Discovering Medicine

Clayton Busch, MSIV, University of South Dakota Sanford SOM

Before medical school, I considered finance and research as careers. On my mind was the classic 21-year-old rhetorical question: I get this one life, now what should I do with it? I graduated high school in a class of 38 with the tacit impression that good grades meant becoming an engineer or a doctor. The tide changed in college when even after completing the pre-med coursework and “suggested” extracurriculars, I felt like I had no idea what a career in medicine would feel like. One interest from my coursework was research, where I performed microscopic dissections that caught organogenesis altering its own anatomy in concert with environmental pressures. There was also the opportunity to indulge a naïve interest in finance in a more structured environment through elective coursework. It scratched a curiously similar itch to research. The professor could tell I was engaged, and the former business mogul urged me to consider finance as a field. At graduation, I was still undecided in my commitment to medicine. It entailed too much, and I knew too little. I decided the only way to settle my mind was to find work in a hospital. Initially I was looking for a successful career. After my experiences working in healthcare, I discovered medicine was something more profound.

One short week after graduation, I started my new job as a nurse aid. The unit operated at capacity on a regular basis and was constantly teaching lessons in efficiency. My first day a co-worker looked me up and down and said, “I give him a week.” In the coming months, I was exposed to my first traumas, lost my first patient, and the term “sundowning” became a regular part of my vocabulary. There were moments I became exhausted in ways I did not previously realize were possible. Volunteering, shadowing, and pre-med curriculum could not teach me all I needed to know about medicine. Until you are working in a hospital, feeling the depth of its pressures and rewards, you simply have no idea what you are getting yourself in to.
While gaining novel insights, I still wondered if life in medicine would measure up to a career in finance or research. Both share a unique brand of intellectual satisfaction, but they are rewarded in very different ways. In research, there is a palpable sense of your own responsibilities that nudged out the expanse of human knowledge, while finance knows no ceiling to the monetary potential for those finding themselves ahead of the curve. Medicine’s rewards are different. They can be more complex and often less obvious as demonstrated on one particularly frustrating day where we were short staffed, facing higher acuity, and running at capacity yet again. It was a day where I felt the demands of my job outpacing my personal energy stores. There were days like this before, but this time it was getting the best of my morale. In a fitting twist of irony, this was the day I met one of my most influential patients. She had multiple chronic, degenerating diseases resulting in obvious effects on her quality of life. This woman’s struggles far outweighed my own, yet I was the one feeling sorry for myself. There was every reason in the world for this woman to be angry with her life, but here she was happier than most of the people I know. Over the next several shifts, I watched her strength and outlook on life outmatch my own in increasingly evident fashion. I looked up to her. While taking care of her there was a peculiar ailment, separate from the others that typically plagued her. I watched multiple physicians visit her and felt a mounting frustration in a woman with the patience of Job.

Seeing her stiff with pain, the tone in the room was different. She didn’t want to talk. The act of speaking itself would drain her. Even though I didn’t know the name of her malady at the time, there was no shortage of flashbacks to her hands pressed against her jaw during our medical school lectures on trigeminal neuralgia. I’ll never forget the day the nurse told me to bring her to anesthesia’s interventional pain department. I had never heard of “interventional pain” and my curiosity piqued, but the floor was busy and I couldn’t linger to see her procedure. All I knew was when she came back things were different. This time she had tears of joy. “It doesn’t hurt any more. I feel like I have my life back”—that was when I knew. There was no height in research or finance that could make me feel this way. No amount of money, no scientific epiphany could make me feel the way medicine did.

Medicine takes you places you can’t go on a plane. Over the course of the next year, I performed CPR in a code blue, cared for a woman in her final weeks, and had WWII heroes share vantage points from an iconic period in history with imagery few in my generation are privileged to hear.

Iconic moments in medicine like these are at the height of human experience. Now in medical school I have delivered babies, participated in surgery, and scratched off the meaningful majority of my bucket list.

I remember in our acceptance ceremony for medical school, each of us had a personalized, hand-written note from an alumnus waiting to be found in our pocket after the coating. Mine said this: “Medicine is a wonderful calling. You will be afforded opportunities not many are afforded. You will be invited into people’s most intimate places. Enjoy your time.” He was right. I had found medicine. I had found my home.

Represent your medical school at the ASA Medical Student Component House of Delegates!

The role of an ASA Delegate is to serve as a medical student liaison between their school and the ASA Medical Student Component (MSC).

Delegates have voting privileges on issues presented at the ASA MSC House of Delegates Annual Meeting, which takes place at the ANESTHESIOLOGY annual meeting.

