Dear VMS,

We are very excited to present you with the Fall 2015 issue of the Careers in Medicine Newsletter!

Our Faculty Spotlight section includes an interview with Dr. Scott Pearson, Associate Professor of Surgery and Center for Medicine, Health, and Society, who members of the class of 2017 nominated as the educator they wanted to know more about! Additionally, we surveyed the current MS2s and asked them about their favorite faculty moments for a fun matching section. You’ll also find info about year-off opportunities from the MS4s to help you decide if it is right for you!

As always, feel free to check out the Vanderbilt CiM website for more info: https://medschool.vanderbilt.edu/cim/

Thanks so much to everyone who contributed to this newsletter, and happy reading to all!

--Sydney Rooney, VMS2 and the CiM team
Faculty Spotlight: Scott Pearson, M.D., Associate Professor of Surgery

Thanks to the Class of 2017 for nominating faculty members they wanted to hear more about!

Q: How did you pick a specialty and do you have any advice in regard to picking a specialty?
A: Choose a field of medicine that you will love doing every day. I chose to pursue surgery at the beginning of my surgical clerkship in 1989. It was quite a moment. My team was in the operating room when the third year surgery resident did not show up. The chief resident looked at me and said, “You’re doing this hernia repair.” With Aerosmith blaring on the radio (Janie’s Got a Gun, to be exact), I did my first operation. I loved the whole “surgeons are internists who operate” mantra.

My advice is to envision how your specialty of choice will integrate into the life you imagine. Talk to those physicians about their every day lives.

Q: In what ways do you work with medical students?
A: During my sixteen years at Vanderbilt, I’ve worked with medical students at all levels, from surgery clerkships, to research projects, to sub-internships. Currently, I’m involved in almost all aspects of the first year curriculum 2.0 experience. I’m a small group facilitator for CBL, Gross Anatomy faculty, Gabbe College director for CASE (formerly Research I), and I’m a portfolio coach.

Q: All the medical students are very intrigued by your book series. Could you tell us a little bit about them?
A: I write a series of medical thrillers featuring surgeon Eli Branch. Rupture was published in 2009 followed by the sequel, Public Anatomy, in 2011. I explore topics such as stem cell transplants, robotic surgery, and the history of anatomical dissection. And yes, medical students play a role in each novel, especially in Public Anatomy.

Both novels are written as escapist fiction but in some way, they are cautionary tales of how we need to balance our dependence upon technology with the humane side of medical care.

Q: How did you start writing?
A: I started writing of my experiences with patients and then as a way of trying to understand the events we witness in a medical life. The writing life seemed to provide balance to the clinical life.

Q: Do you have any advice for balancing medical school or our future medical careers and other pursuits such as you did with writing?
A: Continue to be involved in what you’re passionate about. Don’t stop playing the cello, climbing mountains, painting, writing! Make time for these pursuits, they’re important. I do encourage each student to write of their experiences. Whether you call it a journal, log, diary, doesn’t matter. You’re going to see some amazing stuff, and you (and possibly others) will want to read about it someday. And remember to call your family, they will provide perspective when you need it most.
**Favorite Faculty Flashbacks**

The 2018ers had a great first year due to the dedicated faculty of Curriculum 2.0. Can you guess match the faculty with the flashback? (Answers are at the bottom of the page)

A. The class marveled at how organized this professor was with his/her perfect notes and practice questions. He/She even once simplified the human body into two rectangles!

B. "You can never pee lightning," was said by this professor to help the class remember renal acid/base balancing.

C. The current MS2s will never forget the embryological development of the midgut due to this professor’s dance demonstrating it.

D. This professor was loved by the women in the class when he/she pointed out that if there is a manliest man competition there should be a female version, too.

E. Though he/she redesigned the entire BBM block, he/she had the class rolling over from laughter when upon stating that despite his huge course overhaul, he/she is more famous for a hospital commercial.

Answers: Pettepher-C, Reimschisel-E, Van Kaer-A, Dwyer-B, Blackford-D
Top 16 from 2016!

Wondering how to choose a specialty? Here are 16 pieces of advice from the Class of 2016.

