



Focus Surgery



May 2016

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If you have any suggestions for how we could enhance the newsletters moving forward or any corrections, comments, or suggestions for articles of interest, please do not hesitate to contact any of the Career Services Committee members.

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Connect with the Department of Surgery

Mary McCarthy, M.D., chair
medicine.wright.edu/surgery



From the Chair: Mary McCarthy, M.D.



What drew you to surgery?

My first Saturday of medical school I scrubbed in on an open gallbladder, and to me, it was a miracle. That you could do something like that. That you could open somebody up, take out their diseased organ, close them back up and the body would heal. I thought how could anybody want to do anything else? I had other good days shadowing other doctors, but surgery stuck with me. I saw surgery as a direct way of addressing disease and a very connected way to treat patients. You see what the problem is and then you treat it. You get to be so connected to that healing process. Then, during my third year I had experiences with trauma surgery. I think all students are charged by the adrenaline of someone coming in with a gunshot wound to the abdomen and taking them up to the operating room and directly repairing bowel and liver. It was very rewarding to do that.

What is your favorite part about surgery?

Trauma and general surgery because you get to operate all over the body, but more so you get to save a life. That's an amazing thing, and it's a real honor to be there at the time the patient needs that kind of support. To be able to intervene and provide the care that the patient needs.

Least favorite?

Ruptured colons! But death is probably my least favorite thing. Sometimes it feels like such a loss. You think through what you did to see if there's a better way you could have taken care of that patient. But ruptured colons are pretty bad!

What is something that people may not know about surgery?

It does seem like there are a lot of stereotypes that students come to the service with: we're mean, hard, insensitive, difficult, and challenging. I have heard from a lot of medical students who thought they didn't want to go into surgery because we weren't nice people, and then they get here and find out that we are nice. They don't know what to do! I'm not sure why they have that presupposition. I think some surgeons have challenging personalities and are difficult to deal with, but at our program, I like to encourage faculty to be more receptive and open, and most of them are. They like to teach and see that light in a student's eye when they figure something out and know what to do next. We're not mean is what I want them to know, and I want them know it early. The sooner you realize that surgery is an option, then the better a candidate you can be.

Things have changed a lot since I went through training. Acute care surgery now is something where you pick up cases during the night and you do some of them and the next day if there are still cases to do, somebody fresh comes in and picks up those cases. It's more of a service concept where you're taking care of patients as a group of people, not necessarily that everything falls on one individual. It doesn't have to be the intensity that it has the reputation of being. You can still have a life, and that's important to know.

McCarthy continued

What advice would you have for a student who is unsure about the larger commitment that seems to be associated with surgery?

Our faculty is an amazing resource. If you're trying to figure how to work that out, we have a wide diversity of faculty members who have different lifestyles. I would encourage students to meet with the faculty members that are closest to what they would envision their life might be like and see what advice they could offer.

What would be a good way for them to go about finding those faculty?

Our student coordinator is a good resource for shadowing. We have a new student coordinator, Jessica Poprocki, and she can help the students find the connections. Her number is 937.208.2471.

There is also a formal two-week rotation called Horizons in Medicine that can be done as first- or second-years.

Dr. Priti Parikh can help students get involved in research projects.

What advice do you have for students trying to figure out if they are interested in surgery?

- Start thinking about surgery early.
- Get involved with shadowing.
- Shadowing will often lead to connections for scholarly/research projects.

Any general advice for sub-specialties within surgery?

I like to meet with people in their third-year if they have an interest in surgery or one of the surgical sub-specialties to talk to them about specific strategies to be successful and match. I always suggest they shoot for one third of their positions high, one third realistic, and one third fall back. There are many different options to get to some of the sub-specialties. For instance, head and neck surgery can be reached through general surgery, ENT, or plastics.

Any advice in general for medical students?

Start your scholarly work early. It often takes up to four years to get published. If you want to be able to present posters and publications, it needs to be started probably by the summer between your first and second year. Be thinking and connecting early in areas you might be interested.

—Ryan Brinn, MSIII

**Interview with Riyadh Tayim, M.D.,
WSU BSOM Alumni, PGY-2 General Surgery Resident**



What led you to pursue surgery over other fields?

I always knew I wanted to do something procedural from the start of medical school. It was this desire that also drove me to chose

biomedical engineering in both undergrad and grad school. After grad school, I intended on going into consulting and later had the opportunity to do something more clinical. My experiences here resonated strongly with my experiences as a patient following a bad car accident earlier in my life. For me, that was it and I knew I had to go to medical school. Ultimately, I want to go into trauma surgery.

