

OUR MISSION IS 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.

AUA ALUMNI

ISSUE 05-2026



MAGAZINE

YEAR OF THE
INTERNATIONAL
MEDICAL
GRADUATE

TABLE OF CONTENTS

Message from
the Alumni Organization 01

Message from
the President 02

Alumni Journeys:
Where Medicine Leads 03

AUA Proud 15

Alumni Journeys: (Continued) 19

Campus Celebrations 35



MESSAGE FROM THE ALUMNI ORGANIZATION

The American University of Antigua Alumni Organization (AUAAO) has actively engaged alumni through various programs over the past year. It fosters a strong, ongoing connection with AUA's 4,000+ medical graduates. Alumni Communication Chairs from the classes of 2009–2025 support outreach efforts, helping connect more effectively with their peers and advance alumni initiatives.

The newly formed Student-Alumni Ambassadors help connect current AUA students in various participation programs:

- **"Alumni Core Rotation Meetings"** - where alumni directly meet with AUA students in core rotations for mentoring in general topics.
- **"Test-taking Strategies"** - Alumni conduct Zoom sessions for AUA students to assist with study design for Comp, and Step 1 and 2 exams.
- **"Talk to a Grad"** - AUA students are paired with alumni to assist in formal, scheduled meetings for career pathways.
- The AUAAO recently held its second year of "Alumni Match," in which all new graduates are matched with alumni in the same specialty and/or geographic region for mentoring/networking.
- "Mock Interviews" are planned for this summer for alumni to assist Clinical Chairs with resume prep and interviewing skills in preparation for formal residency interviews.

ONGOING INITIATIVES

- **Alumni Database** - 4,038 alumni-continuous update of alumni information: name, address, cell/office #, e-mail, current position. We request you to please help by sending in information as your career progresses, or as you move to new positions
- **Alumni Newsletter** - Up-to-date alumni news four times a year for school happenings, alumni success, and career changes.
- **Alumni Magazine** - Yearly online/hard copy available to alumni, professional organizations, media, and hospitals, to showcase #AUAPROUD
- **Webinars** - In-person seminars, round table discussions, college fairs, presentations. • Recruitment - Friends and Family Grant available for students referred by alumni. A travel voucher to thank you

- **Website/Social-Media** - Posts of alumni success stories for motivating prospective students, and recognizing achievement.
- **Special Interest Groups** - Alumni utilized as mentors and motivational speakers for current students. • Clinical Key – Alumni have free access to journals/publications.

NEW INITIATIVES

The AUAAO held regional alumni receptions in "hub" cities, providing graduates with lots of fun and networking possibilities.

- September 13, 2025 – Highwater Rooftop-NYC
- January 10, 2026 – Nube Hilton Rooftop-Ft. Lauderdale, FL
- April 17, 2026 – Woolworth-Dallas, TX •
- April 18, 2026 – Plume-Houston, TX
- Future receptions are planned for Northern and Southern California in July, and later in the year in New York

The AUAAO would like to thank our proud alumni and current students for making the AUA family stronger than ever. Please do keep in touch



Par Prem Kumar

DIRECTOR,
AUA Alumni Organization, Advisor
to the President for Special Projects

John C. Riggs, MD

VICE PRESIDENT,
AUA Alumni Organization

MESSAGE FROM THE PRESIDENT

Dear Alumni,

I write to you with great pride and deep appreciation for all that you have accomplished since your time at the American University of Antigua College of Medicine. Each of you represents the very best of our institution's mission—commitment to excellence, compassion in care, and resilience in the face of challenge. Your achievements across the medical profession continue to elevate the reputation of our university and inspire those who follow in your footsteps.

As you advance in your careers, I encourage you to remain closely connected to your alma mater and to one another through active engagement with our Alumni Association. Under the dedicated leadership of Dr. Riggs and Ms. Kumar, the Association is building meaningful opportunities for connection, mentorship, and collaboration. Your participation—whether through mentorship, sharing your experiences, or contributing to alumni initiatives—plays a vital role in strengthening this global community.

You are not only graduates of our institution; you are ambassadors of its values. The way you practice medicine, interact with colleagues, and advocate for your patients reflects the principles instilled during your education. In a rapidly evolving healthcare landscape, your commitment to professionalism is more important than ever. Upholding the highest ethical standards, demonstrating empathy, and advocating tirelessly for patient well-being are responsibilities that define not only great physicians, but trusted leaders in healthcare.

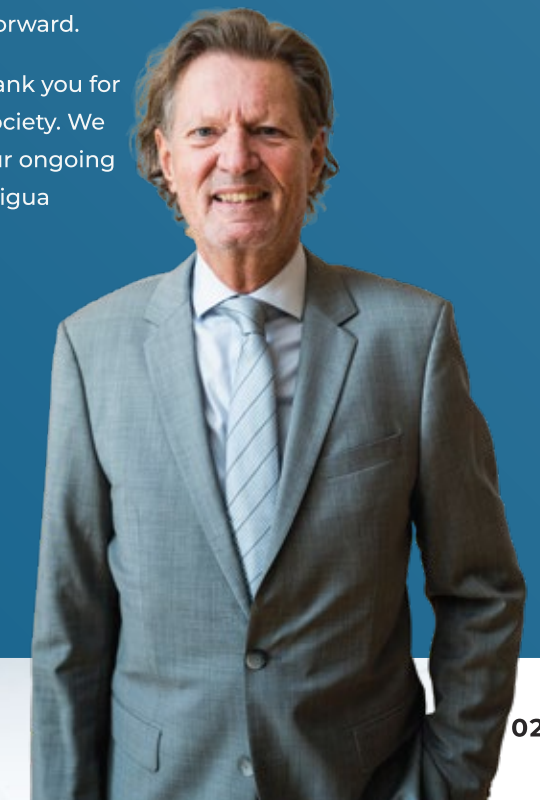
Equally important is the example you set for our current students. They look to you as proof of what is possible and as a guide for how to navigate the demands of the profession. By embodying integrity, humility, and a lifelong dedication to learning, you help shape the next generation of physicians who will carry our shared mission forward.

