

## **Q & A: AMWA MEDICAL SPECIALTIES SHOWCASE**

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### **Internal Medicine**

1. Being a part of internal medicine, what was the distinguishing factor that made you choose to be a hospitalist over dividing the time in clinic?
  - a. I love the pace of the hospital. I love that when you meet someone there you know you're giving help needed in that moment. When I trained in residency and did my outpatient clinics, many patients were continuity, the importance of which, cannot be emphasized enough, but I found many were well and it was more of a social visit. It can be very fulfilling to continue to see patients in clinic but I realized that you also develop relationships with patients while they're in the hospital so I didn't see giving up clinic as giving up the opportunity to develop relationships with my patients. Given that I could still have meaningful relationships with patients and the hospital had a pace and problem that I wanted to be able to address, I saw hospital medicine as being a better use of my skill set and interests.
  
2. Could you have a specialty in more than one thing such as Cardiology and Psychiatry?
  - a. Yes. You can have subspecialties no matter what you choose to go into! Not typically Cardiology and Psychiatry but speaking for EM there are many subspecialties. You need to do a fellowship for many of them: Wilderness Medicine, Cardiology, EMS, Pediatrics, Medical Education, etc (to name a few).
  - b. There are combined psychiatry/internal medicine programs, as well as combined adult psychiatry/child psychiatry/pediatrics programs. However, keep in mind that people in these combined programs typically end up practicing as one specialty.

### **Family Medicine:**

1. What does academic medicine look like?
  - a. It has allowed me to meld left and right brain for sure! I plan to do medical editing/writing, teaching medical students and residents, and maybe even some population based research. For academic family medicine, I will be seeing patients in both the ambulatory as well as hospital session while teaching, writing, editing and maybe even publishing! For me, teaching residents and medical students (and having dedicated time/financial compensation to do so) was an important part of that decision.
  
2. For family medicine what are some good volunteer opportunities to as a pre-med, and also how many years of residency do med students do?

- a. While volunteering is something you do to help others, its really an oppportunity to let your passion and interests shine! I will say, I was very active in AMWA, which provided a number of opportunities for me to get involved in the organization, both nationally, and within my community!
  - b. Volunteer where your passions lie. It's really important because it will help you find and discover about yourself. For e.g. I am very passionate about civic engagement. I only volunteered a little bit with the local hospital, but during undergrad, I spent most of my time working/volunteering/advocating with a local West Philly Community Resource Center. During my entire application process, interviews, and even later during residency interviews it was what I spoke to and ultimately drove my choice to join FM! Let your passion drive you!
3. For family medicine, I was wondering how the work-life balance was? Add
  - a. In general, your schedule as a resident doesn't reflect what it will look like as an attending. I will say, as an intern, in any specialty, work hours aren't that great. Now that I am a second year resident, the hours are better, as I have more outpatient/clinic time, and it will continue to get better. The neat thing about Family Medicine is that you get to carve out the type of practice and schedule you want.
4. Can your provide information on the steps/route to becoming a family physician?
  - a. Steps for going into FM: While in med school, express your interest, do a couple FM rotations to see if it's what you really want, then apply to an FM residency (usually 3 years, but some are 4). Additionally, you can always do an FM fellowship, so be sure to look into those to see if any of those areas are of interest to you.
  - b. There's no one way to do it! I went straight from undergrad to medical school to residency but many of my colleagues did other things outside of medicine that gave them perspective. FM residencies are typically 3 years, sometimes 4 depending on the location.

### **Pediatrics:**

1. If I wish to follow the neuro-pediatrician path, do I follow neurology or does pediatrics cover that specialty as well?
  - a. You can definitely do either! There's also a direct residency program that covers gen peds, Peds neuro and adult neuro.
2. Do you get to practice general medicine on kids or do you have to be in a set specialty?
  - a. In residency, you're being trained to be a general pediatrician and then you can sub specialize!.

3. How did you go about finding clinical/research pediatric opportunities? Do you have any resources or networking advice for pediatric in-person shadowing experiences or research?
  - a. I would reach out to your pre professional office for opportunities! Also, if there is a pediatric residency in a hospital near your university, I would recommend sending them an email.

