Dear Fellow NMPRA Members and Supporters,

It has been truly a pleasure and an honor to serve as NMPRA President this year! We had a successful year with the help of our membership. Thank you to all the programs and individuals who joined NMPRA this year. Our 11th Annual NMPRA National Meeting drew over 75 people to San Francisco where we enjoyed Dr. Gary Onady’s inspirational talk. And, of course, The Med Peds Perspective quarterly has been packed full of informative articles by residents and practicing med-peds physicians from all over the country.

We also revealed a complete redone website (www.medpeds.org), which is more user-friendly and modern version of our previous site. In addition, key med-peds documents and information pages have been updated and are available for your perusal. These include, among others, the Med-Peds Fellowship Guide, Introduction to Med-Peds, and What is Med-Peds? We have also had a lot of interest in and a flood of photos for our international health resource webpage, which will be posted on our site soon.

I hope to see everyone in Boston, MA at our 12th Annual National NMPRA Meeting this fall. Please encourage your fellow residents to attend and especially encourage medical students who are interested in med-peds to join us. Don’t forget to tell medical students about our free NMPRA medical student membership.

Go Med-Peds!
All my best,
Arlene E. Chung, MD MHA
NMPRA Immediate Past-President
PGY4 East Carolina University

From the President’s Desk
Arlene Chung, MD

Inside this issue:

• Dr. Melissa Putman shares her experience as a fourth year resident. See page 2.
• Dr. Susan Hata gives some tips on starting out in primary care. See page 8.

About This Issue

Volume 9, Number 4
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A Year in the Life of a Med-Peds Resident: Fourth Year

Melissa Putman, MD

There is something special about being a fourth year med-peds resident.

I remember when I was an intern, I would see one of the fourth year med-peds residents leading rounds or talking at morning report, and I would think to myself, “I can’t believe that’s going to be me someday.” There was something about how they seemed to know everything, were so self-confident, and were so at ease with their surroundings. I didn’t know how in the world it would happen, but I couldn’t wait for that transformation to occur.

Then before I even knew it, that was me. I was the fourth year med-peds resident. And let me tell you, it was good. After having worked on the wards for so long, I felt like I knew everyone: the nurses knew and trusted me, I knew almost all of my categorical co-residents, and my categorical co-seniors (who had at one point been my interns) came to me for advice. I could see seven clinic patients without collapsing at the end of the session. I knew every option for finding free food in the hospital, I knew the magic word to get that stat MRI in the middle of the night (FYI, it’s “doughnut”), and I could renew potassium and magnesium scales in 4.5 seconds each, one-handed and blindfolded. After four years of being a resident, you can learn quite a few useful skills.

That being said, there were some parts of fourth year that I hadn’t anticipated. The hardest part by far was saying goodbye to my categorical co-residents. These were the people with whom I had struggled through intern year, and they included some of my best friends in the world. Seeing them graduate and move on to the next step, without me, was hard. The hospital felt empty without them, and I had to make new friends all over again. Fourth year can be a little lonely like that. The benefit, though, is that now I have a whole new set of amazing friends that I otherwise might not have made. This experience also made me become closer with my med-peds co-residents. Even now that residency is over, I know that we never lose touch.

As with every year in med-peds residency, there are always those classic med-peds moments that only other med-peds residents truly understand. Like when I am on pediatrics, and one of my former categorical co-residents has now become my attending. There was once a time when we would disagree on certain issues and I would win, but no longer. And why do I get such funny looks when I order clown therapy or bubble incentive spirometry for my adult patients? We all know they need it. And if I could only count the number of times people have said to me, “You’re STILL here? What, did they hold you back?” My med-peds co-seniors and I would always get a good laugh at that one.

I think the best part of all is coming to the realization of that you’ve learned so much and come so far over the past four years.”