On behalf of the entire university community, thank you for your continued contributions to medicine and society. We celebrate your successes and look forward to your ongoing involvement with the American University of Antigua College of Medicine.

With warm regards

Peter Bell, MD

PRESIDENT,
Manipal Education Americas, LLC agent
for American University of Antigua



DR. TIFFANY BENJAMIN

AUA Year of 2021 – Forensic Psychiatrist, California

I was born in Canada, but Antigua was home. My family is from there, I grew up there, and when it came time to choose a medical school, AUA was always going to be my first choice. There was transition shock for most of my classmates to work through — for me, I was already home.

Before I even started medical school, I'd done my Master's in Public Health at St. George's. That experience gave me a foundation in population-level thinking, but nothing quite prepared me for how much I would fall in love with psychiatry once I got to my clinical rotations. I'd started med school thinking I'd go into neurosurgery — I was reading Ben Carson's books, I was convinced. And then my third rotation happened. I walked into a psychiatric unit and thought: this is it. This is where I belong.

I did my psychiatry rotation at Richmond University Medical Center on Staten Island, and then deliberately sought out more experience by going to St. Elizabeth's Hospital in Washington, D.C. — one of the country's most historic forensic psychiatric facilities. I spent three months there as a sub-intern and completely fell in love with the forensic population. Forensic psychiatry sits at the crossroads of law and mental health. I evaluate defendants, conduct violence risk

assessments, assess competency to stand trial, and testify in court. It is demanding and complex — and it is exactly where I want to be.

People are often surprised that I chose this path. It's a male-dominated field, and the work inside corrections and state hospitals is not easy. But if you want to see what untreated mental illness truly looks like, go into a prison. The people there need advocacy, not abandonment. I care deeply about social justice, and I saw forensics as a place where I could combine my clinical skills with that sense of purpose.

One thing I tell students who want to pursue this specialty: make sure you're passionate about serving underserved populations, not just about the courtroom drama you've seen on TV. I love *The First 48* as much as the next person — but the reality is hours of documentation, layers of political complexity, and navigating a system that wasn't built with these patients in mind. You have to be anchored in a genuine desire to serve, or it will break you. The Education Enhancement Department at AUA deserves real recognition. I struggled in certain areas early on — biochemistry was a particular

battle — and the one-on-one tutoring and group sessions made the difference. I later became a tutor myself for physiology and anatomy. The resources were there; I just had to use them. Too many students let pride stop them from asking for help, and that's a costly mistake.

I finish my forensic psychiatry fellowship this June and will be joining Cleveland Clinic's Akron location as an outpatient psychiatrist, where I'll supervise residents, practice interventional psychiatry — ECT and transcranial magnetic stimulation — and continue applying my forensic training in fitness-for-duty and violence risk evaluations. I'm excited and, honestly, a little awed by how far this journey has come.

When I'm not working, I paint. There are canvases all around my apartment — African women, Caribbean landscapes, pieces I'm still working through. Art is how I exhale. That, and dancing whenever I can find a good night out. Antigua in my bones never really left.

“There is beauty in the struggle — and this field needs people who are willing to sit with the weight of it.”



DR. AMIR ANTONIOS

AUA Year of 2020 – Director of Family Medicine,
Emory University, Atlanta

“Family medicine isn't a consolation prize. It is the full picture of a human life — and I wouldn't trade it for anything.”



Before medical school, I was a medic in the Florida National Guard while working my way through undergrad at the University of North Florida. My timeline was already complicated when a scheduling delay threatened to push my medical school start back by two years. I began researching different options and found AUA, which was a great fit for me. I researched the island, fell in love with the idea of living in the Caribbean for a while - something I had always quietly always wanted - and by April I had an acceptance in hand. By August, I had packed my bags and was on a plane.

The first semester was the hardest. The finances were complicated because federal loans were not yet in place when I arrived. Housing took some figuring out - I moved from a hotel to an apartment to a shared house before I found my footing. But once I did, I truly found my people. The connections I made on that island have lasted. I am still in regular contact with classmates from Antigua, and one of my close friends from there is now a nephrology fellow at Emory.

I completed the bulk of my core rotations in Baltimore, which was deliberate - I wanted a strong internal medicine foundation even though I was heading toward family medicine. I came to Atlanta for OB/GYN, pediatrics, and family medicine rotations, and that is when I knew I had found my home. The city clicked for me immediately. I matched at WellStar Atlanta Medical Center for family medicine residency - my first choice - and have remained in Atlanta ever since.

I started my residency in 2020 at Atlanta Medical Center, a Level I trauma center serving a complex population. This was at the very start of the COVID-19 pandemic, and those first months were some of the most challenging experiences of my professional life. In one week in the ICU, I participated in more codes than some physicians encounter during their entire residency. Experiences like that change you. They also reinforced something I already believed: the ability to adapt, remain grounded in uncertainty, and maintain composure under pressure are what define exceptional physicians. AUA played an important role in instilling those qualities in me.

During residency training, I received strong outpatient and inpatient family medicine training. I also pursued additional training in obstetrics to continue providing maternity care as an attending. I was recruited to Emory specifically to help build and sustain obstetrics within the Department of Family Medicine. Today, I care for patients from preconception through pregnancy and delivery, and then continue caring for mothers, newborns, and often entire families in my clinic. This continuity is one of the most meaningful aspects of my work.

Outside the hospital, an unexpected turn in my career has been caring for the players and staff of Atlanta United Football Club. Caring for athletes has been a natural extension of my work - helping keep athletes and their families healthy. It is one of those roles I

never could have predicted as an undergraduate, but it fits perfectly with who I am.

When I decompress, I garden. I grow fruit trees, collect fig varieties, and envision having an orchard one day. I also play a lot of pickleball - my wife would say too much. I remain active in my church community and draw energy from those relationships. Medicine is demanding, and maintaining balance requires intentional effort. I make it a priority.

