The Perspective

A quarterly newsletter published by the National Med-Peds Residents’ Association in collaboration with the Med-Peds Program Directors Association & the AAP Section on Med-Peds

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Dear Med Peds Family,

Fall is always one of my favorite times of the year. The crisp air, the changing leaves, gathering together around a bonfire, and of course college football (War Eagle!). It is also a time where many of us take time to pause and reflect on what we are most thankful for. As I look back on my time as President thus far, I have so much to be thankful for.

I am most thankful for each and every one of the incredible board members serving on NMPRA this year. They bring their all in and outside of the hospitals to care for their patients and each of you through their various roles in NMPRA. Without them, our National Conference would not have come together. I am thankful for the time we spent together as a specialty celebrating 55 years of history in Anaheim, California. Our grant award winners blew me away with the innovations they each incorporated in to their individual institutions. Each case presentation pushed us to think more critically about the care we deliver. Dr. Robin Goldman shared her passion for bidirectional global health and lessons learned during the COVID pandemic. Dr. Sarah Beaumont taught us all more about mobile health care delivery and the care of the homeless youth population. Dr. David Chang gave arguable the best talk on burnout and quality improvement that any of us may ever receive. Our regions enjoyed connecting over break sessions; including, a riveting game of jeopardy, a narrative medicine workshop, and the most jovial session on medical jargon. Dr. Stephanie Zia delivered an incredible keynote highlighting her Med Peds “10+1 Disney Playlist”. Here is a link to a spotify version of the playlist for those wanting to remanence on the conference and those wanting to see what they missed (https://open.spotify.com/playlist/3W7u730LfgmJqYWdfm0fyb?si=f9aa514c88a6461f). Dr. Allen Friedland announced a new alumni home, The Association of Med Peds Physicians (AMPP). Finally, we ended the night in true Med Peds fashion singing karaoke together at the top of our lungs. If you are still interested in any of our merchandise from the conference, it can be found here: https://www.bonfire.com/store/nmpra/.

My hope is that each of you is able to take time and pause to reflect on the things you are most thankful for this past year. As we look ahead to the rest of this academic year, NMPRA is excited to bring back our Advocacy Series. You will receive updates on those sessions from our listserv. We are also excited to represent our specialty on the national stage at LMSA and AMEC. As always, never hesitate to reach out to me with any questions, comments, or concerns. NMPRA is here to support each of you.

Joyfully,

Maria Siow
NMPRA President 2022-2023
president@medpeds.org
A Message from AAP-SOMP

Happy 55th birthday Med-Peds!

It was great to be in Anaheim for NMPRA, karaoke, the MedPeds educational program, poster presentations, MedPeds reception, and the Physician Wellness Booth.

I was so happy to see some of my former MedPeds interest group students -- Nate, Arlene, and Elaine -- who are now successful MedPeds residents. I was also happy to see many MedPeds residency graduates and colleagues at NCE AAP and at our educational session; catching up on what has been going on over the past 2 virtual years and making new memories. The Physician Wellness booth was buzzing with activity as people spun the Domains of Wellness wheel and learned about the various tools and apps.

For the poster presentations, we wish to congratulate the winners. Congratulations to Katherine Finley DO for the case presentation abstract: A Heart Wrenching Case of Ischemic Stroke Secondary to Left Ventricular Thrombus Formation in MIS-C. And congratulations to Bethany Summerford MD for the Quality Improvement abstract: Teaching and Assessment of an Advance Care Planning Curriculum for the Med-Peds Ambulatory curriculum.

The MedPeds executive committee said a tearful goodbye to Mike Mandarano DO, but he will continue to be involved with the Section on MedPeds, especially given his experiences in primary care MedPeds. We also welcomed Dr. Alisha Baggett as the Resident member. We are very excited that one of the first projects she will be working on is the “MedPeds Bridge Packet” to help MedPeds residents as they transition out of training. There will also be information available on how MedPeds graduates can continue their engagement within the Section on MedPeds. For medical students and advisors, we have posted our MedPeds 101 on the AAP SOMP Collaboration site.