Were there any experiences in medical school that shaped your decision?

At the end of first year, I applied for a two-week long trauma surgery externship, and this played a large role in leading me to want to specifically go into trauma surgery simply because I got to experience this field first-hand.

Have you ever traveled?

I went to Winslow, Arizona, and worked at a Navajo reserve, which was more primary care oriented, but they did have an urgent care that was trauma oriented. Their concept of the health care hierarchy is very different from how we see it here. Likewise, I traveled to Oman in my fourth year for a surgery elective, and their healthcare system is structured differently from the United States. Both of these experiences have shaped how I want to structure my own practice because I want my patients to know what options they have, as well as ensure that I've counseled them through all of the potential treatment choices and outcomes.

What does a typical day look for you right now?

It varies from service to service, but I'm up by around 4:30 or 5 so that I can get to the hospital by 5 or 5:30 at the latest. I start by seeing what has changed overnight, then I go round on my patients, do clinical and morning progress notes so I can then go and discuss changes with the chief resident. Then we clear the plan with the attending before starting our day with surgeries. Typically the first surgery starts at 7:30, and depending on the day, we'll finish our last cases in the late afternoon/early evening. For example, today we had a very heavy surgical schedule with a partial liver resection, a retroperitoneal dissection, a partial gastrectomy, and a smaller procedure for breast cancer. Additionally, most services require you go to clinic for a half day to one day per week to follow up post-operatively.

Do you have any advice for medical students when it comes to choosing their field?

First thing you have to decide if you're choosing surgery is whether you like inpatient care or outpatient care? This differentiation helps you so much, either you're in an office taking care of people or you're in a hospital...this is key. Additionally, one of my attendings, Dr. Michelle DeGroat, always says, "you have to find your tribe," and I really like this saying because it's not just fitting in, but you have to have the same mindset...you have to have the same tribal ideology, same work habit, same desire to do something procedural, and be able to get along with the same type of people. Lastly, know what you're getting into—no residency is easy. Sometimes the days are long so make sure you know that before you go into it.

—Uma Jasty MS1

Interview with Melissa Roelle, M.D., Surgery Clerkship Director



What drew you to surgery in particular?

As I started my third year clerkships, I felt inclined towards surgery because I really enjoyed anatomy and I have always liked technical tasks and working with

my hands, but I wanted to keep an open mind. As I progressed through the clerkships, I found that I really enjoyed all different types of medicine, making my decision difficult. When it came down to it however, I felt that I most enjoyed what surgery had to offer. For me, I loved (and still do) the interaction between surgeon and patient. I was captivated with the ability to “cut out disease” and the visible progress postoperatively as someone heals. Surgery can make dramatic changes for patients, and I knew this is what I most wanted to do with my medical career. With the support of my loved ones, I never felt intimidated by the lifestyle or work hours of a surgery resident. I’m glad I pursued it!

What advice do you have for students trying to figure out if they are interested in surgery?

My advice to students trying to see if surgery is “right” for them is to get as much exposure to surgery as possible. Spend time with surgeons and see if what they do is something you can see yourself doing. Do you think that this type of work will be personally fulfilling to you? If so, a career in surgery may be for you. Along those lines, don’t prematurely narrow your focus, you might miss out on other things!

Surgery is most often a “team sport,” so make sure you like the interaction with other people, and the environment of the OR. Surgeons are the leader of this team; as you contemplate surgery as a career, make sure you feel that you will thrive in this role.

There is great personal and professional responsibility in being a surgeon. This can be emotionally tolling, but the tradeoff is that it is very rewarding. This is a role that you will grow into through residency training and experience, so don’t be too overwhelmed with this as a student, but make sure you think that it is something that fits in with your personality. The American College of Surgeons has a student portion on their website called, “So you want to be a surgeon.” Check this out and read their advice.

What advice do you have for students trying to match into surgery?

My advice to all students is to “always do your best!” I know it’s cliché, but it is so true! Surgery is one of many competitive matches, so it is imperative that you can show residency programs that you are a motivated and dedicated student. Like all of medicine, surgeons are committed to lifelong learning—so it is very important that you demonstrate in your application obvious continuous effort—i.e. don’t “blow off anything!” Take advantage of every educational opportunity and learn the most you can from it.

Do your best on your USMLE exams. Schools often use this as a factor in considering whether they will offer a student an interview—it’s unfortunate, but a reality. Diligently prepare yourself and set yourself up for success. This will keep all your options open.