For anyone considering family medicine: if it is the right fit for you, you will not regret it. You have the opportunity to care for patients across the entire lifespan. The breadth is the strength of the field. My work spans acute hospital medicine, preventive care, women's health procedures, obstetrics, and newborn care. I also have the privilege of teaching residents and working alongside exceptional colleagues. There is no shortage of intellectual challenge, and the work is deeply meaningful.

I am exactly where I am meant to be.



DR. HASSAN MASRI

AUA Year of 2010 – Chief of Critical Care, Windsor Hospital, Canada

I was among the very first students to walk through AUA's doors. The class ahead of mine had only one semester on me — the Torabis, a handful of friends for life. We were essentially building something together, in the earliest days of what the school would become. We had tin-shed classrooms. We had a faculty that was still finding its rhythm. And we had a choice to trust that something real was being built in Antigua, or not. I trusted it. I still do.

I'd started out doing pre-med at MUA in Nevis, but when AUA opened with talk of New York state approval and affiliations with a strong Indian medical university, I made the switch immediately. Bob Gellis called me on a Friday afternoon — I was parking near a mosque to attend Jumu'ah — and conducted the interview in five minutes while I stood on the pavement. He said, "See you in Antigua. You start Monday after next." I thought he was joking. He wasn't.

Bob was one of those rare people who made you feel like you genuinely mattered, like they had an investment in who you became. There were a handful of people like that at AUA in those early years — Bob, Marie, Dick — and I think the school needed those people desperately. When you're a brand-new institution asking students to take a leap of faith,

the human element has to be extraordinary. Those people were.

I've been a specialist for twelve years now. I'm currently the Chief of Critical Care at Windsor Regional Hospital in Ontario — a role that represents both the clinical and leadership dimensions of a career I've spent a long time building. I did internal medicine residency, specialist training, and worked across Saskatchewan before settling in Windsor three and a half years ago. This is home now.

The landscape of medicine has changed dramatically since I graduated. Simulation has replaced learning on patients for the first time. Bedside ultrasound has become as fundamental as the stethoscope. AI is reshaping access to information in ways that are both remarkable and humbling — it will eliminate inefficiencies, but it will never replace the doctor who can look at Hassan and say, "Ah — interesting. That's what's happening." The subtlety, the human judgment, the integration of story and symptom and context — that's where we live.

What I say to Canadian students who hesitate at the door of AUA is this: people have dreams, and they often have multiple pathways to reach

them. The entrepreneurs who built the world's great companies didn't abandon their vision because their first venture didn't work. If the direct road to medical school was blocked, this is the road that works. AUA has over 4,000 graduates. Some of Canada's finest hospitals haven't produced that many specialists in their entire histories. The rumors about Caribbean schools belonged to a different era. We've moved past them, even if some people haven't.

My wife is an ICU physician — pediatric critical care — and our daughter was born recently, not quite a year old yet. It is a season of complete, beautiful fullness. Family is close by in Mississauga. Work is meaningful. The next steps — chief of department, eventually chief of staff — feel like natural progressions from where I stand.

When I saw Par post a photo of Bob Gellis on his birthday recently, I sat with it for a moment. A five-minute phone call twenty years ago. A conversation that probably lasted less time than it takes to make a cup of tea. And from that moment, everything that followed became possible. That's worth remembering.

“AUA isn't the road you took because another road was closed. It is the road that took you where you needed to go.”



DR. RAFFAELE J. MARCHIGIANI

AUA Year of 2009 – Cardiothoracic Surgeon, Virginia Beach, Virginia



“The moment I was born, my mother looked at my hands and said: you are going to be a surgeon. I never really questioned it.”

My mother has a vivid memory of the moment I arrived in the world. She looked at my hands and declared - out loud, according to family legend - that I was going to be a surgeon. She even wrote about it. Whether or not that story is entirely accurate, its effect was: from as early as I can remember, medicine and surgery were the only plan. I played competitive hockey through high school, even left home at sixteen to play in Ohio, and then played in college. But hockey was always the hobby. Surgery was always the destination.

I was a biology major with a minor in biochemistry, doing everything required to get into medical school. The trouble was the tests. I was never a strong standardized test-taker - SATs, ACTs, MCATs - none of them reflected what I knew or who I was as a thinker. My grades were strong. My MCATs were not. When the U.S. schools didn't come through, I decided not to wait another year. I researched the Caribbean options carefully, visited the islands in my mind, and Antigua stood out. The smaller class sizes, the connection to a reputable sister institution in

India, the early opportunity to observe surgeries on campus - it felt right.

I started at AUA in 2005. I graduated in 2009. I was part of what was essentially the second graduating class from the school. I went straight through without interruption, and somewhere in that process of learning medicine because I genuinely loved what I was learning - not performing for an exam - I found that I excelled. I did very well on the USMLEs. I matched categorical general surgery at St. Luke's in Bethlehem, Pennsylvania - my first choice. I did five years there, back-to-back, graduating in 2014.

I knew by my third year of residency that I was going into cardiothoracic surgery. The cardiac interest came first - there is something about the heart that commands attention - and then general thoracic became more solidified. By my fourth year I had applied and matched to the University of Iowa for my CT fellowship. My first choice, again.

The work I do today involves a great deal of oncologic thoracic

surgery - lung cancer, esophageal disease, mediastinal masses. The most gratifying moments in my career are the ones where I can look a patient in the eye and tell them they've been potentially cured. That word - potentially - carries enormous weight. And those moments, when they happen, make everything else worth it.

I've stayed connected to AUA. I've hosted a AUA student for a sub-internship rotation, and I'd do it again. If someone coming out of AUA wants to go into surgery - and they often feel like they can't, like that door isn't for them - I want them to know it is. I did it. And I matched my first choice every time.

My family and I have been talking about coming back to Antigua. My wife and daughters have never been, and I'd love to show them where it all started. Someday soon.



DR. ADIL HUMAYUN

AUA Year of 2017 – Attending, Neonatology, Baylor Scott & White, Dallas, TX (2024)

I did my undergrad at the University of Washington - one of the strongest pre-med programs in the country, which made it one of the most competitive environments to be applying out of. UW's medical school is notoriously selective even for its own alumni, and I was going in without anyone in my immediate family who had navigated this process before. I didn't have the guidance. I applied to schools that were likely out of my range. The first round was brutal, and I was left regrouping.

