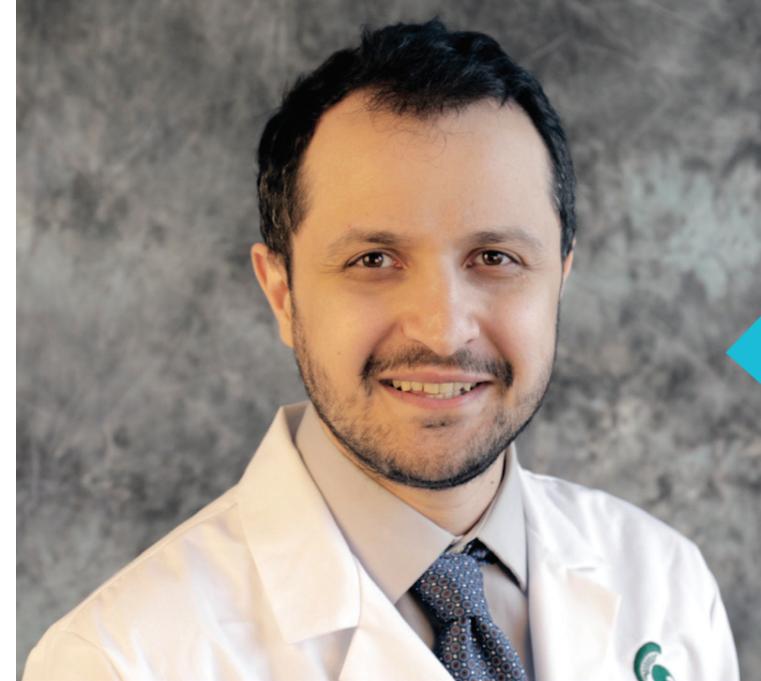
### MOHAMMAD TORABI

**Where are you located?**

Lansing, Michigan

**Where are you working?**

Attending for General Surgery/ Trauma at DeCaumar Memorial, Lansing, MI.



2016

### ZACH FALLON

**Where are you located?**

St. Louis, Missouri

**Where are you working?**

Private Practice in Interventional Spine at Advanced Bone and Joint in St. Louis, Missouri.



2019

### AMRITPAL SANDHU

**Where are you located?**

Sacramento, California

**Where are you working?**

Family Medicine Doctor with Dignity Health Medical Group at an outpatient clinic for underserved communities.



2017

### RAMA YASAEI

**Where are you located?**

Bakersfield, California

**Where are you working?**

Chief of Child & Adolescent Psychiatry Fellowship at Kern-UCLA.



2019

### NANDINI CHATTOPADHYAY

**Where are you located?**

Rockford, Illinois

**Where are you working?**

Attending Family Physician with OSF Healthcare in Rockford, Illinois.





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YOUR SUCCESS  
**OUR STORY IS  
YOUR STORY**

At American University of Antigua (AUA), we take pride in each and every medical professional that graduates from this institution. Each of you are the reason we exist, and we are forever grateful for your continued support of AUA and our vision to create the medical leaders of tomorrow. We are who we are because of your commitment to quality medicine.

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