U.S. accredited medical schools can be represented by one delegate and one alternate delegate.

Terms run from July 1 to June 30 of each year.

Applications can be found here: https://www.asahq.org/education-and-career/asa-medical-student-component
I had been told by a plastic surgeon, “If you can find any specialty outside of surgery that you could find yourself liking, do that. Because if you don’t absolutely love surgery, it can be miserable.”

I thought I loved surgery. I had a job during my undergraduate schooling working in the operating room as an orderly, where I would scrub in on a variety of surgeries to offer an extra hand where needed. I loved my job. I thought the surgeries were fascinating, and the operating room was exciting. As a result, I made up my mind early on in medical school that I would do surgery. I liked the immediate fix to a problem and working with my hands. My interests went from orthopedics to ENT, sensing that it was a field where my personality seemed to mesh well, and I liked working with the airway. In surgical fields, rounding did not take hours to complete, and clinic was not a daily thing.

Unfortunately, I spent my fourth year of medical school doing audition rotations and other ENT rotations to make myself competitive for the upcoming match. I was excited about my newfound passion for ENT, but I was worried about burnout and the seemingly never-ending sacrifices I would have to ask my family to make if I were to be a surgeon. While the thought had crossed my mind that I would like anesthesia, I had already dedicated so much of my time to prepare my resume to match into surgery. And, just as important to me, I found that my laid-back personality meshed well with the anesthesiologists. Half way through my anesthesiology rotation, I was excited that I had found a career path that would make me happy.

My path to anesthesiology would have been much easier if I had the opportunity to do a two- or four-week anesthesia rotation during my third or fourth year in medical school. The rotation would have given me an opportunity to know if that field was for me. If I did not like it, I would have gone into surgery with a strong foundation of what goes on at the anesthesia end of the operating room table. I would have been able to appreciate the critical thinking and problem solving involved, helping me be more understanding of the work of an anesthesiologist.

I feel like there is a lot of value in medical schools requiring rotations in anesthesia. Medical students would gain a better understanding of anesthesia, and they would have an opportunity to explore it as a career option. Many medical schools across the nation require anesthesiology rotations in either third or fourth year of medical school, and as a result, they consistently see greater numbers of students that match into anesthesiology. This approach could be incorporated on a national level so that surgeons may have a better idea of what is involved in anesthetizing a patient, or it may give medical students like me exposure, and allow me to make a career decision of being an anesthesiologist.

My journey gave me time for introspection, and I realized that I did not love surgery. I am grateful for the advice I received from that plastic surgeon, and I look at not matching as a second opportunity. I have found anesthesiology, and I am confident that it will provide me with a very rewarding career and a happy life.
Update from the Board of Directors Meeting

Alice DiFrancesco, MSIII, UConn School of Medicine

Members of the ASA Medical Student Component Governing Council recently met in Chicago, Illinois for the ASA’s Interim Board of Directors Meeting. Since it is my first time serving on the council, it was my first experience at this meeting, which occurs biannually. It was yet another great experience within the ASA.

The main purpose of the meeting for the medical student component was for the group to talk about updates and progress that we each had made within our individual positions. It was exciting to hear what each member of the council had been working on, including updating AIG contacts to expand our reach to all medical schools, strengthening the residency mentoring program, gathering survey data to address what our medical student colleagues wanted to see from us, and much more.

Together, we also planned the upcoming ASA Annual Meeting that will be held this October in Orlando, FL. We discussed at length different ideas for medical student sessions, using both prior experience and input from medical student surveys to ensure that it would be an enriching experience for everyone who attends. As this was my first Board of Directors meeting, it was the first time I had been involved with the ASA Annual Meeting in this depth. It was certainly a source of both excitement and pride that I had progressed from being a nervous second year medical student attending my first annual meeting to now planning parts of the future meeting that I would attend as a fourth year.

We created an agenda that we are all very enthusiastic about, and I am personally very much looking forward to the meeting, and grateful to have had the opportunity to be involved in the planning!

Hoping to see many medical student colleagues in Orlando!

Would you like to get involved with the ASA Medical Student Newsletter?

Write for an upcoming issue! Contact asa.mscsecretary@gmail.com
Reflecting on Third Year

Darnell Robin, MSIII, UConn School of Medicine

As I approach the end of my third year, I look back on all of my experiences. Some challenged me to strive to do better and others showed me the importance of being a good clinician. Overall, I enjoyed third year, but I was met with significant challenges. Nevertheless, I emerged wiser and more determined to pursue a career in the field of medicine.