If you are at all inclined to do research, get involved with a research project. Research shows your interest and dedication to your pursuit of surgery, and it is viewed favorably by residency programs.

What’s your favorite thing about surgery? What’s your least favorite?

My favorite aspect of surgery is the ability to physically help heal patients—it’s often dramatic and very rewarding. I love being of service to my patients and community.

My least favorite thing about surgery is when people on your team let you down. Surgery inherently is a team sport. I know I cannot do it all myself, and I rely on others to help me help patients. When this doesn’t work smoothly because someone doesn’t do their part, it makes the job of caring for patients more difficult and can even compromise their care.

Do you have any general advice for med students?

Appreciate your medical school training! In the midst of a stressful time in your life, it is easy to get wrapped up in the situation and the demands and lose your perspective of the opportunity you have been given—an ability to be involved in all aspects of patient care. I urge all students to immerse themselves in each clerkship, learning as much as you can. Be the psychiatrist, the family doctor, the internist, the obstetrician, the gynecologist, the pediatrician, the surgeon. Your medical school will be the last

time that you will be able to do ALL of these things! Take time to enjoy all of what each specialty has to offer! You may surprise yourself and find your passion in something unexpected.

Take care of yourself and your relationships. Develop a habit of this! Even some of your closest relationships will not completely understand what you do everyday, and may not understand why you may be tired or have other things to do day-in and day-out. My advice is to carve out dedicated, undistracted time with your loved ones to show them they are just as important to you. This will nurture you personally and your relationships.

Fun:

Favorite hobbies? I love spending time with my family—that is my most favorite thing to do. We have Saturday movie night where we all pile up on the couch together and eat popcorn and watch a movie. We also have game night (Quirkle is my favorite), and we work puzzles together. Personally I enjoy reading (all sorts of books), and I wish I made more time for knitting—“they” say it is relaxing, but I’m not that good!

Favorite vacation? My most favorite place to vacation is Disney World with my family!

Favorite movie/TV/Netflix show? I enjoyed *Downton Abby* (and am grieving because it has ended). I like to watch all types of movies, but I particularly like a good romantic comedy with my husband (he’s a good sport) and movies with my kids.

Favorite med school course?

The surgery clerkship, of course!

—Will Trautman MS2

What if I am interested in surgery?

Where do I begin?

MS1:

- Begin taking the self-assessments on the AAMC Careers in Medicine webpage
- Work on your CV and have it reviewed by Dr. Poston
- Join the James B. Peoples, M.D. Surgical Society (surgery interest group)
- Contact Dr. Priti Parikh to learn about research opportunities

MS2:

- Review self-assessments
- Go onto Career Essentials Pilot page and begin researching the specialty
- Attend one of the Distinguished Visiting Professors teaching conferences

MS3:

- Meet with Dr. McCarthy. She meets with every student intending to go into a surgical field.
- Review competitiveness data (see handouts on Pilot)
- Complete the Specialty Indecision Scale if you are undecided or having difficulty deciding
- Network during your surgery clerkship
- Seek advice from fourth-year students going into surgery

What to do next:

- Join the American College of Surgeons

Research: Surgery



Priti Parikh, Ph.D., earned her B.Sc. in microbiology at M.B. Patel Science College in Gujarat, India, and her M.Sc. in microbiology from Sandar Patel University. She completed her education by earning

a Ph.D. in food microbiology at Virginia Polytechnic Institute and State University. While living in Georgia she worked in the pharmaceutical industry as a product development scientist. She then worked as a post-doctoral fellow in the area of healthcare/biomedical informatics with Dr. Amit Sheth, a LexisNexis Ohio Eminent Scholar and Executive Director of Kno.e.sis. Currently, Dr. Parikh is serving as an Assistant Professor and Research Director in the Department of Surgery at Wright State University. She oversees the Research and Education Division in the department and is primarily involved in research, education, and faculty development.

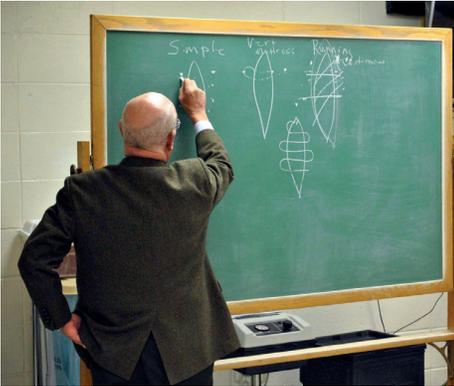
Dr. Parikh also serves as the co-advisor of the surgery club with Dr. William Rundell. She presented earlier in the year on research methods and how to find research opportunities in the surgery department. It was a very informative presentation, and I would strongly recommend students watch for and attend the next rendition if they did not make the last one. Dr. Parikh says that more and more either research or critical analytical skills are needed for evidence-based medicine. It would serve medical students well to learn as many of these skills as possible while in medical school. This is also a recurrent theme in the 2009 joint report done by the AAMC and the Howard Hughes Medical Institute.