What I found in AUA was a program that was responsive, warm, and serious. They got back to me quickly. The intake felt genuinely personable - not like being processed through an admissions machine. When I arrived on the island, the transition was easier than I expected. I'd traveled a lot and moved around throughout my life, so adjusting to a new culture wasn't a shock. And honestly, Antigua is beautiful. After years of rain and overcast skies in Seattle, being somewhere warm and

sun-filled felt like a reward I hadn't expected.

The friendships I formed there have stayed with me. We were neighbours and classmates first, and that proximity became the foundation of bonds that have outlasted medical school, rotations, and residency. Even now, scattered across different states, many of us remain close.

My rotations were primarily in New York - Wyckoff Hospital in Brooklyn - and Atlanta. I went back to Wyckoff for a sub-internship, and those experiences were formative. Rotations are where you discover what medicine feels like in practice, not just in theory. I've always believed that you can't truly know your specialty until you've done it. The textbook and the room with a real patient are two different things.

Something I think about often in my current practice is the tension between information access and clinical judgment. My generation was trained at a

time when medicine expected you to hold an enormous amount of knowledge in your head, and there's a reason for that. In a code, you can't Google. In a trauma bay, you can't pause to look something up. The foundation must be there. The instinct must be trained. I worry sometimes that the abundance of accessible information creates an illusion of competence without the underlying structure that makes judgment possible. The basics are still the basics. They must be built in, not looked up.

That's one of the reasons I care about mentorship and education. There are students who are going to be excellent physicians regardless of what anyone says to them. And then there are students who are on the edge - who need to hear from one person that it's possible, that someone has done it and come out on the other side. That conversation can change a trajectory. I want to be that conversation for someone.

Medicine is the most hands-on intersection of science and the humanities that I know. That's what drew me in, and it's still what keeps me there.



DR. NEENA CHANDRASEKARAN

AUA Year of 2016 – Pulmonologist & Intensivist | Core Faculty,
Broward Health, Fort Lauderdale

Pitt is the home of critical care. All the major studies come from there. I knew that's where I needed to be, and I matched my number one.

Medicine runs in my family. My mother is a practicing physician, and my cousin went to med school in India. When friends of my mother's began talking about their children going to the Caribbean for medical school, AUA was the name that kept coming up. I did my research, and what drew me specifically was that AUA had just transitioned to the double-block semester structure - two full semesters per academic year - and they were talking about the possibility of clinical affiliations in Miami. I liked the pace, I liked the island, and I liked the faculty that was being assembled.

Miami delivered exactly what they had promised. I did the FIU affiliated program for my clinical rotations, which meant all my core rotations were in one city. There was no packing up and moving every eight weeks, no navigating new hospital systems in unfamiliar cities. You could build relationships with attendings, return to the same units, get noticed. That continuity is enormously valuable in ways that are hard to quantify until you've experienced the alternative.

Miami also gave me something I hadn't entirely planned on: I met my husband there. Some things align when you're in the right place at the right time. The FIU program also opened doors for research and academic writing. I co-authored a chapter for a published book. I was able to meet people who would become foundational to my career progression. I believe in seizing what's in front of you, and Miami put a great deal in front of me.

By the time I was in my third year, I knew I wanted to be a critical care physician. Not just hospitalist medicine - the ICU specifically. The acuity, the complexity, the stakes, the team dynamics. I wanted all of it. University of Pittsburgh Medical Center is the home of critical care - the landmark ARDS studies, the major protocols, the research that defines standards of care worldwide. I was able to match there for internal medicine residency. After Pitt, I went on to fellowship in pulmonary and critical care at Wayne State in Detroit.

Today I am Core Faculty at Broward Health in Fort

Lauderdale, which is both a residency and fellowship training site. My week alternates between pulmonary and ICU work, and part of what makes it meaningful is the teaching. I supervise residents, work with students, and participate in faculty development for both programs. What I do in that ICU now, the way I approach diagnosis and management, I can trace directly back to the foundations built at AUA and refined at Pittsburgh and Detroit.

I had a two-year-old and a four-month-old when we spoke, and I was making the work-life arithmetic work. It isn't always elegant. But it is possible. For the women coming behind me who are wondering if they can have both - the career and the family - I want to be evidence that the answer is yes, even if it requires help, partnership, and a willingness to say no to some things so you can say yes to the things that matter most.



#AUAPROUD

YEAR OF THE INTERNATIONAL
MEDICAL GRADUATE



2026
AUJA ALUMNI
MAGAZINE

DR. SONIA K. HANS

AUA Year of 2013 – Medical Director, Evergreen Health, WA

I knew I wanted to be a physician at twelve, growing up in Burnaby, Canada. With limited seats and long academic pathways back home, I chose a more direct route to clinical practice.

The Manipal program stood out for its reputation and U.S. rotation pathway. I joined in 2007—our class of forty graduated eleven, many of whom remain close friends. The training was rigorous, especially the oral exams that built real-time clinical thinking. By the time I reached U.S. rotations and residency interviews, I felt fully prepared.

I matched into Internal Medicine at MedStar Baltimore, my first choice, and pursued Endocrinology—drawn to its depth and ability to truly restore patients. It matched how I think: patterns, pathways, and precision.

At LSU Shreveport, I focused on endocrinology, pituitary care, and metabolism, particularly obesity medicine. I later moved to Seattle and joined Evergreen Health, where I built a weight loss and bariatric program that became a nationally recognized Center of Excellence.

My work focuses on root causes—genetics, metabolism, microbiome, and lifestyle shifts. I often explain to patients that modern sedentary life doesn't align with our biology—and the body responds by storing excess energy.

I was inducted as a Fellow of AACE for my work in diabetes and metabolism and continue contributing as a speaker and scientific lead.

I'm also a wife and mother of two. I prioritize balance—splitting time between clinic and virtual care, and choosing presence with my family.