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I think the best part of all is coming to the realization of how much you’ve learned and how far you’ve come over the past four years. I will never take for granted the skills I’ve gained from doing med-peds. On pediatrics, even the most complicated 5-year-old former 23 weeker with spastic quadriplegia, chronic lung disease, and short gut syndrome from NEC on chronic TPN, admitted with aspiration pneumonia and increasing seizure frequency does not phase me after four years of adult admissions with multi-organ failure. On my internal medicine rotations, it never ceases to impress when I include a partial urea cycle defect on my differential of altered mental status and metabolic acidosis, or when I can throw an 18 gauge IV in the foot of a dialysis patient on whom no one else could get access. There is no doubt in my mind, knowing what I know now that I would choose med-peds all over again. [Continued on page 3.]
Having said this, though, despite the skills and knowledge I’ve gained and the outward confident appearance I try to portray, even as a fourth year resident I found that I never lost that feeling of uncertainty that goes along with doing med-peds, with trying to master two separate but related worlds of medicine. However, what I realized for the first time this year is that I never want to lose that uncertainty. Four years of med-peds training has made me comfortable with uncertainty, in knowing what I don’t know, without the anxiety and stress I felt in previous years. I have learned to appreciate that feeling of uncertainty, because it means that I am always questioning myself, always learning, and never taking anything for granted. I hope I never see the day when I no longer have that little voice in the back of my head questioning my decisions, because it is constantly driving me to learn more and be a better doctor.

At the end of my fourth year, as I attended no less than three separate graduations and went to innumerable graduation dinners and parties, I residencies in both internal medicine and pediatrics. The opportunities are endless and exciting, and I can’t wait to see where I can take my med-peds training from here.

“I hope I never see the day when I no longer have that little voice in the back of my head questioning my decisions, because it is constantly driving me to learn more and be a better doctor.”

Announcing...
The Second Annual Practical Med-Peds Symposium on Cape Cod Hosted by Baystate Medical Center Occurring on: September 19-21, 2008

The course will provide updates in adult and childhood:
Dermatology
Sports medicine
Travel medicine
Psychiatry
Urgent Care

Eating disorders and Obesity
Food Allergy
Contraception
Transitional Care

Find out more at:
www.baystatehealth.com/learn
Med-Peds in the Community: Hospitalist Medicine
Jonathan Kim, MD

As the case for most Med-Peds physicians, one of the many reasons I chose to do a Med-Peds residency was the fact that I enjoyed inpatient medicine, and I loved all aspects of Internal Medicine and Pediatrics while in medical school. Throughout my four years of residency, I continued this enjoyment and coveted my times on the wards and the various ICU’s I rotated through. I came into residency without a clue as to where my career was headed, and by the end, though indecision still prevailed, I knew I enjoyed academic medicine and working on the inpatient side of things. I was still unsure about picking a sub-specialty by the beginning of my fourth year. Because of this indecision, I decided what was best for me was to continue taking care of patients in the hospital, gaining experience and knowledge, and sharpening my clinical acumen while making further decisions about my future. Fortunately for me, Hospitalist medicine fit my wishes perfectly.

One surprise I found while looking for Med-Peds Hospitalist positions was the fact that not all hospitals offered a Med-Peds position unless I was willing to work more than full time in order to have time on both sides. I was very lucky to be offered a full time position, split 75% in Internal Medicine and 25% in Pediatrics at an academic-affiliated community hospital outside of Boston. We have both residents from Massachusetts General Hospital’s Internal Medicine and Pediatrics programs, as well as medical students from nearby medical schools.

Being a Med-Peds Hospitalist is perfect for the persona of the typical Med-Peds resident. It has been fun to work a block on the Pediatric wards and admit patients with interesting disease processes such as Lyme meningitis, and then follow that up with a stint on the Medicine wards the following week and ponder the differential diagnosis of new renal failure in a 50 year old with evidence of glomerulonephritis. I get to do exactly what we are all trained to tackle as we leave residency and I finally appreciate the decision to spend an extra year in training!

I have only been a hospitalist for a bit over one month, but thus far the experience has been what I expected. At this point, I am still thinking about the next phase in my career. Certainly, a Hospitalist career is a possibility in addition to pursuing a fellowship. The field of Hospitalist medicine continues to grow, particularly as the demands of primary care medicine prohibit most PCP’s from having the time to manage their patients in the hospital. As a Med-Peds physician, I also think we represent a valuable commodity given our expertise in both fields. I believe that this experience, regardless of where I end up ten years from now, will only strengthen my clinical experience and benefit my future as a clinician in any specialty. I am looking forward the rest of this year.

