VMS Community-

We are so excited to present you with the Fall 2017 issue of the Careers in Medicine Newsletter!

This issue features content from all four classes within the medial school. First years share their summer adventures and gap year experiences before starting medical school, while second years look back on their favorite classroom moments from 2016-2017. The third year class reminisces about their most memorable clinical encounters on the wards and the Class of 2018 tells us where they see themselves in 10 years!

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 the newsletter! Happy reading!
Class of 2018
In Ten Years I will be...

“At an academic institution spending time in the radiation oncology department and integrative medicine clinic.”
-Kareem Fakhoury

“I see myself as a practicing attending at an academic center in a medium-sized city. Additionally, I see myself leading and participating in quality improvement initiatives at my institution.”
-Saad Rehman

“Physician-epidemiologist.”
-Ruey Hu
“I see myself returning from several years working as an emergency medicine physician in Africa and taking on an academic position here in the U.S.”

-Daniel Markwalter

Year Out Experiences...

“MPH in Epidemiology and Biostatistics – allowed me to develop skills in biostatistics, study design, analysis, and writing.”

-Ruey Hu

“I spent my year off with the Center for Biomedical Ethics and Society, conducting Research on family preparedness for care transitions in the PICU, learning about clinical ethics consultation, and taking a graduate course in health care ethics. These experiences have inspired me to pursue scholarship in medical ethics as a part of my career.”

-Daniel W. Markwalter
Third Years Reflect on Clinical Encounters on the Wards...

-Al Valmadrid

“Helping with amputations.”
-Kate Xie

“A homeless man who presented with an inguinal hernia past his knees. All of his large intestines and most of his small intestines were inside his scrotal sac. I will never forget that.”
-Andy Perez

“Watching the pediatric cardiology team perform a rapid response on a 6 month old with an SVT to 270.”
-Kathleen Hiltz
“22 year old man requiring a heart transplant. Difficult to see someone my age struggling with heart failure at such a young age, just suddenly not being able to do what he was able to do in the past.”

-Stephen Chen

“Everyone assumed it was Guillain-Barre. The EMS call came in as a “young pregnant female with bilateral lower extremity weakness.” Nothing more. I waited for several hours until she arrived, six minutes before sign-out. I was the first person to meet her, in front of the glass booth on the 4th floor. She was in a gurney, flanked by two EMS officers, looking confused, and anxious. As she was wheeled to her room, I began to take her history, and realized: “something’s not right.” She had not had a history of antecedent illness. Her weakness affected one leg and then the other, not the typical ascending paralysis typical of Guillain-Barre. I moved to my exam, formulating other possible etiologies to add to the differential. 3+ and 4+ reflexes. Ankle clonus Bilateral Babinski signs. A near total loss of sensation from her mid abdomen to her feet. I knew her diagnosis, and rushed to tell the resident to order an MRI. Several hours later, my thoughts were confirmed: she had a spinal cord tumor.

It was the thrill of the problem solving that entirely altered my path. I look back on this experience fondly. Indeed, I remember this patient well, still following her after her surgery, and even coming in to the hospital on an off day to see how she was doing. I am proud of what I achieved in that room, and look forward to continuing to solve the mysteries and puzzles of the nervous system.”

-Glenn Harris
“On my psych rotation, we had a patient with schizophrenia. She had delusions that her previous psychiatrist at another hospital had implanted a chip in her brain that he was using to brainwash and mentally torture her. The slow process of gaining that patient’s trust and building a therapeutic relationship despite her obvious fears – that is something I’ll never forget.”

-Kaitlyn Geck

“Scrubbing into an emergency exploratory laparotomy.”

