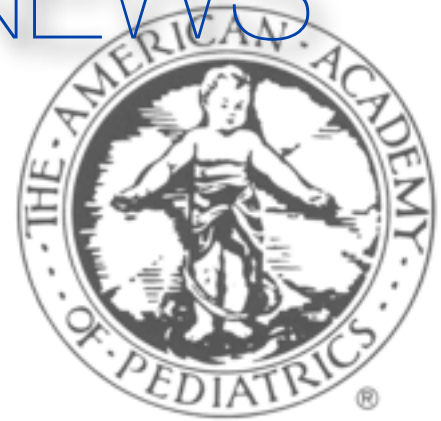


April 2009

MEDSTUDENTNEWS



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Expanded Offerings for Students: Medical Student Session at NCE!

Welcome to the newest edition of the AAP Medical Student Newsletter! As we continue to expand the AAP's offerings for medical students, we are pleased to announce the first ever breakout session for medical students at this year's AAP National Conference and Exhibition (NCE) in Washington, D.C. The medical student and resident programming for this year's NCE will be on Friday, October 16, and Saturday, October 17. On Friday evening, we will have the annual Medical Student and Resident Clinical Case Poster Reception. The following day is packed with programming just for medical students and residents, including the first ever medical student break-out session from 8:00-10:00 AM. This session will include a keynote speaker who will discuss pediatrics as a career, the opportunity to meet residency program directors and chief residents and discuss the residency application process, and the opportunity to network with other medical students from across the nation. You should definitely consider attending this year's NCE. The best news for medical students is that conference registration is FREE for medical student members of the AAP. If you are reading this newsletter on-line and have not yet become a member of the AAP, you should consider joining today. Membership is only \$16 per year, and you could come to the NCE for free this October!

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nce session

Subspecialty Spotlight: Pediatric Hematology/Oncology

By Keith Pasichow, Med 3, Mount Sinai School of Medicine

As medical schools begin to integrate chronic illness education into their curriculum, specialty fields like hematology and oncology are being introduced to students earlier in their careers than ever before. Pediatric hematologists/oncologists treat children and adolescents of all ages with all types of cancer as well as blood related disorders such as hemoglobinopathies, coagulopathies and anemias. Unlike their internal medicine counterparts, pediatricians who choose to specialize in the neoplastic and hematologic fields generally enter into the practice through a combined fellowship². This approach stems from the natural development of the field of pediatric oncology. The first pediatric cancers to be studied in depth and effectively treated were the leukemias. It made sense that the physicians treating these leukemias, the hematologists, who already had expertise in the use of the chemotherapeutics of the time, would branch out into the field of oncology as well¹. As a result, pediatricians have the unique opportunity to truly bridge the gap between these two diverse but often intertwined specialties.

The training for pediatric hematology/oncology starts with a general pediatrics residency that is three years in most locations. During this time, pediatricians in training are exposed to the specialty through required clinical work and electives. Following board certification as a pediatrician, the physician can pursue a fellowship in the fields of hematology and oncology. These fellowships are typically three years long and focus on a combination of research methodology, clinical practice, diagnosis and treatment modalities. Following fellowship, most pediatric hematologists/oncologists work in academic medical centers, while a few enter into private practice².

While pediatric hematology/oncology is only one of the many specialties which participate in the diagnosis and treatment of patients with hematologic and neoplastic disease, they are often the practitioners who spend the most time with the patient², have the most interaction with patients' families and friends, and are in the best position to provide psychologically and developmentally supportive care. They act as the patient's primary provider during the intense stages of treatment, and

often develop long-term relationships with their patients through years of follow-up care. Additionally, these practitioners have the opportunity to involve a wide variety of medical and allied health professions in the care of their patients exemplifying the team approach to medicine.

Physicians in this field work hard, often more than 40 hours a week, but are able to find a balance between work and personal/family life, such that most specialists report high levels of professional and personal satisfaction². Their income level is on par with most pediatric sub-specialties, with those in private practice seeing a slightly higher average income than physicians in academic settings², though both settings allow for a comfortable lifestyle.