If anyone has any questions or would like more information on life as a Med-Peds Hospitalist please feel free to email me at jkim20@partners.org.
Announcing the Annual NMPRA Meeting!

The Annual NMPRA Meeting will be held in Boston on October 11, 2008
From 6:30pm-10pm
At the Westin Copley Place Hotel
Turner Fisheries
10 Huntington Avenue, Boston, MA

To register, check out our website at:
www.medpeds.org
Introducing the New NMPRA Board

We are very excited to announce our new NMPRA leadership. While we, the current board, had a wonderful time serving you for the last year, we look forward to the exciting ideas that the new board members bring to the table! Here they are...

President: Jessica Wilson

Jessica Wilson was born in Evanston, Illinois and received a B.A. in Spanish from the University of Illinois and an M.D. from the Rosalind Franklin University of Medicine and Science/Chicago Medical School. She is currently a third year resident at the Medical College of Wisconsin. She plans to pursue a career in global health after residency. Jessica has been on the Executive Committee and also has served as the President of the Student National Medical Association. She has been a member of her medical school’s Admissions Committee and has also served on her school’s Lottery Committee, which facilitated third and fourth year rotation selections. Prior to medical school, Jessica was a bilingual education teacher for the Waukegan Public High School. Jessica is fluent in Spanish and enjoys reading, moving, spectator sports, singing in her church choir, and traveling.

President-elect: Kierstin Leslie

Kierstin Cates Leslie was raised in Montgomery, Alabama, and is the fourth of six children. She attended the University of Alabama at Birmingham for undergrad where she majored in Spanish. After finishing undergrad sooner than expected, she worked as a Spanish interpreter for an insurance company and interpreted at the Jefferson County Health Department while applying to medical school. She chose to attend the University of Alabama (UAB) for medical school and was active as Vice-President of her class and in both regional and national positions in the American Medical Student Association and the Student National Medical Association. She worked to help found the student-run free clinic at UAB, the Medical Spanish Club, and UAB’s Annual Student Wellness Week. She also created UAB’s Med-Peds Student Interest Group, which over the past 2 years has helped to more than triple the number of medical students applying to med-peds residencies. Kierstin chose to stay at UAB for residency and couldn’t be happier with the training she is receiving. She is currently a PGY-2 and is involved in the Pediatrics House Staff Council and with the CERT program (Creating Effective Resident Teachers). She is married and looks forward to balancing family life with her career in academic medicine.
Secretary: Janelle Clauser

Janelle Clauser grew up in Pleasanton, California, a suburb in the San Francisco Bay Area. She attended UC Davis for her undergraduate education and graduated with a BS in one of Davis’ many biological-science majors, Neurobiology, Physiology, and Behavior. After making her decision to apply to medical school late in her senior year, she spent a year after graduation working as a pharmacy technician in California and backpacking through Europe. She matriculated to Loma Linda University Medical School in 2002, where she enjoyed four years of brilliant professors and amazingly dedicated attendings, as well as Loma Linda’s infamous smog, indoor exercise, and fake meat. There she met her now-husband, who was an Army HPSP student. She then did something she swore she would never do: moved from California to the east coast... and she loves it. Now in her third year as a Med-Peds resident at Georgetown University, she loves running, biking, skiing, recycling, hummus, and the fact that all the museums in DC are free. She is also very excited to be your NMPRA secretary this year.