Now licensed in Canada, I'm exploring opportunities in Vancouver. Many patients seek not just treatment, but understanding of their culture and context. That representation matters—and that's how I give back.

“Hormones run the world. The research is finally catching up to the truth.”



DR. JASPREET DABB

AUA Year of 2021 – Fellowship in Pediatric Cardiology,
Augusta University Health (2024)

If I'm being completely honest, I never really grew up - and that's exactly what led me to pediatrics.



There's something powerful about connecting with children when you still carry that sense of curiosity and playfulness. Whether it's Pokémon Crocs or a Star Wars badge reel, meeting kids where they are makes all the difference. Because when they feel comfortable, everything else follows.

But beyond the fun, this work is about impact - shaping healthier lives early enough to truly change outcomes.

From the beginning, I knew I wanted to work with children - not just to treat illness, but to influence habits early. If twenty kids walk into a clinic and even one leaves thinking differently about their health, that matters. That's prevention at its best. During paediatrics training, I loved everything. I connected easily with kids and parents, and outpatient care seemed like a natural fit. But I wanted more than routine - I wanted depth and challenge.

The Shift to Cardiology

Paediatric cardiology gave me that. Even in general paediatrics, I kept coming back to heart health - nutrition, lifestyle, long-term risk. When I trained at Nationwide Children's Hospital, everything clicked. I saw preventive cardiology in action, alongside complex cases - echocardiograms, congenital conditions, catheterizations. It was demanding,

multidimensional, and exactly what I was looking for. "I knew it wouldn't be easy - but I was all in."

Choosing Depth Over Comfort
Today, I'm in a highly selective fellowship program that takes just one fellow a year. It's intense, but incredibly rewarding. In a smaller program, there's no waiting - you're learning by doing. From assisting in procedures to managing cases, the growth is constant. That level of hands-on training shapes you in ways nothing else can.

The Emotional Reality

People often ask how I handle sick children. The truth is - I don't detach. I don't see "cases." I see children. And I let myself care. That connection builds trust - not just with the child, but with their family. Paediatrics is a partnership and being present matters just as much as being precise. Even small moments - playing a game, easing anxiety - can make a lasting difference.

The System and Its Gaps

One of the biggest challenges in healthcare today is time. Short appointments and rushed interactions make it harder to truly connect. But medicine shouldn't feel transactional. Patients deserve time, clarity, and care that goes beyond the

basics. Because prevention and trust can't be rushed.

Lessons from Uncertainty
The COVID-19 pandemic was a stark reminder of how unpredictable medicine can be. There were moments when no one had clear answers. Decisions had to be made in real time, often with incomplete information. It reinforced an important truth - medicine isn't just about knowledge, it's about adaptability.

Staying Grounded

Through it all, I've held onto what brought me here - curiosity, humor, and a willingness to stay a little unconventional. Those qualities help me connect, and they make me better at what I do.

Looking Ahead

Paediatric cardiology is demanding, but deeply meaningful. Because when you help a child, you're not just treating a condition - you're protecting a future.

Final Advice:

Stay human. The science will come. The training will shape you. But what defines you as a physician is your ability to connect. Because patients won't just remember what you did. They'll remember how you made them feel.



DR. EDDIE L. COPELIN II

AUA Year of 2015 – Gastroenterologist, Private Practice, Texas

When I think about my work, I don't really think of it in terms of procedures or routines. For me, medicine has always been about impact- about restoring comfort, dignity, and quality of life for patients whose daily lives have been disrupted by illness.

"For me, medicine has always been about restoring comfort, dignity, and quality of life." I'm currently practicing as a gastroenterologist in Amarillo, Texas. After spending several years working in New York, I recently relocated with my family to Texas to start a new chapter and build my own practice. That transition has been both a professional step forward and a personal milestone.

Building a practice from the ground up is not easy. It requires vision, resilience, and a certain level of confidence in your training. But it's also incredibly rewarding to create something that reflects your own values and approach to patient care.

My journey into gastroenterology wasn't something I had planned from the beginning. During residency, I explored different specialties before I was exposed to GI later. What started as just

another rotation quickly became something more.

"What started as exposure quickly became a calling." I found that it offered a balance that really appealed to me- there's intellectual depth, but also a strong procedural component. Gastroenterology allows me to not just diagnose and treat disease, but sometimes even prevent serious conditions or change the course of a patient's life through early intervention. There's one patient experience that I still think about often. I had a professor who came in with severe difficulty swallowing. It had been affecting his nutrition, his comfort, and really his overall quality of life. After evaluating him, we diagnosed eosinophilic esophagitis. With the right treatment, we were able to restore his ability to eat normally.

"Seeing a patient regain something as basic as the ability to eat - that's what defines success for me."

Looking back, I recognize how important my training was in preparing me for this stage of my career. My time at AUA gave me a strong academic foundation. It was an

environment where discipline and consistent effort really mattered, and that shaped how I approach both learning and patient care even today.

That foundation carried me through residency and into independent practice. It gave me the confidence to make decisions, to take responsibility, and to continue growing. It's also been interesting to see how much AUA has evolved since my time there. The campus, the facilities, and the overall resources reflect a significant investment in student success. As an alumnus, that's something I take pride in.

Now, being in practice, I value the opportunity to serve my community while also maintaining balance for my family. Building something of my own has allowed me to deliver care in a way that feels personal and aligned with my values.

At the end of the day, my journey has been about combining a strong foundation with persistence and thoughtful decisions - and using that to create meaningful impact in the lives of my patients.

"Listen to your gut. Cut out the outside noise and listen to your inner calling. Everything I've done in my life, I've listened to my gut."



DR. HARENDRA FERNANDO

AUA Year of 2013 – Medical Director, High-Risk Care, One Medical Seniors (now Amazon Health Services), Atlanta, GA

“Not everything is just given to you. You have to work really hard for it - and I think that's what AUA teaches, even when it doesn't say it out loud.”

My path to medicine wasn't straight. I started my undergraduate degree at the University of Kansas as a chemistry major and quickly discovered that quantum mechanics was not, in fact, something I needed in my life. My grades got derailed. The GPA I ended up with was not what a traditional US medical school was looking for, even though by my final years I had turned things around considerably. I tried an international route first - a school in England - but it shut down while students were mid-program. Abandoned everyone. That was a brutal experience.

