

# SPECIALTY REPORT

In this issue | Internal Medicine



## Featured Interviews

### **Dr. Cheryl O'Malley**

*UACOM-P Residency  
Program Director of  
Internal Medicine &  
Interim Vice Dean for  
Academic Affairs*

PAGE 02

### **Dr. Michael Fallon**

*UACOM-P Chair of the  
Department of Internal  
Medicine*

04

### **Dr. Cris Molina Dr. Fionna Feller**

*UACOM-P Alumni*

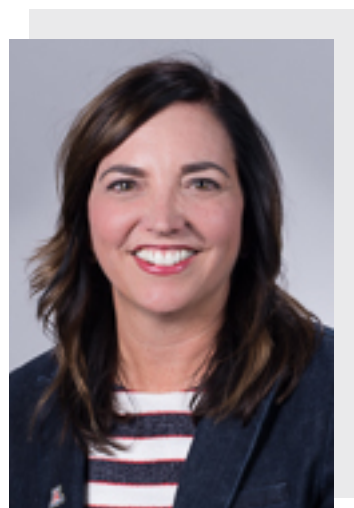
13

## From the UACOM-P Residency Program Director of Internal Medicine & Interim Vice Dean for Academic Affairs : Cheryl O'Malley, MD

Dr. Cheryl O'Malley is the Program Director for the UA College of Medicine - Phoenix Internal Medicine Residency Program and has been appointed Interim Vice Dean for Academic Affairs. She graduated from the UA College of Medicine Tucson, completed her third- and fourth-year clerkships in Phoenix, as well as the combined Internal Medicine-Pediatrics Residency at the Good Samaritan/Phoenix Children's Hospital Program. She has been elected to numerous national committees including the Accreditation Council for Graduate Medical Education's Internal Medicine Residency Review Committee. Her areas of academic interest are teaching about and implementing high-value care and patient safety projects, inpatient glycemic control, faculty learning communities, physician wellness and milestone/competency based assessment.

**W**hat is some general advice you would give to students interested in Internal Medicine?

I would tell medical students that there are many training programs in Internal Medicine across the country, and many more spots available than there may be in some other specialties, so applying to Internal Medicine is slightly different than applying to other specialties. Since there are so many diverse ways that you can practice Internal Medicine (different sub-specialties, inpatient vs. outpatient, etc.), as a medical student the only real decision you need to make is Internal



Medicine or not Internal Medicine. Your interest in fellowships may guide your decisions as well, such as finding programs where other residents have successfully matched into the fellowships you are interested in, but you truly only have to make that one baseline decision during medical school. Physicians in Internal Medicine are good diagnosticians, very curious about the whole patient, and they are able to manage a diverse range of ambulatory problems as well as inpatient problems including the ICU. The students who are very curious, organized, and really like thinking in detail about complex problems tend to succeed in Internal Medicine.

Over the years I have loved Internal Medicine because it is so challenging and exciting. Within Academic Internal Medicine we pride ourselves on curiosity and the ability to solve problems. We ask ourselves why we do the things we do and we make sure we are taking the most evidence-based actions in all areas of the patient's care. As a specialty, we have a larger number of physicians and thus a larger influence nationally. In terms of educational innovation, there are a lot of changes that happen in Internal Medicine first, then trickle down to other specialties. The best things about Internal Medicine are the diversity and the large national community.

*What are some factors that medical students should take note of when doing residency interviews, especially for UACOM-P residencies?* When students go on the interview circuit, I recommend they look at the different interests of the residents in that program and understand the career trajectory of other residents that have graduated from those programs. Our program tends to be a bit more diverse with the specialties that our residents choose to pursue. The size of our program is a big factor in that – we have 22 interns per year and 11 prelim interns per year. With this larger class size, there is huge diversity in terms of interests, passions, and how the residents practice medicine. It may sound like just a continuation from your medical school experience, but because you will be spending 36 months and we have students who match with our residency from all over the country, the experiences of a UACOM-P resident are much different than the experience of our medical students in their clerkships. The UACOM-P Internal Medicine Residency Program is very focused on residents and students and is thoughtful about how to help residents and faculty spend their time (and energy!) on the most activities. We realized the increasing burden of interview season, so last year we were the first program in the country to split interviews from the applicant visit day by doing interviews via Skype. This drastically improved the quality of our interviews as well as cut down the cost and inefficiency of traveling.