One of the inspiring Plenary sessions featured Ryan Leak and the topic “Reclaiming Joy”. He outlines 6 ways pediatricians (and MedPeds) can reclaim joy:

1. Realize that reclaiming joy is no one else’s responsibility but yours. You’ve got to “go get it”. Most of the top 1% work so hard they don’t get to enjoy being in it. If you don’t reclaim it for yourself, how are you supposed to share that with patients?
2. Keep a date on your calendar that you’re looking forward to. Whose permission do you need to do something you love?
3. Be your own biggest encourager. The conversation you have with yourself is the most important conversation you will have all week.
4. Give others realistic expectations. We have high expectations for others, and they keep failing us. People are human, not perfect. Expect people to disagree with you, to be different from you. There are a lot of things that are different about us, but what do we all have in common? We want to keep kids safe. It’s the heart of what we’re doing as clinicians.
5. Foster a habit of gratitude. We have to be grateful for what we have and who we have. We are all one tragedy away from a different perspective.
6. Give up complaining for one week. Make a list of what you can and cannot control. Given your best energy to what you can control and refuse to complain about what you cannot control. That’s how we get our life back.

I am definitely going to try and apply his suggestions.

Soon, the Section on MedPeds will be sending out the “Workforce survey”. The last survey was done almost 10 years ago, and we are hopeful for a good response. The results will be very important for MedPeds especially in regards to our impact on inpatient, outpatient, academic, and subspecialty care, as well as how we can align ourselves for upcoming challenges of healthcare delivery.

ACP 2023 will be April 27-29 in San Diego. Early bird registration is now available through January 31, 2023 (annualmeeting.acponline.org). The Section on MedPeds is excited to present our educational session on “Providing Care for Attention Deficit Hyperactivity Disorder” with a focus on diagnosis, transitions of care from childhood to adulthood, and treatment management, including non-pharmacological and pharmacological options.

Finally, the Section is continuing our work with NMPRA on DEI mentoring and discussing ways to be present at SNMA and LSMA annual meetings. The Section on MedPeds continues to work hard and looks forward to our continuing collaboration and partnership with NMPRA and MPPDA to address topics of interest to all MedPeds.

#MedPeds4Life,

Jayne

Jayne Barr MD MPH

Chair, AAP Section on Med-Peds
Introducing the new Med-Peds Academic Channel (MPAC)!!

- Forum created to promote scientific advancement and dissemination of knowledge in the field of Med-Peds

- Peer-reviewed publications on various topics unique to the practice of Med-Peds

- Open to submissions including original articles, review articles, case reports, technical reports, editorials, and posters!!

Check out more details on the website:
https://www.cureus.com/channels/med-peds

**Please submit under "academic channels" to submit to MPAC rather than to cureus.com**
CopperView Medical Center is in need of a Primary Care Physician to join a busy, privately-owned, pediatric and adult medical practice.

Utah and the Salt Lake valley continues to grow; aided by a steady job market, unmatched recreation possibilities and a strong healthcare market. Utah has spectacular mountains offering the greatest snow on earth and National Parks with worldwide fame. Experience all four seasons in this impressive state.

CopperView Medical Center is a successful pediatric and adult medical practice with two convenient locations in South Jordan and Riverton Utah. Growing consistently since 2001, we are a mainstay for families in the South Valley. With convenient hours and well-trained staff, we provide medical care for patients 365 days a year; including nights, weekends and holidays. In-house radiology and lab are just just a few of the benefits patients can enjoy at our facilities.

We are currently staffed with four Internal Medicine - Pediatrician physicians, seven nurse practitioners and four physician assistants. Medical assistants provide the necessary support to our medical providers. In total, CopperView employs approximately fifty people. We provide a great environment to learn, grow and work alongside knowledgeable and experienced professionals.

We offer a base salary commensurate with experience plus profit-sharing incentives. Benefits also include paid malpractice insurance, CME allowance, association membership dues and four weeks vacation. Health and dental insurance are also included in our benefit package, along with reimbursement for disability insurance.

We contact me for more information as we look to add the skill and depth of another Physician to our group.

Misty Huntsman / Administrator
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medpeds.org
My name is Andrew Nguyen and I’m an OMS-II at Touro College of Osteopathic Medicine in Middletown, New York. As current president of the Med-Peds Interest Group at our school, I’m extremely proud of how much we’ve accomplished this Fall semester. We would like to thank Esther Fuzayl, a current OMS-III who founded the club last year in 2021, for laying the groundwork for us to create such successful initiatives. That being said, I would love to share with you all the activities and contributions we have made so far in our school and community!

In the beginning of the semester, students visited Inspire Occupational Therapy to participate in its Sunshine Kids Summer Camp Program where we taught children about the importance of diet and exercise to “become an astronaut.” It was a great start to working with our community and we look forward to having more events with them in the future!

Med-Peds also held Touro’s 5th annual Diaper Drive with the school’s Pediatrics and Oncology Clubs in support of Pediatric Cancer Awareness Month. We raised over $1500 in cash and over $1000 worth of diapers, formula, and other baby essentials for the whole month of September! Not only was this a great way to get the club’s feet wet in fundraising and tabling at local shops, but it was also the year that we raised the most money in Touro history!