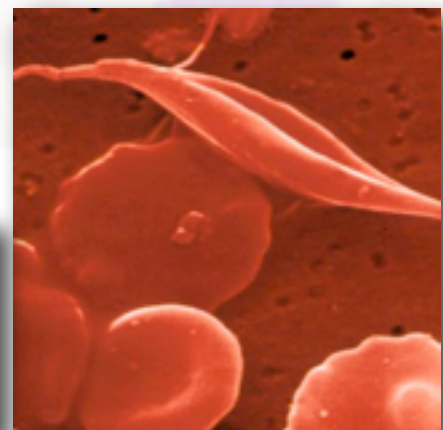
Unfortunately, treating patients with potentially fatal diseases means that pediatric hematologists/oncologists experience death and morbidity as part of their work. Historically the field of hematology/oncology has been considered one of the more challenging, even depressing fields within pediatric medicine. Neoplastic disorders remain the primary cause of disease related mortality in patients younger than 15; however, the overall cure rate now approaches 75%, making chronic care and even cure a large part of the hem/onc specialist's job. Despite the sometimes difficult parts of the field, pediatric hematology/oncology is a rewarding specialty for anyone who enjoys working in an intellectually challenging and rapidly progressing field that combines basic science, research and the care of unique and exceptional patients.

References

1. Pearson, H. "History of Pediatric Hematology Oncology." *Pediatric Research* (2002) 52:6; 979-992.
2. Buchanan, G. "A Career in Pediatric Hematology-Oncology?" [Brochure] American Academy of Pediatrics.

Behind Article: Malignant lymphoblasts predominate the blood smear of a child with acute lymphoblastic leukemia (ALL), the most common cancer in children.

At Right: A sickle cell above normal red blood cells.



Medical Student Success: Making the Most of Your First Year Summer

By Kristina Betters, Med 2, University of Florida College of Medicine

Deciding how to spend the summer after your first year of medical school can be a daunting task. The options seem endless; research, shadowing, volunteering, traveling, teaching, or even just relaxing are all viable choices. Important factors to consider are your future goals, available opportunities, and your current state of mind after completing year one!

Many medical schools offer student research stipends to pay for a summer spent working on a project with a faculty mentor. These applications are normally due in late spring and require you to find a mentor and devise a project on your own. For those who are interested in getting out of town, many outside research opportunities exist. Institutes such as the NIH and Sloan-Kettering have well-established programs for those who are serious about research. If your medical school does not offer a stipend program but you would like to work with an in house faculty member, consider applying for a medical student grant from outside organizations. Associations like the American Academy of Child and Adolescent Psychiatry, Child Neurology Foundation, Cystic Fibrosis Foundation, American Medical Association, and many more offer grant opportunities to medical students with proposed plans and mentors. Be sure to choose a project that is interesting to you, viable in the time allotted, and a mentor who is willing to spend time on the project (especially if you have no prior research experience). Such experience is undoubtedly helpful for those interested in working in academic medicine. Finally, do not assume all research revolves around a bench; there are plenty of clinical opportunities with patient interaction if that is what you would prefer.

For those who are still very unsure about what type of medicine they would like to pursue or perhaps just want more clinical experience, shadowing is a great idea. In my experience finding shadowing opportunities as a medical student was fairly simple; faculty were very inviting to students in clinic. I often find it is helpful to attend lunch

talks for physicians you may be interested in shadowing and approach or contact them afterwards to set-up a potential date. As a medical student, you have already completed all the safety and legal paperwork to see patients, so I found it much more facilitating than shadowing as an undergraduate student.

Other great options include volunteering or working as a teaching assistant. At the University of Florida, the neurology summer graduate course uses medical students as teaching assistants. This is a good option for those who are interested in becoming a professor or just enjoying teaching, plus the position pays as much as a summer research stipend. Volunteering options are endless, but I would suggest working for a medically related cause if you want to brush up on your clinical skills. Most states have summer camps focused on chronic childhood illnesses. Working at diabetes camp was one of the most rewarding experiences of my life, and I learned more about pediatric endocrinology than any textbook could ever teach me!

Lastly, for those that are burned out or just need to get away, consider traveling or going home to visit family and friends. This is the last work free summer of your life, and there is no shame in taking some personal time to recharge for second year.

Resources:

A great list of research opportunities:

http://www.med.upenn.edu/mdresearchopps/shortterm_opps.shtml

American Diabetes Camps to volunteer at:

<http://www.diabetes.org/diabetes-camp/work-at-camp.jsp>

Various camps for children with disabilities:

<http://charityguide.org/volunteer/vacation/summer-camps.htm>

Article author **Kristina Betters** (far left in blue shirt) with her campers at diabetes camp.