AUA came after that. I joined the last year of the pre-med program and was placed in the same cohort with people who became some of my closest friends and who are now my neighbours in Atlanta. We hit the island at a similar moment and built something together through those years: a shared commitment to purpose, a shared rhythm of work and rest, and a genuine friendship that was as much about who we were as what we were trying to become.

Antigua teaches discipline in a particular way. It's a beautiful island. The distractions are real. But the people I surrounded myself with were there for a reason, and that reason came first. We knew how to celebrate after exams. We also knew how to put our heads down when it mattered. I came out of that experience grateful in a way I genuinely hadn't expected, because I'd been knocked down enough times before AUA that I understood, viscerally, what it meant to have been given a real chance. I did not take it lightly.

I did my residency in the Hudson Valley of New York and came to Atlanta straight out of training. Dr. Maggie Carpenter introduced me to the company I started with, which practiced family medicine in a non-traditional model - and that set the tone for my entire career. I have always taken the road less traveled in how I practice. Today I work within a system that covers a wide geography including the Atlanta metro, up into Tennessee, and west to Alabama. We work across the specialty spectrum with integrated social work and clinical pharmacy support - all under one roof. It's a challenging, high-complexity practice, and it's exactly what I wanted.

I've been an attending for nearly ten years. I still want to learn something new every day, and I still do. The patients I see at the most vulnerable points in their lives have given me memories I carry everywhere. I remember specific conversations from my first year of practice with a clarity that tells me this is what I'm meant to do.

For students who are coming behind us - especially those who took a non-traditional route, who got knocked down somewhere along the way - I want you to know that being given a second chance is not a consolation prize. It is an invitation. The question is only whether you take it seriously.



DR. AHMED ABD EL AZIZ

AUA Year of 2021 – Attending, Emergency Medicine, Miami

I was 28 when I started the Bridge to MD program. I had been working in pharmaceuticals, watching people do the work I knew I wanted to do, having the internal argument that most career-changers have — too late, too long, too much. And then I did the math. I was going to be in my late thirties either way. The only question was what I'd be when I got there.

Before AUA, I hadn't had the grades to enter directly — and that was fine; I was honest with myself about that. The Bridge to MD program was exactly what I needed. Dr. Lataki, who ran physiology, built a study framework that I've used ever since. I went into AUA proper after completing that foundation, and from there I went straight through.

My rotations were at FIU, and I fell in love with South Florida. The energy, the weather, the people. I came back to the area as often as I could. What I also discovered during rotations was that emergency medicine was my field. I'd been thinking

about orthopedic surgery, but I asked myself a serious question: do I love bones, or do I love the idea of being an orthopedic surgeon? The honest answer was the latter. Emergency medicine was the former — I loved the pace, the variability, the stakes, the fact that you had to be able to do everything.

I completed my EM residency and fellowship in Virginia, obtained licenses in three states, and now practice what's called travel emergency medicine — working in facilities that are underresourced or geographically isolated. I do shifts at a freestanding ER on the Tennessee/Kentucky border where I am the only physician in the building. No respiratory therapist. No specialist on call. You manage the ventilator yourself. You do everything. It is intense, and I love it.

I work 20 days a month — more than the average EM physician — because a trauma surgeon early in my career gave me advice I've never forgotten: work as much as you can when you start out. The more hours

you log, the better you become. I'm only two years out of training, but in terms of hours worked, I carry nearly three years of experience. I don't want to be rusty. I don't want to plateau. The work keeps me sharp.

Between shifts, I'm in South Florida. I recently got engaged — Madison is incredibly patient with a man whose idea of a honeymoon schedule involves fitting around call.

If I had one thing to say to students who are at the beginning of this road: don't let age stop you. Don't let a slow start stop you. Medicine is long. The decision to begin is the hardest one, and after that, it's just about doing the work.

“I'm going to be 39 regardless. I might as well be 39 and a doctor doing what I love.”



DR. MARIA SABA

AUA Year of 2021 – Resident, Emergency Medicine, Florida



Dr. Glasser made complex things simple and they stuck with me for life. I passed my emergency medicine boards using lessons from his class at AUA.



I came to AUA through UCLA. I was there for my undergraduate degree and was somehow exposed to AUA during that time - the exact circumstances have blurred in my memory because it's been so long and I've since had so many interviews - but I know I got accepted shortly after. What drew me wasn't a long deliberation. It was three things: the warm climate, the small class sizes, and the promise that I would not be a face in a crowd.

At UCLA, some of my lecture halls held 600 to 800 students. I had already learned that I don't thrive that way. At AUA, the largest lectures had maybe 150 people, and we had small group sessions every week. Teachers knew my name. The learning felt individualized in a way that made me more confident, more willing to ask questions, more willing to admit what I didn't understand and get the help I needed. That environment is what I needed to succeed - and I did.

Dr. Glasser was the professor who changed me. He taught Mind and Behaviour and did every lecture from memory, sitting down, writing everything out by hand as he talked. He

made complicated things simple. He was genuinely brilliant and completely grounded. I became his teaching assistant. Even now, in my emergency medicine practice, the frameworks he gave me for approaching neurological and behavioural disease show up every day. I took my emergency medicine board exams recently and used his techniques to pass them. Teachers like that don't just teach you a subject. They teach you how to think.

I chose the FIU-affiliated program for my clinical rotations specifically because I wanted to be in Florida. The warmth was part of it, but also the practicality - doing all my core rotations in one region meant stability, continuity, and the chance to build real relationships at my sites. One of my psychiatry rotations was at Broward Health. That same hospital is now where I work. I walked those hallways as a medical student and now I walk them as an attending. The front entrance of Broward General is genuinely beautiful - it takes your breath away every time.

My fiancé Brian is also an AUA graduate. We finished

emergency medicine residency at Broward Health together - he was one year behind me, having done a surgical preliminary year in Arizona first. He's now pursuing general surgery, which means we are both still deep in medical training, years into what most people would call the hard part. It's a long road. We have made peace with it.