1. One of the most memorable quotes during my time in medical school came from a neurosurgeon when I asked about being present for his family: "If you're going to ignore your family as a physician, you're going to do it whether you're a pediatrician, a dermatologist, or a neurosurgeon. Do what you love, because if you don't, you're bringing that home with you and THAT will hurt your family more."

   -George Yang

2. Feel free to talk with your college mentors about their thoughts as they have been there before and truly care about helping you make the right decision for you. -Aaron Noll

3. Choose a specialty that maximizes the time you spend working from mental strengths, and minimizes time you spend working from mental weaknesses. Are you good at focusing on tasks for long periods? Consider surgery. Find note writing straining? Consider avoiding medicine. Choosing a specialty based on your individual strengths, weaknesses, and needs will result in you being more competent with less stress. -Nicholas Saltarelli

4. While on the wards, pay attention to which patients you are doing outside reading on just because you are interested. Also, be aware of the types of patients you find yourself asking to follow. Being cognizant of these patterns can help you identify the specialty you are naturally drawn to.

   -Hannah Johnson

5. Some people might tell you that when you get to the right specialty it will "just feel right." They are lying - that didn't happen to most of us! It may not be love at first sight, but if you find yourself repeatedly coming back to thoughts about the same specialty then give it a closer look. Also, don't choose based on what your family likes or which attendings like you. This choice is yours!

   -Laura Kaufman

6. What really helped me to choose was thinking about the day-to-day, bread and butter kind of work. Then I thought about of these more "boring" experiences which one did I like the most. What could I see myself dealing with day after day and not getting burnt out on. -Isa Wismann Horther

7. Don't panic if you don't have this magical feeling of "rightness" about a residency or a specialty after having dipped your toes into all of the clerkships. Rest assured that, at Vanderbilt, you have plenty of time to "explore, decide and succeed" in curriculum 2.0, and that there are innumerable people who want to help you in this journey! -Brittany Tielbur
8. Be open to a specialty you never previously considered. There is a definite feeling of relief at choosing and peace of mind. Your mentors in the other specialty you liked will understand. -Kelly Pekala

9. If you come into 3rd year with a consistent specialty in mind, challenge yourself to drop it temporarily, pursuing another interesting "2nd place" for a month-long rotation where you immerse yourself into something different, and separate yourself from what is familiar. This will put you in the position of finding out if you "miss" your original decision, the people, the field, etc., and really confirm/deny that this is your lifelong commitment. -Clint Morgan

10. Consider the people you are working with. Specialties do have reputations that are not always far from reality. Enjoying the people you work with is not far from enjoying the work. -Joseph Boyle

11. Follow your heart -- and only your heart -- and find your people! I'm matching in family medicine, a specialty (yes, it IS a specialty!) that is not very popular at Vanderbilt. My choice has caused a lot of confusion and doubt when I tell folks at Vanderbilt, but that also pushed me to seek out opportunities in family medicine where I could hear advocacy for the field instead of questioning. You know what field will truly make you happy, regardless of other people's opinions or (mis)perceptions. -Ashlee Hurff Arteaga

12. Get as much exposure as possible to specialties of interest and do not neglect exploring potential negative aspects of a particular specialty. If you cannot tolerate certain aspects of a particular specialty, then that specialty may not be the right one for you. -Obi Umunakwe

13. Immerse yourself in each clinical rotation and attend various interest group meetings to further learn about your specialty options. We get a snapshot during medical school about what each specialty is like, but there are so many that it's great to reach out and ask questions. -Leonela Villegas

14. Once you think you have found what you love, immerse yourself in it! Get involved in research, spend time with both the attendings and the residents in that field, and decide if this is what you enjoy. Ask attendings about how they spend their time on a weekly basis - this is what your career may look like in the future and you want to be comfortable with that. -Gabrielle White-Dzuro

15. Don't discount the "small" or seemingly less significant reasons for choosing or not choosing a specialty, such as work-life balance. As long as number of hours isn't your ONLY reason for choosing a specialty, it's a perfectly legitimate factor for consideration. -Ebone Ingram