Here are a few tips that helped to get me through.

Advocate for yourself.
During your third year, you are often the bottom of the totem pole. You often get overlooked or even forgotten about. Sometimes it may feel as if no one cares if you are there or not. You have to remember that your rotations are a learning experience and you are paying for this experience. Never be afraid to speak up if you feel like you are not learning.

Take care of yourself.
The field of medicine often teaches us to take care of everyone except ourselves. On my Family Medicine rotation, I was counseling a patient on diet, exercise, proper sleep, and stress management. At the end of the appointment, I felt like a hypocrite because I could not remember the last time I had done any of those things. Through my rotations, I learned that it is okay to take care of myself and take a break occasionally. When I did that, my mind was clearer when I needed to study and I felt better overall.

Accept feedback graciously.
One of the biggest things I learned during third year was that there is always room to improve. As medical students, we often put a lot of effort into preparing for each rotation and try to perform our best. Even with our best efforts, we might receive feedback that may not necessarily always praise our efforts, but more so highlights our flaws. In these experiences, I learned to not only take the feedback, but to also ask how I can improve on those things moving forward. Through this, my end-of-the-rotation feedback was always positive.

Lean on your social support.
Some days will be extremely hard. You may lose your first patient, make a big mistake, or simply just have a bad day. This is perfectly normal. We are humans and our feelings get hurt. During these times, it is often important to remember to reach out to those who love you and care about you. A quick chat or FaceTime with family or friends made all of the difference after a tough day.

Learning is key.
You may not get Honors in every rotation or even qualify for AOA, but what is most important is what you learn from each experience. As I progressed through my rotations, I started to adopt the philosophy that I was more concerned with what type of physician I would become as opposed to how I would do on the rotation. When I focused on learning rather than a grade, doing well on a rotation came more naturally.

Lastly, have fun!
Third year is one of the only years you get to play being a doctor and have none of the responsibility. Of course, you may not enjoy rounding for five hours discussing the differential diagnosis for your patient’s hypokalemia, but this is last time that you may ever deliver a baby, scrub in on a Whipple procedure, or even counsel a patient on diabetes management. So enjoy it and enjoy the experience. Time always moves faster when you are having fun.
Anesthesiology Interest Groups

Did you know you can apply to receive an award in recognition of your school’s Anesthesiology Interest Group?

- The award includes recognition at the MSC House of Delegates along with a monetary prize and plaque recognizing your school.
- The MSCGC recognizes that an “outstanding” group encompasses many different qualities, not only relating to the events held, but also the creativity of the group and a group’s improvement over time.

More information can be found at:
https://www.asahq.org/education-and-career/asa-medical-student-component/msc-anesthesia-interest-groups

Reminder!

The ASA website offers a PDF guide to building an AIG! This can be found on the ASA website by following steps below:

www.asahq.org
- Education and Careers
- ASA Medical Student Component
  - Anesthesia Interest Groups
  - Guide to Building an AIG

Letter from the Editor

ASA Officers

- Justin Yuan, President
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- Frey Gugsa, Senior Advisor
- Elena Madan, Member-at-Large
- Connor Eagleton, AMA Delegate
- Vy Phuong Le, AMA Alternate Delegate
- Ryan Dyches, Alternate

Dear ASA MSC Component,

I am very excited to have been elected as the secretary to the ASA MSC Governing Council and editor of the ASA MSC Newsletter. I look forward to providing readers with exciting and relevant topics, and encourage anyone interested in writing a piece to send me something!

We as a governing council are committed to enhancing medical student exposure to the field of anesthesiology. We are here to answer any questions, as well as address any concerns or comments.

Feel free to contact me directly at asa.mscsecretary@gmail.com

Sincerely,
Alice DiFrancesco

Prepare for your future in the field of anesthesiology

ANESTHESIOLOGY 2019
OCTOBER 19-23 | ORANGE COUNTY CONVENTION CENTER | ORLANDO, FL

The Human Side of Medicine: Putting Patients First

Participate in a dedicated track
Round out your education by learning how to advance your clinical skills, identify how to find your ideal residency and manage your money as a young physician.

Grow your professional network
Collaborate with thought leaders and colleagues from around the world.
- Resident and Medical Student Reception
- Meet and Greet with Residency programs

Extend your stay to enjoy the Sunshine State!
Orlando is a family-friendly destination with numerous attractions for all ages to enjoy.

Be the first to know when registration opens
goanesthesiology.org/GetNotified