This event also opened up a newly found partnership with the Middletown and Monroe YMCAs. Not only did we set up donation boxes at their centers, but we also got invited to participate in a 5K Color Run where students got to throw colors at runners in support of raising money for children whose families cannot afford community memberships, camps, or after-
school programs. This was an extremely fun event that cemented our relationship with the most popular recreational centers in Middletown and Monroe’s communities.

Of course, our Med-Peds club wouldn’t be called Med-Peds without educating its school and community about what it actually is. That’s why our board has worked diligently to host a Med-Peds Residency Panel to talk more about the specialty, its path to and through residency, and personal stories on individual physicians’ upbringings. Additional to the two Med-Peds residents who will be joining, our very own NMPRA president-elect, Dr. Stephanie Lee, MD, will also be in attendance to present at our panel. We are looking forward to learning about what they have to say!

As this semester comes to a close, we are anxiously waiting to put more ideas into action in the Spring. Hosting community-centered events and pushing the Med-Peds mission have inspired us to continue pursuing the medical path with passion and curiosity. We’re grateful for NMPRA for allowing us to have a platform and we look forward to the endless opportunities that awaits. We are just getting started!
Didactics Reimagined: An Innovative, Resident Led Approach to the Art of Clinical Reasoning
Andrea Morley (Polito) MD, Dustin Anderson-Terhune MD, Michelle Huddleston MD, Jennifer Nelson DO, Carson Morley MD, Heather Bartz DO, Graham Stockdale MD

Senior residents at the University of Arizona Internal Medicine-Pediatrics residency program recently reflected on the fact that clinical learning often occurs through opportunistic exposure which limits equitable knowledge attainment. It was recognized that as a result of this unorganized, often incomplete learning trainees enter residency with an inherent deficit in clinical knowledge and skills. This insight from senior residents as well as responses from the annual Graduate Medical Education (GME) survey made it evident that residents, particularly interns, desired supplemental, organized education sessions which focus on enhancing the practical knowledge and clinical skills that are expected of post-graduate trainees.

In response to this, our program developed a resident-driven, simulation-based clinical reasoning curriculum (CRC). The 2021-2022 academic year was the inaugural year of implementation of the CRC. It was implemented in the form of monthly sessions designed around a single overarching clinical topic broken down into multiple relevant case-based stations.

Interns work through cases 1:1 with a senior resident in real time which emphasizes and intentionally simulates the stressful responsibility of making complex decisions regarding high-yield topics, but in a low stakes educational environment.

Monthly sessions include:
1) Cross Cover--Frequent intern calls
2) Escalation and De-escalation: Antibiotics in the inpatient setting
3) "Okay to use": Assessing CVC, NG/Duo-tube, and ETT placement in the adult and pediatric patient population
4) All things sugar: From the newborn nursery to geriatric ward
5) To give or not to give: IV fluids vs. Diuresis
6) Communications (calling a consult, problem representation, sign out)
7) The art of diagnostics: Approaching the diagnosis of a complex patient
8) POCUS
Example Case Based Station

- You are a night intern and during sign out you are told about a 46 year old male who presented with bacteremia. He is nearing discharge and got a PICC placed today for outpatient IV antibiotics. You are being paged to review his chest x-ray to confirm placement.

- (Intern is then taught about indications for PICC line placement and appropriate PICC line positioning on x-ray as well as how to instruct the bedside nurse regarding repositioning if needed).

- You are then paged by the nurse to come bedside and evaluate as the patient is now complaining of a “funny feeling in his chest”; what is your interpretation and recommendation?

- (Intern is challenged to recognize inappropriate PICC placement and potential complications along with appropriate next steps)

A survey was sent to the inaugural intern class to assess if the intended objectives were met. Interns unanimously agreed that they walked away from each session with a clinical empowerment that translated into better, more confident patient care. The survey demonstrates that the curriculum is successful in educating interns in an efficient, applicable, and memorable way that enhances their confidence.

Additionally, five out of six individuals (83.3%) expressed interested in assisting with further development of the CRC in years to come. As interns go on to lead sessions once they are senior residents, the perspective gained from having completed the curriculum will guide its continual transformation.

This innovative curriculum allows residents to optimize clinical reasoning knowledge and skills while also encouraging development of the senior residents as skilled clinical educators. Our residency program is eager to continue developing this curriculum and it has become a core educational experience of the intern year.