-Parker Evans

“Early on in my rotation, I was working on the Infectious Disease team and taking care of a patient who had a fever of unknown origin (which is an actual diagnosis). During the first couple of days, I was engrossed in trying to learn all about fever of unknown origin and the potential etiologies. The patient was very pleasant to talk to; however, most of my time was spent asking medical questions. One day, as I was checking on the patient, I was telling her how we had not found the source and were going to run a few more tests. Up until this point she had appeared happy and kind, as if spending weeks in the hospital was no big deal, but at this moment she broke down crying and covered her face with the sheets. The nurse immediately took action, sitting on the bed and comforting her, but I was frozen at the sudden change. The patient quickly recovered, and apologized for the outburst. I can’t perfectly describe the change in perspective for me at that moment, but all I can say is at that point I stopped concerning myself with the fever and started caring about the woman. That rush of
tears showed me the frustration fear this woman was going through and how much I had been ignoring her crappy situation because I was fooled by her happy demeanor. I truly began to care for this person, and as a result, the way I talked and interacted completely changed. I don’t think I cared more for a patient the rest of the year, but I definitely cared more for all of my patients because of her.”  
-Will French

“The patient was dying. The family wasn't expecting it. She was supposed to have her vomiting under control. She wasn't supposed to have aspirated. She wasn't supposed to get the 'death rattle.' But one thing led to the next and a patient, who was just conversing with the team that morning, quickly decompensated throughout the afternoon and died later that evening. Seeing this on the inpatient Geriatrics floor taught me that medicine is treating the family as much as it is treating the patient, especially in the older adult population. Little things we can do to make the transition even just a little more patient-centered goes a long way. What we ended up doing for this patient was turning her hospital bed from facing the door to facing the window. That way, in her dying moments, she would see and be surrounded by her loved ones with her in the room, and not reminded of the hospital just outside the door. I learned these may not be things we are taught in any formal lecture or textbook, but they can have just as much impact in the care of the patient and family.”  
-Rochelle Wong
Second Years Reminisce about their Favorite Classroom Moments...

“Pretty much hearing anything Dr. Fowler said.”
-Elishama Kanu

“The roasts.”
-Leah Chisholm

“Dr. Pettepher keeping us in 202 when a fire alarm went off during a Dalley lecture in EDR while she went to find a fire.”
-Joshua Bland
First Years:
Before Starting Medical School, I...

“I taught high school and was a teaching assistant at Harvard while I did my postbac there. I took five years off.”
-Pemberton Heath

“Worked at Medtronic as an electrical engineer.”
-Graham Johnson

“I worked for a Christian non-profit for three years, mentoring college students in China, Vandy, and Louisville.”
-Daniel Pereira

“Doing research on alcohol and drug addiction treatment.”
-Kia Quinlan
A day in the life...

Dr. Atkinson

What do you enjoy the most about teaching at Vanderbilt?

Without a doubt, the consistent quality of our students. While it is true that to really know something, it is best to teach it, the students here let us go well beyond normal expectations and allow us to explore areas that we had never thought of. We absolutely learn from our students and, in that sense, I consider each and every one a peer and colleague.

How has Nashville changed throughout your time at Vanderbilt?

Quite a bit considering I first arrived at Vanderbilt as an undergraduate freshman in 1969 and never left the campus! As a freshman, I can remember seeing first year medical students (most of whom lived on campus) walking every morning to Gross Anatomy wearing white coats and ties; there were very few women and, since the dorms were not coed, I guess women were walking from another location. That speaks for itself! Nashville itself has changed dramatically in terms of diversity and opportunities. I cannot keep up with all of the places to dine (and depend on my Millennial daughter for advice about that) and, needless to say, pro football and hockey have transformed the city. I guess the other big change is the traffic- I hope a solution can be found soon.

What inspired you to specialize in pathology?

I was briefly exposed to pathology while in high school, and it was fortuitous that I found my way in the Pathology Department here for my research in the "combined degree" (MSTP) program. I did, however, keep an open mind during my clerkships. At the end of that year, it was close between medicine and pathology, but I ended up choosing the latter since I found myself feeling bad when my living patients had poor outcomes. Pathologists are teachers, both in private practice and academics, and that was very appealing.

What music do you listen to when you’re jogging?

My favorite question! I am totally into EDM. Above and Beyond are my favorite group, and I also like Hardwell, Ferry Corstein, Aruna, and Armin van Buuren. When I go running this afternoon, I will finish listening to Markus Schulz and then switch over to Solarstone. And, of course, how awesome is it that these are all free downloads!