If you are interested in surgical research the best place to start is a one-on-one meeting with Dr. Parikh. She will help you develop a personalized plan taking into account your interests and skills, and help you develop a timeline to meet your goals of publishing a research paper or case study. She feels that residency programs are really looking for critical thinking skills and the ability to see a project through completion. It is quality, not quantity of research that is most important. Residency program directors would like to see the ability to discuss a project in depth. Having at least one project in publication shows the ability to complete the work and have it peer reviewed. She recommends seeing one project through to completion and then starting another project rather than trying to work on many projects at once and not get any concrete outcomes from any.

When asked what skills a student could work on now to prepare for the ability to learn proper research technique and skills, she suggested to first learn how to do a proper literature review. Go on PubMed and learn how to read a paper and filter them to determine the most useful ones for your project. In order to ascertain a topic, she suggests reading on the newest developments in your field of choice and see what questions come to mind. If you have no research background, just let her know your experience level so that she can guide you appropriately.

The General Surgery Residency Program will be offering interviews/ practice interviews to all WSUBSOM students interested in surgery and/or a subspecialty on Thursday, October 27. Their goal is to have it be the actual interview for those who do want to try to match at Wright State, a back-up interview for those working to match into a subspecialty and a practice interview for those who want to match elsewhere.

Club Meetings



Introduction to Surgery Meeting

Dr. Rundell starts off the year by giving his annual introduction to general surgery. He gives a personal perspective on his surgical career by explaining his interest in surgery when he was a medical student; providing a glimpse of his career in general surgery and highlighting some of his most interesting cases.

When: August

Surgery Research

Dr. Parikh provides medical students with a foundation on how to get involved in surgical research, from basic science research to clinical trials, and how to find research projects within specific areas of surgery.

When: September



Gown, Glove, and Scrub

The "gown, glove, and scrub" sessions provide opportunities for medical students to learn and practice methods of proper sterile technique in the operating room. Physicians, residents, and operating room nurses facilitate stations for teaching the sequence of events of dressing into surgical gowns, fitting into gloves, and correctly scrubbing hands and arms with antibacterial soap. Since many surgical shadowing programs expect medical students to have background knowledge in gowning, gloving, and scrubbing, these sessions prepare students for future opportunities.

When: October and March



Suture Labs

The suture labs are taught by our highly respected mentor, Dr. Rundell. The sessions begin with an introduction to suture techniques, suture types, and the common types of cutaneous lesions requiring suture. Next, the students practice suturing techniques on pig feet, which provide a comparable skin type to humans. Students get a feel for different types of suture material and learn both hand tying and instrument tying techniques.

When: November and April



Cadaver Labs

The cadaver labs offer students additional opportunities to practice suture techniques on human skin and offer insight into the more common surgical approaches performed at MVH. These labs are a follow up to the suture labs and challenge students with more complex skin closures and additional suturing techniques.

When: December

Match Panel

This annual panel provides medical students with an opportunity to hear about the details of matching into a surgical residency from fourth-year students. A diverse array of specialties is represented to provide information for students interested in nearly any surgical specialty.

When: March

Residency Application and CV Guidance

Dr. Ferriaoula provides an informative discussion on the details of applying for surgery residencies and how students can elevate the competitiveness of their application. She also offers helpful hints on interviewing and how to write a proper curriculum vitae.

When: March

Clerkship Lecture

Dr. Roelle gives a yearly lecture to the surgery club providing additional information and guidance for the third-year surgery clerkship including: getting the best experience out of the clerkship, and meeting the expectations of the department faculty.

When: April

Specialty Specific Presentations

Throughout the year we have specific presentations by local physicians and residents who are involved in specialties outside of general surgery providing students exposure to these specialties which do not have their own interest groups.

When: Year round

Fourth-year Perspective: Jessie Schucht



When did you become interested in surgery?

Surgery was one of the many fields of medicine I was interested in when I began medical school. However, it was during my third-year surgical clerkship that I decided that surgery was absolutely the correct choice for me.

Why was surgery “it” for you?