Please reach out to program director Michelle Huddleston MD mhuddles@phoenixchildrens.com or resident Andrea Morley (Polito) MD andrea.polito@bannerhealth.com for additional information!
After two long years, the Med Peds community reunited in person for the annual NMPRA National Conference. It also happened to be the 55th anniversary of Med-Peds as a specialty. It was very special to see medical students, residents, faculty from all over the country (and internationally!) come together. Our president Maria Siow, president elect Stephanie Lee, and NMPRA board worked very hard behind the scenes to make this day a success!

This was a one-and-a-half day event, held from October 8-9th in Anaheim, CA. Appropriately themed “The Wonderful World of Med-Peds,” the conference led us on a journey through all the work being done by the Med-Peds community. The weekend was filled with discussions on advocacy and health equity as well as topics like burnout and resilience. From speakers to breakout sessions to poster presentations-- we had a superstar line-up that left us feeling excited and inspired.
Dr. Stephanie Zia, our keynote speaker, led us through a Disney-inspired talk that was very nicely summarized in her last slide below!

As you forge into the Galaxy’s Edge in our healthcare landscape, forge new FRONTIERS in Adventureland, as you look at the endless possibilities of HOW FAR YOU’LL GO ... INTO THE UNKNOWN of what Tomorrowland and Fantasyland bring you. Remember your lighthouses and your north star to guide you as you GO THE DISTANCE, and engage in REFLECTION and take care of yourself. Sometimes, you might need to JUST KEEP SWIMMING when it feels like you’re in Mickey’s Toon Town, but remember YOU’VE GOT A FRIEND in each other, who will CARRY YOU WITH THEM. Sometimes you’ll just need to LET IT GO....but that may bring new opportunities when you close that door. Don’t ever forget our wonderful world of Med/Peds...IT’S A SMALL WORLD after all!

Live karaoke at the end of day one was a big hit and unveiled a new set of talents in our group. The conference ended with a breakfast Q&A with the NMPRA board.
Grant and Award Winners 2022-2023

Gary Onady Award
Alexis Tchaconas, MD
Icahn School of Medicine at Mount Sinai Hospital

Howard Schubiner Award
Stephanie Thomas, MD
University of Cincinnati

Resident Clinical Case Competition
Ayesha Ropri, MD
Albany Medical Center

Medical Student Clinical Case Competition
Christine Lopez, MS3
Icahn School of Medicine at Mount Sinai Hospital

Medical Student Interest Group Award
Morehouse School of Medicine Internal Med-Peds Interest Group
Morehouse School of Medicine

Grant and Award Winners / Conference Presenters 2021-2022

Community Service Grant
Nneka Ogbutor, MD
University of Rochester

Advocacy Grant
Julia Moss, MD and Sid Varma, MD
University of Utah

International Travel Grant
Peihsuan Tsai, MD
University of Rochester

Quality Improvement Grant
Lucinda Li, DO
UMass Medical School-Baystate Medical Center

Research Grant
Nicholas Lee, MD
University of Texas Southwestern
Atypical Presentation of a Rare Subtype of Chronic Inflammatory Demyelinating Polyneuropathy
Amanda Duggan, MS4
St. George’s University

Carotenemia in the Setting of Multiple Congenital Abnormalities
Erika Foerst, MS4
Philadelphia College of Osteopathic Medicine

AGR2-Related Immune Dysregulation Disorder: A Cystic Fibrosis Mimicker
Emily Leong, MD
University of Texas Health Science Center at Houston

Seeing Under Pressure: Spontaneous Subdural Hematomas Presenting as Diplopia and Hypertensive Emergency
Gabriel Solorzano, MD
Albany Medical Center

A Complex Pediatric Case of Altered Mental Status, Catatonia, and Psychosis in the Setting of Heavy Use of Social Media
Joseph Ladines-Lim, MD
University of Michigan

Artwork at the Transition to Adulthood: Embodying Stigma and Longing Among Perinatally HIV-Infected Youth
Kalei R.J. Hosaka, MD
UCLA

DRESS Up Your Script for HLH
Kirollos Roman, MD
University of Alabama at Birmingham

*Due to this being the first conference back in person after the COVID-19 pandemic, we were unable to have all our speakers travel to Anaheim, California for the poster competition. They will be invited back to present at the 2023 meeting in Washington DC and we will announce a winner for the 2022 meeting at that time.
Reflections on the NMPRA National Conference