Family and Medicine: The Art of Balancing Life and Work

By Shanlee M. Davis, Med 3, Mayo Medical School

As a third year medical student and mother of an almost-two-year-old, I am only beginning my journey in both motherhood and the medical field. I have collected much advice from trainees and practicing physicians on solutions for balancing personal life with a career in medicine. The consensus? There is no easy solution. But yet many very inspiring men and women make it happen and are able to find happiness. Below are some common medical student concerns about balancing life and a career in pediatrics followed by responses I have received from some of those admirable physician-parents that are able to make it work every day.

1. **When is a good time to start a family?** The usual answer I receive is “there is no good time, if you wait for the perfect time it will never happen.” Often students and residents think “as soon as I get through this, the next step will be easier.” It is true certain years in medical education are notoriously difficult, but many practicing physicians looking back reflect with each step comes increased professional responsibility and contrary to belief it does not get easier. Several physicians have stressed the importance of having a supportive partner in managing a family and medicine. With that insight, it seems a “good time” depends much more on figuring out what will be best for you and your partner rather than where you are in your medical career.
2. **How do I find a residency/fellowship/staff position that is “family friendly”?** By law, all programs must provide time off for maternity/paternity leave and most states have laws to promote breastfeeding after returning to work as well. However, that doesn’t make a program family-friendly. When considering programs, the best way to get a good feeling for the environment is talking with those already in the program. Ideally this would be someone who is raising a family and can tell you both positives and negatives about their experience. Some information you may want to gather is a typical schedule, how rigid or flexible that schedule is, what life is like when they are not working, and challenges they have had with the program. Depending on what experience you are looking for, it may also be important to know how many others in the program have families and if there are ever any social events that include families.
3. **Are there flexible options in medicine?** 25 years ago the answer probably would have been no, however more and more physicians have untraditional work arrangements. Pediatrics is known as one of the more adaptable specialties in this regard. According to a 2008 study published in *Pediatrics*, 15% of Pediatricians in 2000 worked part-time and almost 40% of pediatric residency graduates applying for non-fellowship jobs in

2003-2005 sought part-time positions. As the demand for flexibility in work schedules increases, institutions will find ways to accommodate and the environment of the workforce will likely adapt as well to one that encourages balance of work and personal life. Before entering the workforce, medical students and sometimes even residents can negotiate to lengthen their training allowing them to take significant time off. However, part-time arrangements in medical school and residency programs are rare at this time.

4. **What are some practical strategies for balancing work and life?** 1.) Think about what is important to you and establish boundaries for yourself. Some practicing physicians shared with me they do not give out their home phone number or email while others are willing to make house calls. It is up to you determine what limits you are comfortable with. 2.) Good reciprocal communication with your partner is important to manage work and family demands. This is especially important when both parents are working and you need to juggle two work schedules, childcare, extracurricular activities, meals, housework, and the list continues. Your career decisions will require your spouse and children to make sacrifices too, and they should be included in the discussion. 3.) Set up a predictable routine. Although this is not always easy with medical training, whenever possible a predictable routine is almost always better for kids and it lessens the chaos in your life as well. One idea a resident shared with me is every night she is on-call her husband and son come in to the hospital cafeteria to eat dinner with her. On busy nights it does not work out but when it does she gets to spend valuable minutes with her family. 4.) You may be a superhero but even they have sidekicks to depend on, so be proactive about getting help like delegating work and hiring a cleaning service. 5.) Take care of yourself. It is easy to put your wellbeing aside when other people are depending on you, but you will be able to be a much better parent and doctor if you don’t forget about yourself.

There are times when I am overwhelmed by feelings of inadequacy, like when I am at the hospital every fourth night rather than tucking my son into bed or when I cannot study as many hours or write as many papers as my colleagues. I have learned having it all (family and career) does require sacrifices everyday. No one in my unofficial poll for advice said balancing work and life was easy, but I am inspired when I see others who are able to do it well. For me, happiness and success depend on achieving the right balance between life and work, and I am blessed to be a mommy and a med student.

Pediatric Health Outreach Project Clinic: Healthcare for the Uninsured

**By Abha Gupta, Med 3, Robert Wood Johnson Medical School
Director, Pediatric Health Outreach Project Clinic**

Child health is largely neglected amongst the uninsured population of Camden, New Jersey. Pediatric Health Outreach Project, affectionately known as Peds HOP Clinic to our children and their families, is a student-run free pediatric clinic that first opened its doors in April 2003 in an effort to lower one of many barriers that hinder adequate health care in this community. Annual physical exams, emergency room follow-ups, vaccinations, psychosocial counseling, specialist appointment scheduling and assistance with charity care applications are just some of the many services we offer. Currently, we have clinic hours two nights a month only a few blocks from the hospital. Peds HOP is affiliated with both Robert Wood Johnson Medical School (RWJMS) and Cooper University Hospital and partners with University physicians to enable specialty care at no cost to the patient.