The amount of variability within the field initially drew me to surgery. There are surgeons for nearly every organ system as well as for patients of every age group. It is an excellent choice for me because it is so “hands-on.” I love the idea of being able to offer tangible solutions to patients’ problems.

Did you have any mentors along the way that helped shape your path?

Absolutely! Wright State has an amazing group of attending surgeons. I have learned so much from each one of them. We especially have several strong, extremely competent, and accomplished women surgeons who serve as excellent role models for any female wishing to enter the field of surgery. Dr. Whitmill, in particular, was a major influence during my third- and fourth-years of medical school. She met with me regularly and was a great resource and source of encouragement during the application process.

What advice would you give any students considering a future in surgery?

Get involved with a research project, any research project, as soon as possible. It helps with your application, and is a great talking point during interviews.

Is there anything you wish you’d known sooner/done differently during the application/interview process?

I wish I would have relaxed and enjoyed interview season a little more. It can be such a stressful time, but in retrospect, it was definitely a fun and exciting time as well!

What were you looking for in a surgery program?

I wanted to be at a facility that trained academic surgeons. Because of this, I was very focused on finding a university-based program that was well known for producing surgeons with excellent technical skills.

—Jennifer Norman, MS4

Update from Leann Poston, M.D., Career Services: Mentors and Advisors

As we transition from our old to new method of assigning mentors and advisors, I wanted to give everyone an overview of the plan.

The Class of 2017 has already been assigned advisors and will stay with their current specialty advisors. The new plan will only affect the Class of 2018 and Class of 2019. **The new system will have a two-tiered mentoring advising system. The first tier will be online mentors:** alumni who are willing to provide mentoring on a particular topic. The online mentoring survey will be sent out over the next few weeks and all mentors, their specialty, contact information, and mentoring topic of choice will be put on Pilot as soon as the information is received. These mentors will be available to all medical students. The mentoring relationship length may vary from a single contact to answer a specific question to a long-term relationship. The mentee will drive the relationship and is responsible for initiating contact, the mentor is responsible for responding in a timely manner and setting the limits on what topics they are comfortable mentoring on. Software is being evaluated to find a more robust system to house this mentoring system which will facilitate communication between mentor and mentee as well as making it easier for the mentor to regulate when and how many students a mentor accepts at a given time.

This plan is modeled after a plan used at UCLA David Geffen School of Medicine.

The second tier will be the specialty advisors.

These advisors will be assigned to students any time in their third year after a student has met with me and identified their specialty of choice. These specialty advisors will be determined by the individual department chairs. Some departments prefer to make the assignments and some departments prefer sending a list of specialty advisors to me for assignment of the student to an advisor, both will be accommodated. These advisors will guide students through the match process for their particular specialty. Students should take care to provide these advisors with all necessary information. A sample worksheet to prepare for this meeting is in this newsletter on the next page, and was submitted by Dr. McCarthy. These advisors are not responsible for the ERAS application or fourth-year scheduling. I will be available to all students to help with writing and proofreading CVs, questions about away rotations, ERAS application, letters of recommendation, and writing a personal statement. I will also offer mock interviews to all students from May until October. Specialty advisors working with Career

Services will have the goal of helping each student choose the specialty that will be the best fit for them and helping to make their application as strong as possible for that specialty as well as helping to identify students who are struggling with the process.

Definition of terms:

Career Services Representatives:

students elected by their class to provide feedback on class needs for career services as well as provide input, participate in and design new career services materials. Jennifer Norman MS4, Ryan Brinn MS3, William Trautman MS2, Uma Jasty MS1

Career Services Advisor: meets with all students on an as needed basis, available with open office hours at all six clinical sites, maintains Pilot materials, and monthly newsletter. Leann Poston M.D., leann.poston@wright.edu

Specialty advisors: advise students on specialty specific residency applications starting in their M3 year. Core advisors assigned by individual department chairs.

Online Mentors: participate in guiding and mentoring students throughout and beyond their medical school careers. All alumni and faculty.

Student Interview Form Example

- Military Form
- AAMC Letter request form
- CV
- List of Schools
- Personal Statement (draft)
- Class Rank

Interview Date: _____

Time: _____

Student: _____

AAMC Number _____ email: _____

Permanent Address (Parents): _____

Cell Phone: _____ Home Phone: _____

Current Address: _____

INTEREST IN SURGERY

Goals
Specialty

BACKGROUND

From region?
Undergraduate
Degree
Performance
Other Activities

Medical School
Performance – class ranking
Class Ranking
Board Scores I II
Other Activities

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