Treasurer: John Ragsdale

John Ragsdale grew up in the Smoky Mountain foothills of Tennessee, moving south to attend Samford University in Birmingham, Alabama. After a research stint back at the University of Tennessee Hospital, he enrolled in Jefferson Medical College in Philadelphia. A highlight of medical school was a student exchange to India. His plans for a career in Internal Medicine where half-altered when the final rotation of third year in pediatrics convinced him that Med-Peds was the perfect fit. He found another perfect fit in his residency program at the University of Kentucky where he is surrounded by supportive faculty and great friends. He now plans a career as an academic hospitalist. When not at work, he hikes, fishes, and travels, most recently to Cinque Terra, Italy.
One year ago, I took a deep breath and walked into an exam room to meet the first patient of my primary care career. It was a simple beginning to a year of many memorable moments. After completing my residency, I took a job with an Internal Medicine and Pediatrics practice at an academic medical center, and with one year of work under my belt, I'm happy to report that while it’s been as challenging as I expected (if not more so), I still love my work. I’ve built rewarding relationships with my patients and my clinic staff, I’ve been invigorated by precepting residents, and I’ve learned a lot of outpatient med/peds. And on Friday afternoons I still find myself relishing the reality of two whole weekend days off in a row! I’ve also learned a lot in the past year about how to transition from residency to the first year in practice. For those of you anticipating the start of your own primary care career, here are some strategies which I found helpful, many of which were suggested to me by my mentors.

1. Set goals. In the rush of adapting to a new work environment and the speed of seeing 20 plus patients per day, it’s easy to get swamped in the daily grind and lose sight of the bigger picture. During your time of transition, sit down and think about what you want and need to accomplish during your first year in your new primary care job. Focus on realistic, practical goals. Do you need to work on your efficiency? How are your coding skills? Do you want to find patient education materials that you like? Perhaps you want to commit to time for teaching. Or, you may need to establish contacts in your community with specialists or with other primary care colleagues. Whatever your priorities are, articulate them, make a list of steps to take to achieve them, and don’t procrastinate.

2. Find a mentor. Whether you’re practicing at an academic center, or alone in a rural area, having a mentor can help you set the right goals, and can help you stay on track to meet them. Enlisting a mentor may seem daunting, particularly if you’re in a new place, but most physicians enjoy helping their rising colleagues. Look around your new work environment and find a more senior person, preferably someone whose career path you’d like to follow. Consider choosing someone who does not directly supervise you. Whoever you identify, approach them and ask to meet with them for advice as you get started: “Since I’m new here, I’d like to learn from your experience. Could we have lunch next week?” If the person seems to be a good fit, broach the idea of meeting regularly to check your progress: “I appreciate your career perspective and would like to continue learning from you. Would you be willing to meet with me once or twice a year to help me evaluate my progress?” I was fortunate that my new Department of Medicine had already developed a mentoring program and offered me a list of senior physicians from which to choose. I met with my mentor within 6 weeks of starting my job, and after reviewing my long-term career path, we created a list of specific goals for this year. She was incredibly helpful. One year later, I’m looking forward to meeting with her again to share my progress, and set new goals.

3. Collect resources to help you. Primary care practice has a steep learning curve, but it helps to have some supporting resources (Now is the time to spend any book money from your residency program!). Here are some staples to consider for your bookshelf as a med/peds primary care provider: Netter’s Atlas of Human Anatomy, Zitelli’s Atlas of Pediatric Physical Diagnosis, the Red-Book and Dermatology atlases with lots of pictures of adult and pediatric rashes. Books on office procedures, sports medicine, and women’s health are also useful. If you don’t have your own children (or even if you do), I highly recommend the AAP’s Caring for your Baby and Young Child, Birth to Age 5, as well as the AAP’s New Mother’s Guide to Breastfeeding. Memberships to the American College of Physicians and the American Academy of Pediatrics will give you access to some excellent resources on their websites, at their national meetings, and in their journal publications. While the New England Journal, Pediatrics and Up to Date Online are all solid subscription choices for any med/peds physician, those in primary care should also consider Annals of Internal Medicine, Pediatrics in Review and the AAFP’s American Family Physician.