Hannah Rader
MS4, Saint James School of Medicine

The National Med-Peds Resident’s Association conference in October 2022 in Anaheim was my first time meeting Med-Peds doctors. I am a fourth-year medical student applying to Med-Peds this cycle, but I hadn’t heard of the specialty until I came across it listed on residency explorer this past May. I have always been passionate about pediatrics, and I planned on applying to pediatric programs, but I really didn’t want to be limited to one patient population. When I heard about Med-Peds, I was immediately sold! In an effort to learn more about the specialty and network with like-minded individuals, I signed up for the NMPRA conference. As soon as I saw karaoke listed on the conference itinerary, I knew I was in the right specialty! Everyone I met at the conference embodied the perfect blend of joy and fun of a pediatrician, with the passion and scholarship of an internist. I have always wanted to work in global health and plan to work with Doctors Without Borders or a similar organization for most of my career. Med-Peds is the perfect specialty for me to be able to diagnose and treat anyone that needs help, and to feel confident working as the only doctor in a rural area. As a dual citizen of Canada and the US, and attending a Caribbean-based medical school, I have been lucky to experience living in different countries and regions. One of my favorite things about Med-Peds as a specialty is the emphasis on diversity, social justice and health equity. The themes of presentations throughout the conference showed me the priorities of Med-Peds on inclusivity and advocacy for all our patients. The 2022 NMPRA conference was such a meaningful experience for me and solidified my passion for Med-Peds.
The (Canadian) Perspective: My Journey to Med-Peds

My name is Amanda Duggan, and I am a 4th year medical student from St. George's University. I have the distinct pleasure of writing this piece “aboot” my experience as a Canadian Med-Peds residency applicant at the kind request of the NMPRA board.

Like many other Canadian medical students seeking residency in the United States, I left Canada to obtain my medical education due to the limited number of spaces in medical schools in our country. With only 17 medical schools across Canada and a growing number of applicants each year, medical school acceptance rates are estimated to be 1.9 to 13%. Canadian university students who are unsuccessful in their application either choose an alternate career path or borrow funds to attend medical school overseas.

Initially when I was unsuccessful at gaining entrance to a Canadian medical school, I sought a career in nursing. I have always loved working with children: babysitting, teaching swimming and volunteering with children with disabilities, so it was an easy decision for me to pursue my first nursing position in pediatrics. My first job was in a pediatric inpatient mental health unit at a children’s hospital. I soon moved on to the day surgery unit, and later other inpatient units and eventually pediatric ICU, gaining skills, knowledge, and experience as I went. After four years, I moved back to my hometown where there is no children’s hospital and took a position in the local emergency department. There, I realized that I also love the challenge of managing complex patients with multiple chronic comorbidities while caring for adults and the elderly.

After six years of nursing, I realized that I still wanted to go to medical school. My husband had a family friend who went to a Caribbean school, which lead to my decision to attend St. George’s University.

Through my first two years of medical school, I changed my mind many times regarding what specialty I wanted to pursue. I couldn’t imagine never working with kids, so I leaned towards pediatrics, but I was also intrigued by the complex problem-solving processes that I saw in internal medicine. I hadn’t heard of Med-Peds prior to my clinical rotations and discovered it in a way I least expected: on the social media page of an alumni at my medical school. When I realized it is a combined residency in internal medicine and pediatrics, the two specialties I was torn between, I immediately felt excited and called my husband to tell him all about it. At that time, I knew that Med-Peds was not a specialty available in Canada, but I did not realize how rare it was for a Canadian to pursue residency in Med-Peds.

My decision to apply to Med-Peds residency programs was solidified when I attended the NMPRA conference in Anaheim this past October. I enjoyed learning about the incredible things that Med-Peds residents are doing in the areas of community service, advocacy, global health, quality improvement, and research. I also got a glimpse of what life after residency looks like for a Med-Peds physician when I had the pleasure of meeting numerous attendings. But most importantly, and excuse the cliché, I saw that Med-Peds people are “my people.” They are the perfect blend of intellectual and knowledge-seeking from the internal medicine side, and playful and creative from the pediatrics side. The evening of karaoke also reassured me that Med-Peds people know how to play hard, in addition to the hard work that they do to become board certified in two specialties! I was blown away by the enthusiastic welcome I received from...
everyone, especially as a student from an international school. I was even invited to dinner with numerous Med-Peds attendings and program directors the day after the conference.

As Med-Peds does not exist as a specialty in Canada, the path to returning home to practice is unclear. Each province has unique requirements, making things even more complicated. Generally, physicians who have trained outside of Canada find a job first and then work with the provincial licensing board to determine what requirements they must fulfill. Even graduates of recognized categorical residency programs often must complete an additional year of postgraduate training in either Canada or the US before becoming licensed. Therefore, I am fairly certain that Med-Peds residency graduates need to gain clinical experience in the US before attempting to practice in Canada. However, if anybody has information that I am not aware of, feel free to contact me and I will happily stand corrected! My own plans are to remain in the US after my residency training, but I haven’t ruled out attempting to return home in the distant future.