One of the fundamental tenets of our clinic is continuity. Each patient has his own student doctor (MSIII), who serves as the patient's doctor throughout the year. "As student doctors, we are expected not only to care for our patients' medical needs in our clinic, but also make sure that they are served by Cooper University Hospital. We escort our patients to labs, imaging, and any emergent care that they may need. In addition, we actively screen and enroll our eligible patients into the NJ Family Care program where they are guaranteed health insurance through Medicaid. I have learned a great deal about the difficulties that uninsured patients face, allowing me to truly appreciate

"One of the fundamental tenets of our clinic is continuity."

the inner workings of patient care" says student doctor Amanda Carolfi.

On a typical clinic day, a patient first registers with our student doctor at the front desk, after which he is seen by his own student doctor. Since a large percentage of our patient population speaks Spanish, we always have a student translator present. After the patient has been examined, the student doctor presents the patient to the resident and the attending doctor, Renu Doshi MD, Associate Professor of Pediatrics, Pediatrics Clerkship Director at RWJMS. The student doctor then devises a plan under the guidance of Dr. Doshi and advises the patient accordingly, dispenses free medications if needed, and discusses an appropriate follow-up plan with the patient and parent. Student doctor Brad Chu says, "Being able to guide my patient through every step of his care has not only granted me perspective into the lives of our uninsured patients, but has allowed me to develop my own clinical judgment and learn how to care for patients from start to finish. Student doctor Melissa Weidner adds, "Having my 'own' continuity patient throughout the year has enabled me to learn clinical medicine in a manner which is unparalleled by my other clinical experiences throughout my 3rd year rotations." *(continued on next page)*

Article author and Pediatric Health Outreach Project (HOP) Clinic director, Abha Gupta (left, filing papers) at the Peds HOP Clinic.



Pediatric Health Outreach Project Clinic: Healthcare for the Uninsured

By Abha Gupta, Med 3



(continued from previous page)

Student doctor Thomas McCann's 16 year-old patient was born overseas with cleft palate and was unable to obtain treatment due to lack of insurance. "Through Peds HOP and the help of Cooper attending doctors, we have been able to surgically correct his cleft palate. Peds HOP is especially helpful for children such as my patient who otherwise would not receive crucial healthcare during a critical period of their lives," says Thomas. Another student doctor, Raj Parkeh says, "Just recently, my 16 year old patient was assaulted. Our maxillofacial surgeons performed surgery at no cost to him." We have also set up a relationship with a local private dentist who provides free dental cleaning and performs minor procedures as needed for our children.

We are eager to continue to expand our clinic with the help of the four members of our executive board (Director, Front Desk Manager, Quality Control Manager, Pharmacy Coordinator) and our student doctors. Our latest success story involves our recent partnership with the social worker in the Pediatric Emergency Department, which allows us to actively recruit uninsured patients. We directly call the uninsured patients that were seen in the ER at the end of each week, thus ensuring that we are not losing a crucial opportunity to reach out to these children.

At the end of each year, we throw an appreciation party for the patients, families, student doctors, residents, and attending doctors where we have games and free food. With a theme of Health and Fitness this year, we hope to emphasize the need to make healthy life decisions and keep fit. Expanding our patient population and implementing a new electronic medical record (EMR) system are only a couple of the projects we plan to focus our energy on for the remainder of the year. As we approach the end of the academic year and prepare to hand over Peds HOP to the rising 3rd year class, we hope that our clinic will continue to grow and reach out to those in need.