4. Hone your communication skills. As you start your career, you will be establishing relationships with patients that will last for years to come. For the first few months, every patient will be new to you. It is worthwhile to give some thought to the way that you want those relationships to begin. Over the past year I slowly developed a comfortable structure for the first patient visit that allows the patient to describe their priorities for their care, and allows me to briefly summarize my approach and goals for my relationship with them. Taking a moment to clarify our expectations for each other is very helpful for both patients and physicians, and can prevent care conflicts later. An excellent article on patient-centered interviewing really shaped my practice in this area (“Tell Me About Yourself”: The Patient-Centered Interview, Annals of Internal Medicine, June 5, 2001, Vol 134, No. 11).
5. Protect “the good life”. Every intern dreams of the time when residency will be over and they can regain some semblance of normalcy in their lives— and now your day has come. While you’ll quickly discover that primary care doctors do work really hard, it is still a wonderful feeling to leave those long call nights and tough residency rotations behind you. Remember that burnout in primary care is high, and a great prevention strategy is to use this change in schedule to build in protected time to take good care of yourself and stay connected to your family. So enjoy your increased control over your time and exercise it to set healthy boundaries on your work, so that you can live the life you dreamed about during those long intern call nights.

Susan Hata completed her med/peds residency at Vanderbilt University in 2007, and currently practices both Internal Medicine and Pediatrics at Massachusetts General Hospital. Her clinic staff knows she’s a sucker for ice cream runs on summer afternoons, and exploits this weakness often. Outside of clinic she’s most likely to be spotted running on Boston’s park trails, exploring local bookstores or cooking with friends.
Money Matters: Am I Crazy to Buy a House??
Emery Chang, NMPRA Travel Advisor & Past Treasurer

The housing market is in shambles. The mortgage industry has tanked. So then why am I on the market for a new pad??

First off, think of what your short and long term plans are. For a Med-Peds intern, you'll be in the same location for at least 4 years. Even with modest rent, you'll easily spend over $40,000 in rent during your residency. You'll never see that money again. Also, don't underestimate the satisfying feeling of coming home to your own place.

Costs of Owning. Overall, keep in mind are upkeep of the house, mortgage interest and other fees (e.g. private mortgage insurance, association dues), house insurance, closing costs and property taxes.

Benefits of Owning. Besides having the satisfaction of having your own place, there are lots of incentives as a homeowner. The largest incentive is the mortgage interest and property tax deductions. For most people, this will negate a significant portion of the federal and state income taxes that you'll owe. Further, this will allow you to also exceed the standard deduction and you'll be able to itemize all your business and other expenses. These deductions include fees and costs of being a resident (e.g. medical license and exam fees, medical books and equipment, conferences, mileage driven between worksites, cell phone) and any cash or property donations you make. Of course, you can make money off the sale of the house as well.

Now, in some markets (NYC, LA, San Francisco), housing prices are prohibitively expensive, in which case renting maybe your best bet.

Market Conditions. This is hard to predict. However, I believe that at any given time there are always good and bad deals on the market. Pay close attention to location, desirability of the neighborhood, and condition of the house (roof, foundation). Don't be shy about negotiating a much lower price, especially as homes sit on the market for a long time.

Interest Rates and Terms. Though currently interest rates are pretty decent, credit is not as easy to obtain. There are some physician loans which offer lower or no down payment, no private mortgage insurance (a huge cost savings if you don't have 20% down), and may be easier to obtain. Bank of America has one such loan. Make sure to shop around and read the terms closely. Watch out for pre-payment penalties, negotiate to eliminate fees that the bank charges, and understand the meaning behind all closing costs.

Choosing an adjustable rate loan may still make sense, such as a 5 year adjustable rate mortgage (5/1 ARM) rather than a traditional 30-year fixed rate loan. Most residents will upgrade after they are attendings and you could get a better interest rate during the time you'll be in the house.

Whatever you decide, make sure you are comfortable with what you have and can afford. Remember that homeowner is an investment and if you don't buy, you should be saving your money in other ways such as a Roth IRA or the 401(k) plans.

As always, neither I nor NMPRA are financial experts. Seek professional advice for your own personal situation and verify the information provided in this article.

As your outgoing secretary, I hope you have enjoyed this year's Perspective!

Let us know what you have thought about our ongoing themes of “A Year in the Life of a Med-Peds Resident” and “Med-Peds In the Community” by emailing us at Secretary@medpeds.org

As always, we welcome your submissions!

-Ariel Frey, MD, MAT
The Official Publication of the National Med-Peds Residents’ Association

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The Med-Peds Perspective

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