I have yet to meet a Canadian who returned home after Med-Peds residency. In fact, I only recently met a Canadian graduate of a Med-Peds program! She, however, is practicing in the US. There is little to no guidance for Canadians pursuing residency in Med-Peds. As Canadian interest in the specialty grows, this could be an area of focus to better help individuals like myself.

To conclude, I am very excited to (hopefully!) join the Med-Peds family next year, and to meet many of you on the interview trail. Please feel free to get in touch with me if you have any questions or additional information, “eh”!

Amanda Duggan  
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Poems for Perspective
Steven Duncan
PGY1, Christiana Care

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Laminaria
They put the patient to sleep.
Said she didn’t want to hear
the sucking sounds.
Some kinds of seaweed can expand
to ten times their dry size when
water enters, pushing out and opening.
I can hear the playful laughter
of the doctors not thinking –
they’ve done this a million times.
The North Atlantic holds
tangles of the deep which sway
with the smallest movement,
the tiniest kick.
I read that the chaplain
came to see her
before the procedure.
Said she was grieving, crying.

Blood Smear
I look at myself under the microscope
and feel a little bigger.

My red blood cells
are Valentine’s balloons
filled with oxygen gas, nearly helium.
Tiny gifts that keep me floating.

This was her first.
Sometimes laminaria
are called the devil’s apron.
Sea colander.
Tiny cells catch on the
suction matrix
before going to the lab.
Her eyes were taped closed.
I wonder if salt water is an ocean.
Brown leaves are bundled together
to let moisture in
and out. There is no holding it.
The doctors are scraping now.
Talking about numbers they need
for certification. Their dogs.
I can hear the suction again.
The patient held kelp between
her legs overnight. A life raft.
A dead sea scroll

My marrow is trying to win me over and
honestly, it’s working.

I am sustained by my own generosity to me,
somehow invisible before.

How nice to see kindness like this,
so deep and intrinsic to my being.

How beautiful to breathe in
and watch the air turn scarlet.
Siphon
a crystal core formed without warning
poured from broad pitchers of lemonade, sweet
tea on the porch into Mason glass
infusions of starlight and champagne doux
sputtering backward like a good joke
meant to ease the panting tongue
to divert the sky's heavy red hand you bury away
a pie cherry pit
but never expect it to grow

Silent Talk
The youngest ones don’t know yet if the question is a question
or the aimless sum of phonics involuting through the room
like light perfume, pleasant hums from moving mouths
that spread their color and peel away like crayon paper.
This age still talks with touch, wet gums waiting for a latch
or key, tiny fingers splayed, eyes watching for signs unspoken.
“See the light?” means let’s be curious.
It’s the secret password keen doctors know.
“You listen first.” means don’t be afraid.
“Can you hear my heart?” You’re safe. You’re safe.

Phlegmon
It started with an ulcer and without warning. Untreated HIV.
Coalescing microbes swarmed inside the pelvis and set up camp.
Drove stakes deep in the ground, raised up tents. Squatters.
No natural defense left, no way to drive trespassers out.
The patient wasn’t patient. He had some things to do.
He left before they did.
Felix Gonzalez-Torres – *Untitled (Perfect Lovers)*, 1991, clocks, paint on wall, overall 35.6 x 71.2 x 7 cm, photo: MoMA

*Take a minute to examine this piece of art. What do you observe? Does this image invoke any thoughts, memories, or connections from your medical training?*

**Preface:**
Last year I participated in a joint activity between the medical school and the art museum at my institution. The goal of the activity was to reflect on how a piece of visual art relates to experiences we had during our clerkships. The picture above is from a sculpture at the museum and served as the inspiration behind my reflection. As you look at this picture, what themes stick out to you? Can you think of any moments in your medical training that relates to these themes?

**Reflection**
When I saw this picture, I immediately thought about my first patient encounter as a clinical student. I began my clerkship year on Pediatrics and my first day was on an outpatient primary care rotation. I checked my attending physician’s schedule the night before and saw that my first two patients were two-year-old twin boys coming in for their Well Child Exams. As I walked
The Perspective

into the building the following morning, I saw two young boys being helped out of a car by their parents. From my quick glance, these boys looked to be about two years old and appeared identical (or rather, the unmasked top halves of their faces did). It dawned on me at that moment that they would be my first patients as a clinical student.

When I initially met the two boys in the exam room, they were indistinguishable to me, but subtle differences emerged over the visit. One twin ran around the room freely while the other was more reserved and content with staying by his parents. As I conversed with the parents, differences in personality, behavior, and development became more apparent.