### **Emergency Medicine:**

1. What are the pros and cons of combined Pediatrics/Emergency Medicine programs versus Peds to Peds EM fellowship?
  - a. Peds/EM will give you a broader training set up front but will be a longer training process. I would recommend this if you know exactly what you want to do upfront. Keep in mind that you may still need to do a Peds EM fellowship if you want to be board certified in Peds EM. Most Peds EM fellowship trained physicians end up practicing in dedicated Peds emergency departments. If you choose this route you will be highly specialized and well-trained as well. Many academic centers have gone to the Peds EM fellowship-only model for caring for children. If you work in the community or smaller academic departments, you will see both adult and pediatric patients even with a general Emergency Medicine residency and no fellowship.
2. What is it like to work in a fast paced demanding environment like the ED and how do deal with losing patients?
  - a. It's exciting. I work at a level 1 trauma center that is pretty much constantly busy. You learn the difference between sick and not sick and who can wait a few minutes and who can't. Losing patients never gets easier. As you go throughout your training you do learn how to better manage grief from losing patients and how to communicate with your patient's families when their family member passes.
3. When would you recommend a combined Family Medicine/Emergency Medicine program? Are there any particular fellowships recommended after this particular training process?
  - a. It depends on what the end point is for you and how you feel you can get there best. If ultimately you want to practice Emergency Medicine, you don't need to add extra time training in Family. Same thing if you want to practice FM...you don't need the extra training to recognize an emergency. Think long and hard about what your END point is first and work backward. Questions to ask yourself would include "What is the added value that this type of training will give me?" Remember, for each extra year of training you will be missing out on a year's worth of an attending salary AND likely accumulating interest on student loans (if applicable)— It needs to be worth it and is a very personal choice.

4. I am afraid of Emergency Medicine, because it is from my perspective, is a bit fast paced and I would be scared to make a mistake. Are there places or units in Emergency Medicine that are most calm?
  - a. It depends on where you practice. But even in a low-volume practice, you have to be prepared for any emergency that may walk through the door. If you go into an EM residency, you will learn how to work in a fast paced environment. Providers in every specialty are scared to make mistakes (and mistakes will be made because we are all human). Do what you love and trust the training process!
  
5. Did you have a personal preference regarding what ER setting you wanted to practice in? Trauma level I? Level IV?
  - a. I prefer an urban, Level 1 trauma center. UVA is awesome because it's a Level 1 trauma center but also a referral center so we see really cool pathology from all over Virginia. Our acuity is high which contributes to it being interesting. Although I did not enjoy being a research assistant in the ER when I was a pre-med, it was different as a provider with more engagement in the process.
  
  - b. I know for me I only wanted to train at a level I trauma center. I think you get a more well-rounded experience, because you never know what's going to come through the door. However, a level II center can still give you great training but when I was on my 4th year med student rotations in different ERs in PA and NJ I saw the difference in the acuity and volume of cases at the level I trauma centers vs. the level II centers. The beauty of emergency medicine is that you never know what may come through the door anywhere. I had a shift last week at our community site (level II center) that doesn't take gun shot wound victims. However, unfortunately, there was a drive by shooting in the area so the patient's family drove the patient to our center. So even if you are in a rural or suburban ED environment you will get sick patients.

### **Psychiatry:**

1. For the psychiatrists, why psychiatry and not clinical psychology/therapy/other similar psychology pathways? What made you decide to pursue medical school instead of pursuing graduate school?
  - a. I like the science behind pharmacology and as a child psychiatrist, most of my panel are medically complicated patients. For me, psychiatry made sense based on my interest.
  
  - b. Psychiatry is such a specialized field. You do have to have at least a good grasp of medicine. There is a huge overlap between medicine and psychiatry. What separates psychiatry from the other specialties you mentioned is that we are able to prescribe medications.

## **Military Medicine:**

1. Is there anything you would recommend we do to make the most of our HPSP experience during and after medical school? Is there anything you would have utilized more or done differently if you could go back?
  - a. Try to do as many rotations at military hospitals as possible. Learning the military jargon and culture is learning a new language. I requested my dean to do all of my 4th year rotations at a military hospital. I was lucky that she was a retired O-6 reservist Naval officer. So, she approved it and it was great to start internship knowing the hospital and the language.
2. Was your path through the navy through HPSP? If so, then what type of person would recommend that program for? What would you say are the pros/cons?
  - a. I did HPSP for medical school. You can go thru HPSP, USUHS or FAP. Each program has its benefits; it depends on your priorities and what you wish to accomplish in your Naval career.
3. Can you touch a little bit on the process of reaching out to military hospitals and setting those up? Who would be my point of contact at the hospital for initiating that conversation?
  - a. Each military hospital has a student coordinator. You should be able to reach out to them on the hospital website or check with your HPSP coordinator (the person that sends you e-mails about HPSP monthly or so). Ask your school if you could do it and try to get it set up.