What I tell students who are about to start: don't collect resources, learn to use the right ones. There is an abundance of study materials available now that can become a distraction. Talk to people who did well and learn what worked for them. Find your method and commit to it. The information is everywhere - the discipline to use it wisely is what separates the people who succeed.

We were the first class to graduate during COVID. No ceremony. Residency started in a pandemic. And we came out the other side practicing medicine, caring for patients, building careers. That says everything about what this education prepares you for

DR. KELLY JAZIRI

AUA Year of 2013 – Psychiatrist, Norwich Psychiatric Center, Norwich, CT

My journey into medicine—and psychiatry—didn't unfold as I expected. I wasn't familiar with Caribbean medical schools, but discovering AUA led me exactly where I needed to be.

After graduating, I planned to take time off for the MCAT when I heard about American University of Antigua through a family friend. Within months, I had interviewed, been accepted, and started medical school. It all happened quickly—but sometimes the most defining decisions do.

Finding My Footing

Moving to Antigua was a major transition, but I was fortunate. I found a close-knit group of friends early on who became my support system. That sense of community made all the difference, especially being far from home.

The Work You Put In Shows

Where you study matters less than how you show up. I took my work seriously, and by residency, I felt prepared. I applied to internal medicine and psychiatry but was already leaning toward psychiatry. I

matched at University at Buffalo—an intense time filled with both excitement and anxiety.

Why Psychiatry

While my father is a psychiatrist, the decision was my own. Psychiatry simply felt right. It was engaging, complex, and deeply human. Compared to other fields, it offered more variety and stronger patient connection.

Today, we practice together in Connecticut, and I'm gradually stepping into taking over the practice.

The Reality of the Work

Psychiatry is rewarding but emotionally demanding. You hear difficult stories daily, and early on, that weight is heavy. Over time, I've learned to compartmentalize—caring deeply while also stepping back to avoid burnout. Some cases stay with you, and you learn to live with that.

A Changing Landscape

Attitudes toward mental health are improving, with less stigma

and more openness. At the same time, challenges like self-diagnosis and misinformation—often driven by social media—are increasingly common.

Life Beyond Medicine

I make space for life outside work. My husband and I travel often, and spending time with family—especially my nieces—keeps me grounded.

Looking Back and Forward

My advice is simple: do it.

Medicine is demanding, but if you feel drawn to it, it's worth it. At its core, this work is about impact—showing up for people when they need it most. And there's nothing more meaningful than that.

“Psychiatry Felt Like Home”
A First-Person Journey into Medicine



DR. DAVE SWABY

AUA Year of 2015 – Pediatric Hospitalist,
Valley Children’s Healthcare, Fresno, CA



I remember those early days clearly. I had just returned from a deployment and found myself stepping into a clinical environment I had not planned for. As a nurse in the military, I was placed in a critical care setting with no prior experience in that area. There was no time to adjust. I had to adapt quickly and learn in real time.

“I had to learn on my feet. There was no other option.”

That experience shaped my confidence and resilience. My work did not go unnoticed. Several intensivists encouraged me to consider medical school, planting a seed that would stay with me. At the time, I was in my late thirties and nearly ten years into my military career. Pursuing medicine was not the obvious next step. It required careful thought and commitment.

My wife and I had many conversations about the future. I explored alternative paths such as becoming a nurse practitioner or physician assistant. Still, I felt drawn toward becoming a physician. I wanted to fully commit to the profession and challenge myself at the highest level.

A colleague, an obstetrician gynaecologist in Florida, suggested that I explore Caribbean medical schools. I began researching extensively, speaking with physicians and gathering insights. That process led me to the American University of Antigua. Although it was a newer institution at the time, I was impressed by its mission and direction. When I visited the campus, the facilities stood out. There were also practical considerations, including the ability to use my VA benefits, access to clinical rotations in the United States, and scholarship support for veterans. Together, these factors made AUA the right choice for me.

When I began medical school, I made a deliberate decision about my mindset.

“I went into medical school with a clear mind that I did not know anything.”

This approach was intentional. While my background in nursing gave me confidence in

patient care and communication, I chose to approach the basic sciences with a fresh perspective. Treating every concept as new allowed me to stay focused and fully engage with the material.

One of the most impactful parts of my education was the simulation-based foundations course.

“That class, foundations, was excellent. It really prepared us.”

The expectations were high and the training was rigorous. By the time I entered clinical rotations, I felt prepared not only in terms of knowledge, but also in professionalism. During rotations, including my experience at Florida Atlantic University, we approached each opportunity with maturity and a strong sense of responsibility. We understood that we were representing both ourselves and our institution.

A defining moment in my training came during my rotation at Richmond University Medical Center in Staten Island. I had the opportunity to work closely with the program director in both clinic and hospital settings.

“I felt confident I was going to match there because I showed what I could do.”

That experience reinforced the importance of being present and engaged. I was able to demonstrate my work ethic and clinical abilities directly, rather than relying solely on an application.

My decision to pursue pediatrics was shaped by a meaningful experience during deployment. I cared for a ten-year-old girl who had sustained severe burn injuries from a gas explosion. I treated her over the course of six months, and that experience left a lasting impression.

“Treating that little girl for six months, that is what opened my eyes to pediatrics.”

As I progressed through my clinical training, that sense of purpose became clearer. Returning to Richmond further confirmed my decision. Pediatrics was the field where I felt I could make the greatest impact.

Pediatrics presents unique challenges. One of the most difficult aspects of the field is caring for conditions that could have been prevented. I recently treated a child

with a brain abscess and seizures related to lack of vaccination.

“This is preventable. That is the hardest part.”

These situations require thoughtful and sometimes difficult conversations with families. I emphasize that vaccines reduce risk and protect children. However, misinformation continues to influence decision making.

“I am not going to let a child suffer because of misinformation. That is unethical.”

Advocating for patients, particularly children, remains my highest priority. This responsibility requires clear communication, compassion, and a commitment to evidence-based care.