Likewise, subtle differences in the clocks emerged as I observed them over time. The clock on the right has a faint gray line between the numbers 12 and 1, while the clock on the left has a faint gray line between 1 and 2. Both clocks have a slightly different shade of white on the portion of the clock that is furthest from the center. However, this different shade of white is not completely identical. On the clock on the right, the outer white shade covers about half of the space between 7 and 8, whereas on the left clock, it covers a smaller portion between 7 and 8. The longer I looked, the more these two previously indistinguishable clocks – similarly to the two-year-old boys – became their own individual masterpieces.

Several months later I was at a Pediatric Neurology clinic as part of my Neurology clerkship. Again, I found myself looking up patients before clinic and clicked into the chart of a two-year-old boy who needed follow-up after a recent hospitalization for an acute neurological concern. Something seemed familiar when I saw his name, but I couldn’t put my finger on it. I opened a note from his hospitalization and saw that he was a twin. Finally, I came across clinic notes from his pediatrician, who was the same attending I had worked with on my first day of clinical year. The memory of seeing my first patients as a clinical student came flooding back.

This encounter was significant because it was my first glimpse of having continuity, albeit in an unconventional manner. Developing relationships with patients and families over time is at the heart of my calling in medicine, so I enjoyed building on the rapport I established with his mother from the previous encounter at his pediatrician’s office. Moreover, the previous encounter provided useful context in my assessment of him. His mother felt that he was back to his baseline but still had concerns about potential residual effects from his illness. I did not notice any significant changes to his behavior or physical examination compared to the last encounter, which provided further information to support that he was back to his baseline.

Seeing this patient a second time reaffirmed my desire to have continuity of care be a cornerstone of my practice. This desire has grown as I have had more opportunities for continuity by doing a longitudinal clinic rotation at a Med-Peds clinic. I look forward to the day when I have my own patient panel and can see 2-year-olds become 20-year-olds. For now, I will enjoy every opportunity I have as a trainee to develop these longitudinal relationships with patients and their families.

It is often said that a picture is worth a thousand words. I think a picture can also tell a thousand different stories. Reflecting on the picture of the two clocks led to contemplation on my vocation in medicine through the story of a patient encounter. With each of our unique experiences, I know there are many more stories that can be told.
My Hope For You

(A thought-provoking experience of a third-year medical student on his Labor & Delivery rotation)

Tyler Young
MS3, Ohio State University College of Medicine

In medicine there is often so much more we wish we could do for you. So much more we hope we can do for you.

Those were my feelings as I saw you born at 23-weeks old and you were whisked away to your incubator. While I helped my attending gently sew your mother’s wound, I could not help but glance over to catch a glimpse of you between the doctor’s backs, trying frantically to keep you alive.

While my hands worked with the needle my mind began to remember the last time I had these similar feelings...

It was twenty years ago, my brother was born with a heart not so great. I remember trying to understand why one so small and innocent had to endure this burden. To live in the hospital connected to tubes and wires, moved between OR to NICU and back again. I remember the joy of the months he was able to live at home with us. So grateful to the doctors who had saved his life, and so hopeful that they could heal him more.

As an older brother I always wished there was something more I could have done. I had hoped he would be there to grow up and experience life with me. My hope was to see the kind of person he would become. Unfortunately, this hope was not to be.

Everything has come full circle. Today, I have those same hopes for you. I hope the neonatologists can safely passage you into this world. I hope your pediatrician gets to see your smile and monitor your growth over the years. I hope your physician gets to commend you on your excellent health well into adulthood.

My hope for you is the long healthy journey that life can bring.

I hope medicine can give that to you.
We Need More Shoulders: A Plea for Mentorship

Aiai Price-Smith, Georgetown Sophomore
Jeff Wellard, MS4 at University of Arizona

“If I have seen further, it is only because I have stood on the shoulders of giants.”
- Isaac Newton, Letter to Robert Hooke, 1675

It is a simple fact that medicine is a tough field. The required knowledge base is massive-covering anatomy, biology, chemistry, physics, physiology, pharmacology, sociology, and so much more. We learn this knowledge to provide the best care for our patients as well as the skills to meet them where they are in life. We as students spend our entire careers constantly practicing these skills and increasing our knowledge and when we think we have it figured out, there is a new research article that changes everything.

Those who endeavor to be doctors in the United States have a daunting path that includes earning a high school diploma, working through four years of college, surviving four years of medical school, and completing a postgraduate medical education course. This is a process that takes decades, and we should all be proud that we are tackling it. However, each of these hurdles can cause a misstep losing us good individuals who would make fantastic doctors. This is where mentoring steps in.