16. Choosing a specialty can be very easy for some people and very difficult for others. Remember: you would be great at a number of specialties so there's no wrong decision!! -Kelli Jarrell
Getting cold feet before applying to residency is very normal, especially if you found several disciplines exciting and interesting. For this reason, I applied and was accepted to the Doris Duke International Clinical Research Fellowship (ICRF), The NIH Medical Research Scholars Program (MRSP), and the intramural Vanderbilt Medical Scholars Program. And, as much as I love Nashville, I wanted another chance to explore a new place with great research resources. **Completing the NIH MRSP and living in DC has thus been an amazing opportunity and has allowed me to network and connect with strong faculty at the NIH.** The resources are incredible, my fellow fellows are very nice, and the community at the NIH is motivating and supportive. If anyone is interested in having a fruitful, fun and productive year, I’d highly recommend completing the MRSP!

--Ishan Asokan

Howard Hughes Medical Institute (HHMI) Fellow. Taking this year allowed me to aggressively pursue my basic science research interest in an environment which is very supportive (HHMI) in terms of funding, administrative support, and alumni/networking. While you pursue this, you can also maintain clinical research productivity in smaller papers, abstracts, etc. to make sure you are academically productive during this time. **HHMI also allowed me a full year to experiment in different specialties** between my 3rd and 4th year, to ensure that my original specialty decision was on target.

--Clint Morgan

I completed the **Global Health track of the Vanderbilt MPH program.** I would absolutely recommend it to anyone interested in research, the challenges facing healthcare systems and NGOs, epidemiology, environmental health, traveling, leadership and management, and finding creative solutions to all sorts of public health issues. It provided me a year to take classes that interested me, design and implement my own research projects, and work with people from various health sector backgrounds locally and internationally. I did my summer practicum in Guyana, where **I worked with the police and healthcare providers to map road traffic casualties and identify various hotspots that could inform downstream interventions.** VIGH has ongoing flagship programs in over half a dozen countries, and the truly top notch MPH faculty can help you open doors literally all over the world. There is tons of flexibility in the final year(s) of the MD program after finishing the majority of the MPH.

--Conor McWade
I am currently doing a year off in basic science research through the HHMI Medical Fellows program; the research centers on using new genome editing technologies in zebrafish melanoma models to identify novel tumor suppressors and drug targets. So far it has been a great chance to step back and reflect on my clinical experiences and figure out how I want to shape my eventual career. The year off is a wonderful opportunity to delve into something that interests you or learn a new skill/technique that you'd like to utilize going forward. But while it is deemed a 'year off' I have definitely found the hours required to be just as demanding as some services on the wards, just in a different way. I would not necessarily recommend taking a basic science research year as a break if you want a little breathing room before residency. It's also important to note that I feel as though I'm going to have to put in a lot of extra time to remember clinical medicine before starting back on rotations...

--Caitlin Bell

I took a year off before fourth year to complete a Masters in Public Health with a concentration in healthcare policy at the Harvard School of Public Health. Outside of coming to Vanderbilt for med school, taking the year off was the best decision I ever made. I worked on a project with the Massachusetts Department of Public Health, integrating my interests in emergency medicine, public policy, and public health. I conducted independent research that led to publications I wouldn't have been able to produce during med school. I met mentors in health policy and emergency medicine around Boston that I keep in contact with even today. In fact, I'm back in Boston for an away rotation working clinical with my policy mentors from last year.

So have you ever wished you could take a step back and look at the broad picture of healthcare? Been frustrated by systems issues? Wondered what ObamaCare is actually about? Wanted to study more stats methods to improve your research? Or work abroad improving health? If any of these are true, the taking time between your clinical studies to complete an MPH gives you the opportunity to explore those interests with the newfound clinical perspective you've gained from medical school. There are many flavors of MPH programs and concentrations for you to choose from and many of them come with funding to make it feasible to add an extra year of study.

--Stephen Dorner

I completed the Medical Scholars Program at an institution other than Vanderbilt. This experience was invaluable. I was able to see the variability in culture and the art of medicine. As well as being an eye-opening experience, I was able to make connections in the field while representing Vanderbilt University School of Medicine. Vanderbilt is an elite academic institution but many times we don't get to see how medicine in the non-academic community is practiced.

--Gregory Lachaud