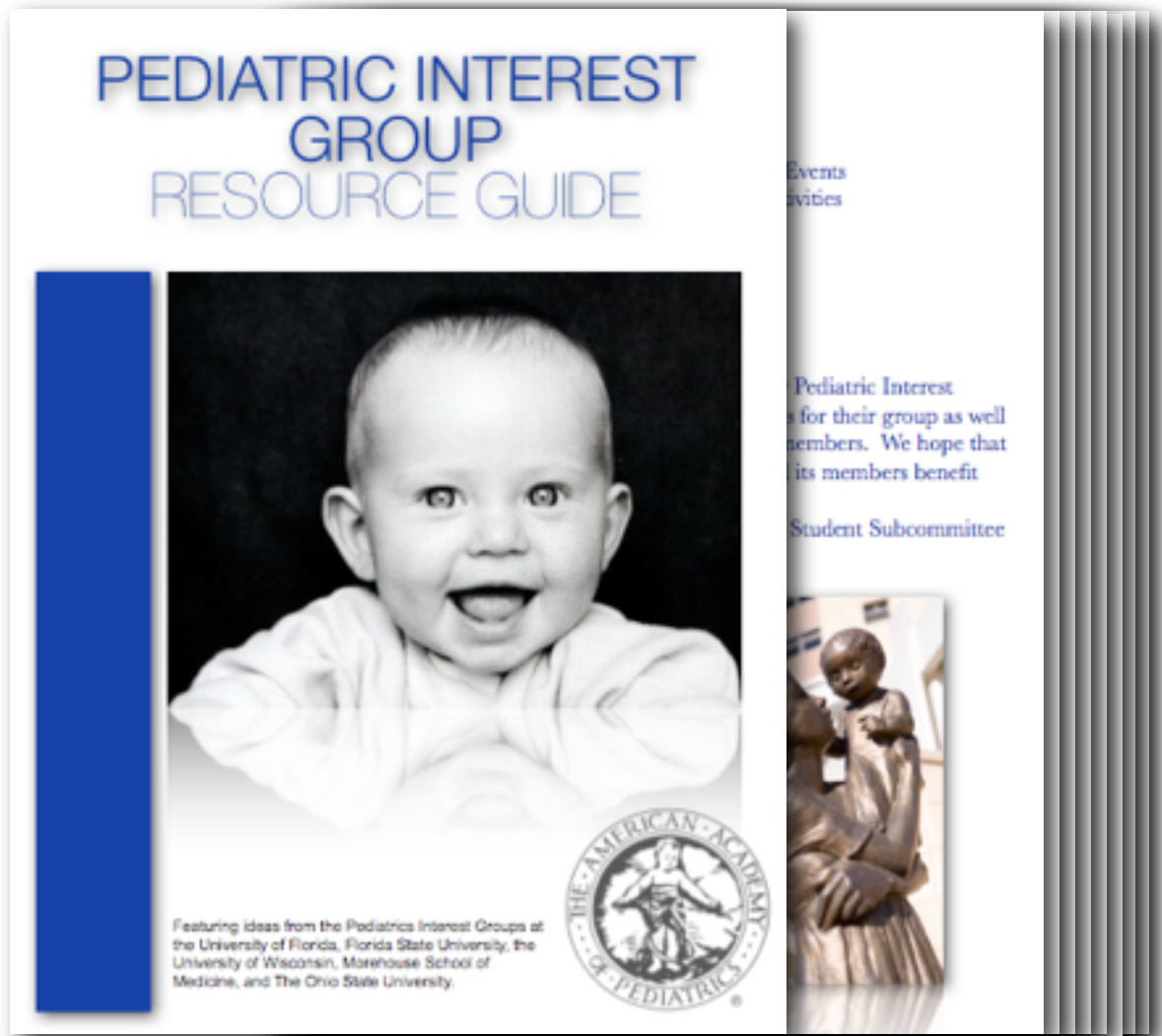
**ROBERT WOOD JOHNSON
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

Above: A student doctor examines a patient's ear at the Peds HOP Clinic.

Right: With a focus on primary care continuity, a patient receives an immunization from her student doctor.





Pediatric Interest Group Resource Guide: Check it out Today!

- A resource for Pediatric Interest Groups seeking ideas for new talks and events for their group as well as new opportunities and offerings for their members.
 - Part 1: Medical Student Education Talks and Events
 - Part 2: Advocacy and Community Service Activities
 - Part 3: Conferences
 - Part 4: Camping Volunteer Opportunities
 - Part 5: Funding Opportunities
 - Part 6: Learning More about the AAP



Check it out at www.aap.org/ypn/ms
Look Under “Getting Involved”

Want to be Featured in a Future Issue? Let Us Know!

This newsletter is designed to let you know what is going on within the AAP and also to let you know what is going on with medical students across the nation. What has your Pediatric Interest Group been doing lately? We want to know! Have you been involved in something noteworthy for children? Tell us about it! We know that our section has strong students at great medical schools, and we want to share the outstanding things you are doing with the other medical students in the AAP. So, if you want to be featured in one of our future newsletters or if you know someone that should be featured in one of our future newsletters, please send any of us an e-mail. All of our e-mail addresses are listed below.

We look forward to hearing from you!

MEDSTUDENTNEWS

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