Why can mentoring help here? Well, each generation of physicians is linked to those who came before them. A common example of these links can be family-based as it is common for medical students to have parents who are physicians. This link gives the students access to knowledge about how the application cycle works, how hard college can be, the importance of calling on resources when life circumstances are dire, and connections to individuals in the medical field. They also see how a physician presents themselves and the words they choose.

Students from underserved areas and underrepresented backgrounds most likely do not have these same links. Their experience with doctors may come from the few times they have been in the clinic as a child. They often must support themselves from an early age through college, limiting their opportunities for volunteering and research. And since they may not have an example of a physician to emulate, they can word things poorly on their applications causing them to be rejected. These disadvantages can be perpetuated, leading to the continued exclusion of populations and individuals from the physician workforce.

Mentorship is a way to give these students direction, and with just a little bit of guidance, these students can change their own life, the life of their families, and their communities. Combining their knowledge of their community with the guidance to get through medical school can extend the reach of medicine to parts of the communities we have been unable to do thus far. And once we have these individuals on our team, they can be key players in developing pipeline programs to make further gains.

How to be a mentor? It often just takes being yourself and a little bit of time and willingness to put yourself out there. You will often be surprised at how intelligent and hardworking students are and how desirous they are to make a difference, but they just need someone to give them a bit
of guidance. Your experience going through college, getting into medical school, and succeeding will be invaluable to them. Contact can be as easy as a text message checking in or via email. There are many ways to find ways to be a mentor such as contacting your nearby medical school that often has pipeline programs, via online programs such as Prescribe it Forward, or connecting with a local community-based program working with youth.

This is where the begging begins. Both of us have had our decisions and lives changed by working with the guidance of a mentor. Their guidance has directed us through our pre-medical school years and one of us is now considering Med-Peds because a current resident took the time to teach them. Mentorship does require a modicum of time commitment, but some may misperceive it as being like a sensei. It comes down to someone being there to answer questions, pose hypotheticals, and support these great individuals through difficult times. We hope that you will consider looking for such an opportunity. The world needs more shoulders!

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.“ — Maya Angelou
Med/Peds Clinical Vignette: A Warm Welcome
Thomas George

Introduction/Case Presentation:
AN, a 31-year-old female, presented with her husband to the emergency department with a three-week history of worsening vaginal bleeding. AN is a Dari-speaking refugee, recently resettled in Salt Lake City with her husband and three children. Additional history revealed that AN was 3 months pregnant.

A bedside ultrasound in the emergency department showed a viable intrauterine pregnancy with a chronic subchorionic hemorrhage, likely the source of patient’s bleeding; the obstetrician was comfortable with outpatient follow-up. As the patient was being readied for emergency department discharge, she was noted to be hypoxemic requiring 2 liters of oxygen. Upon closer physical examination, a 4/6 systolic ejection murmur loudest at the left upper sternal board and clubbing were noted by the emergency physician. AN was subsequently admitted to the medicine service for further workup (typically if the problem is primarily medical and the obstetric component is not playing a huge factor, the patient will be admitted to a medicine floor).

Additional procedural history in which a “spring” was placed in the patient’s heart at the age of 15 was uncovered. Prior to this procedure, patient had daily syncopal episodes accompanied by cyanosis. Subsequent inpatient TTE showed severe pulmonic stenosis with right to left shunting across a secundum atrial septal defect. The patient underwent a balloon valvuloplasty with reversal of flow across the ASD resulting in normalization of oxygen saturations. 6 months later the patient gave birth to a healthy baby girl; both she and mom are doing well per their last outpatient note.

Discussion: In a time when diagnostic testing is widely available and ever improving, the physical exam may feel antiquated. I see in my own practice of medicine a cognitive laziness that at times permeates my approach to patients, jumping to expensive tests as opposed to engaging in a careful examination of the patient. As such, I find cases in which physical exams result in improved patient outcomes to be humbling reminders. This patient had murmur due to a stenotic pulmonary valve and evidence of chronic hypoxemia. These details resulted in admission and ultimately led to a lifesaving procedure.

Conclusion: Due to increase resistance at the level of the pulmonary valve, this patient had poor pulmonary arterial perfusion. Interestingly, patients with severe pulmonary hypertension associated with presyncope or syncope will at times undergo atrial septostomy’s to allow for adequate left ventricular filling. Thankfully this patient had a secundum atrial septal defect which provided her with adequate preload until her stenotic lesion could be ballooned allowing for improved pulmonary blood flow, oxygenation and pre-load.

Take Home Points:
- Examine each patient carefully, particularly when working with vulnerable populations.
- Consider congenital heart disease in adult patients with signs of chronic hypoxemia.
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