Today, my role extends beyond clinical practice. I am actively involved in teaching and mentoring residents.

“It is a different perspective, coming from nursing into medicine.”

My background allows me to offer a unique viewpoint as I support the development of future physicians. I have also taken on leadership responsibilities within the hospital and have been approached about expanding my role to focus on training new providers. It is an opportunity I am seriously considering.

After completing residency, I made the decision to move to Fresno in 2018. While my wife was in Hawaii at the time, I chose a path that aligned with my professional goals. It proved to be the right decision. I have found a strong sense of community, purpose, and growth in my current role. The organization, the people, and the work environment have all contributed to that experience.

Reflecting on my journey, it has not followed a straight path. From military service to medical school, and from uncertainty to leadership, each step required adaptability and commitment.

“You just have to go for it, even if it feels late.”



DR. RYAN M. NADELSON

AUA Year of 2012 – Head of Internal Medicine, Northside Hospital Diagnostic Clinic, Gainesville, GA

Medicine was always present in my life. My father was a gastroenterologist, and growing up, I watched him come home from work proud, fulfilled, and deeply connected to what he did. Medicine wasn't simply his profession—it was his purpose. He cared for patients, supported his family, and found meaning in the responsibility of the work itself. That sense of pride and service left a lasting impression on me.

In many ways, medicine became a family legacy. My older brother and younger brother both went on to become gastroenterologists. Watching my father model what it meant to be a physician—and seeing how rewarding the work was for him—made the path feel natural and deeply personal. Following in his footsteps was never about expectation; it was about purpose.

When I first began exploring medical school, I never imagined that my path would take me to the Caribbean. My older brother attended Windsor University, which introduced me to the idea that there were alternative routes into medicine for students willing to work relentlessly for the opportunity. When I visited Antigua, everything changed. I was struck by the environment, the organization of the program, and the seriousness of the education.

Once I experienced it firsthand, I realized that the American University of Antigua was not a fallback or an alternative—it was a real path, provided you were willing to earn it.

I truly enjoyed my time at AUA and remain deeply grateful for the opportunity it gave me. The faculty invested in their students, and one mentor in particular, Dr. Peter Bell, played a formative role in helping me find my footing early in my training. Beyond the classroom, the camaraderie among students was unforgettable.

Whether studying together, sharing meals at local spots like the Beach Restaurant, or simply taking moments to step away from the books, there was a shared understanding that we were all in this together.

Those relationships mattered. They fostered resilience, accountability, and humility—qualities that would prove just as important as medical knowledge.

Clinical rotations brought a new set of challenges. Moving between hospitals and adapting to unfamiliar systems required flexibility and persistence. While it wasn't always easy, we were given the opportunity to pursue our dreams, and we approached it with seriousness and gratitude. I was fortunate to complete many of my rotations in New York, which allowed me to remain local. Standing alongside U.S. medical graduates reinforced the importance of preparation, discipline, and showing up every day ready to work.

I completed my internal medicine residency at Atrium Health Navicent Medical Center in Macon, Georgia, affiliated with Mercer University, where I also served as Chief Resident. That role allowed me to develop leadership skills while remaining closely engaged in patient care, resident education, and the operational realities of hospital medicine. Residency solidified my commitment to internal medicine—a field defined by depth, continuity, and humanity.

Today, I serve as Chair of the Department of Internal Medicine at Northside Hospital Diagnostic Clinic, while continuing to practice full-time as an internist. Remaining face-to-face with patients has always mattered to me. I never wanted leadership to pull me away from the exam room. For me, leadership isn't about

stepping back from patient care—it's about protecting the space where good medicine can still happen.

Internal medicine appealed to me because of its breadth and continuity. I wanted to care for people over time, not just in isolated moments. I wanted to understand complexity, build relationships, and walk alongside patients through different stages of health and illness. There isn't a day that goes by where I don't feel like I'm helping someone—and that remains deeply fulfilling.

In addition to clinical practice and leadership, I am also a nationally published writer. My work has appeared in *The Hill*, *MedPage Today*, *STAT*, *KevinMD*, and *The Atlanta Journal-Constitution*. I also have an upcoming nonfiction memoir being published by the American Association for Physician Leadership, which explores the human and structural realities of modern medical practice.

What I find most rewarding about medicine is simple: helping people. Some of the most meaningful moments come from diagnosing conditions that have gone unrecognized for years, watching fear give way to relief, and seeing patients feel truly heard. The work is emotionally demanding, but those moments of connection make it worthwhile.

Work-life balance has been one of the greatest challenges of my career. Early on, I was singularly focused on doing a great job, often at the expense of balance. Over time, I developed systems that work for me—how I structure my day, manage documentation, and create boundaries. Medicine is demanding, and learning to let work remain at work, and home remain home, has been essential.

To AUA students considering internal medicine, my advice is simple: pursue what genuinely excites you. Internal medicine offers extraordinary versatility and meaning. While many graduates choose hospitalist careers, outpatient internal medicine

remains deeply rewarding. The continuity, the relationships, and the long-term impact are unparalleled.

On a personal note, my support system has been everything. I met my wife in college, and while she remained in Boston, I attended medical school in the Caribbean. That long-distance period was challenging, but it ultimately strengthened our relationship. The friendships formed on the island carried me through some of the most demanding moments of training. Today, my wife and I have three beautiful children, and I don't take a single part of this journey for granted.

It has been a long road—built on sacrifice, resilience, and trust. AUA gave me the opportunity to become the physician and leader I am today, and I carry that responsibility with me every day.



ALUMNI EVENTS

ALUMNI DINNER HIGHLIGHTS



Every journey featured in these pages began in the same place - but no two paths look alike. That diversity of experience is what makes the AUA alumni community so powerful.

What remains constant, however, is the connection. The shared values. The understanding of what it took to get here.

AUA continues to stand behind its alumni - not just as an institution, but as a lifelong community. And in return, it is your continued engagement that keeps that community alive, relevant, and inspiring.

Stay connected. Stay involved. And if you haven't yet - this is your invitation.

Connect with us at alumni@auamed.org