## **Choosing a Medical Career:**

1. For those of you who took a break before medical school, what were the pros/cons of that for you? Are there any specific activities/jobs you recommend doing during that break?
  - a. I really appreciated my gap year - I worked as a scribe at a LGBTQ+ health facility and it was an incredible learning experience. I can't think of any cons - in fact having the extra time to really reflect on my decision to go into medicine made my application that much better. If you are trying to strengthen the clinical aspect of your application, I would suggest trying to get a scribe/technician/medical assistant job - private/academic clinics are frequently hiring though this may be different with COVID. Opportunities to pursue research may also be available! But truthfully, any job/activities that you are passionate about and can clearly speak to is great!
  - b. So I was a researcher for 5 years prior to going to med school. Pros: gained data analysis and manuscript writing skills, published research and presented at national conferences, developed a niche in health equity and cultural competency from a research perspective that enabled me to do certain research projects in med school and residency, gave me time to be "extra sure" about my

choice to become a physician. Cons: I'm older than most of my co-residents (only by a few years, but at times it makes a difference)

- c. For me, my break allowed me to work a bit (and pay down some of my undergrad debt), but ultimately, it gave me time to really travel, spend time with family/friends, and gain some life experience. By the time I was accepted to medical school, I absolutely knew I wanted to be a physician and I was ready to work!
  - d. The Pros are that you gain more world experience, which helps when connecting with patients. Sometimes, I wonder if I wished I "finished" sooner, but the journey was worth it. I learned so much along the way, I worked for big pharma and healthcare diagnostics, but also at community resource centers. I gained so much experience working from different angles of medicine and community work. One thing I really stress is to NEVER do something just for your application. Do something because you're passionate about it. If there's an aspect of healthcare you're interested in then that's different, but do not do it for the application. It will make you a better doctor. But it was something we looked at when I was on the medical school admissions committee.
  - e. I would say I don't regret my 2 years between college and med school at all. During that time, I worked a corporate job. It helped me to see that I truly couldn't see myself doing anything outside of medicine. My husband (who I met in medical school), did not take a gap year at all, and it was a rougher transition from him. Keep in mind, once you start medical school, you will hit the ground running.
2. Can you elaborate on what Osteopathic medicine is, and why you chose that route of medicine?
- a. Osteopathic Medicine (DO) is generally stated to be a "holistic" approach to medicine. We have to take every class that MD/allopathic students have to take, but we have an additional course that we have to take called "Osteopathic Manipulative Techniques/Medicine" where we learn how to use specific techniques (similar to physical therapy techniques) to help heal the body. We have to train over 500hrs before we graduate! We are accredited to train in every state and EVERY specialty. Our governing bodies for residency are the same (ACGME) I chose this route because I liked the "whole body" approach to medicine, it was better aligned with how I wanted to treat patients in the future. You learn how to really approach patients with a different view and "extra tools" to treat your patients.
  - b. My dad (an MD Pediatrician) had a great experience being treated by a DO for severe back pain. I got to learn more about DOs and I liked the opportunity to learn a skill. I applied to both MD and DO schools. I decided to go to a particular DO program because it offered better rotations than the MD schools I got accepted to.

### **Medical School & Residency Applications:**

1. How many residencies do you apply for in average?
  - a. For pediatrics, I was told I had to rank 10 programs to have a 95% chance of matching, so at least 10 applications. I personally applied to 15, did 13 interviews and ranked 10 programs.
  - b. I am probably an anomaly, because I couples matched into psychiatry (both of us!), so we applied to around 100 programs. We applied broadly because we knew we would be taking up more spots in the residency program and we were open to moving to any region.
  - c. I was dual applying to both internal medicine and family medicine, as I was trying to decide what I wanted to do, I applied to approximately 65 programs. I also had certain regional limitations, so I optimized my applications geographically.
  - d. For Internal medicine, I was told to interview and rank 10 institutions. I applied to around 25 places, evenly distributed between safety, reach, and range schools.
2. What advice can you give to a premed student to prepare for applying to Med school?
  - a. Admissions committees get hundreds of applications from students with good scores and grades - figure out what makes you different! For some this is a hard question to answer, but deeply reflecting on it and figuring out the core reasons for which you want to pursue a career in medicine will help as you tie your application together. Also there are tons of free resources you can use to support you through the process - ie. your school's career advising, AMWA, any of the student AMWA leaders, our panelists tonight, etc.

### **Mentorship:**

1. How do you find mentors?
  - a. Professional mentors can be from anywhere! I would definitely lean into using the AMWA network - there are docs/med students/residents everywhere that would love to help you. I like to schedule 15-20 minutes to chat with a clear objective ie. "learning more about a specialty, interest in a research project, etc."
  - b. Ask for help! Ask around- your advisors, your attendings, AMWA members if they know someone with the quality you are looking for in a mentor.

### **Clinical Rotations:**

1. In general - What are your recommendations for students beginning clinical rotations in the spring - what type of preparation can ease the transition? How can MS3s be most helpful to their team, learn the most, and explore each specialty?
  - a. This is generic but extremely helpful: be interested!!! Even if you're not, find something that gets you excited and the team will notice.
  - b. Go in with open mind. Even if it is something you know you won't go into in the future, still have an appreciate for it but you will encounter some aspect of different specialties whatever specialty you go into. For your clinical rotations, show up on time, be interested and engaged, show initiative, ask feedback from residents/attendings, and if you do want to do well on the rotation, I would be

upfront about it, and say "I want to do well on this rotation, what are your expectations?"