*As the Interim Vice Dean and UACOM-P Internal Medicine Program Director, have you seen any changes in the field of Internal Medicine? How can medical students best prepare for these changes?*

I have talked to Program Directors from all over the country, regarding residency recruitment, and the hot topic right now is how to handle the number of applicants for each

program now that students apply to so many places. As a nation, we are focusing on finding a “sweet spot” for the number of places students apply to and travel to, because ultimately it is an overwhelming burden on both the students and the programs. Programs are looking at competitiveness of an applicant, but even more

**“My advice to students is to be deliberate and listen to your advisors because they can help navigate which programs and how many to apply to.”**

so which students are a good fit. Even as a highly competitive candidate, you may not receive an interview because the program thinks that you would not really come there. My advice to students is to be deliberate and listen to your advisors because they can help navigate which programs and how many to apply to.

There needs to be a reason why you are applying to a certain program.

*What is your favorite life quote, and where did it come from?* “Be kind, for everyone you meet is fighting a hard battle.” – Plato. It is such a privilege to work in medicine and we get to see people everyday in circumstances less fortunate than ours, whether those are that they don’t enjoy their job or they struggle to provide for their family, or health concerns that impact their life expectancy. It is a real gift to be able to do that work everyday and to be able to teach residents and students to stay connected with that purpose. The culture of Internal Medicine is full of respect for each other, curiosity, collaboration, kindness, and focus on taking care of the whole patient.

**– Bryce Munter, MS2**

## From the UACOM-P Chair of the Department of Internal Medicine: Michael Fallon, MD

Dr. Michael Fallon is the Department Chair of Internal Medicine at The UACOM-P and Chief of Medicine at Banner University Medical Group. Dr. Fallon completed his undergraduate education in Molecular Biology at Vanderbilt before finishing medical school at the University of Virginia. He completed his residency in Internal Medicine at Yale University before pursuing his Gastroenterology and Hepatology Fellowship at Yale University.

**H**ow has your journey in medicine led you to this point in your career?

For me, it's been a gradual evolution in how I can make the biggest impact in my specialty which has led me to become an expert in the field of Gastroenterology and Hepatology. Early in my career, I mainly focused on refining my interpersonal skills in order to provide the best care possible to my patients. Once I felt like I had a good handle on how to provide excellent medical care, I naturally gravitated towards providing medical education in order to help others reach the same level of expertise throughout their career. Thus, I work closely with our residents and fellows in order to support them in their personal progress. However, even then I kept wondering how I could have a bigger impact in medicine and how I could advance clinical care as I progressed throughout my career. All along that journey for me, I always had a personal interest in research and answering unresolved medical questions. This ultimately drove me towards developing collaborative research projects as a way to promote our further understanding of certain diseases which could potentially lead to improved patient care.



*What do your responsibilities as Chair entail?*

Foremost, my responsibilities are focused on achieving our academic mission which includes progressing medical education, providing superb clinical care, and promoting further research within the field. However, our main stakeholders not only include the University of Arizona College of Medicine – Phoenix but also Banner University Medical Center, in addition to the Banner and community physicians who are involved in our patients' care. Thus, I am not only responsible for ensuring that we meet our academic mission, but I also have to engage the remainder of our stakeholders in the process of medical care in order to build the research we need, provide the physician education we want, and promote excellent patient care. Ultimately, my job is to figure out how to engage all the stakeholders to ensure everyone feels like an important part of the team.

*What do you look for in the next generation of Internal Medicine physicians?* Every year, I have the pleasure to read and write letters of recommendation for graduating medical students with an interest in entering an Internal Medicine residency. I have observed most of those students have similar qualities such as passion for the field, a sense of privilege in providing patient care, and a distinct



enthusiasm. Those are the same qualities that I recall having as a medical student and keeping throughout my career. Personally, what I look for is that students recognize what an incredible privilege it is to be a physician and how uniquely positioned most of us become in our patients' lives. I'd like to think that most physicians get a certain feeling of contentment as a result of the patient-physician relationship they've built throughout their career. People who come to this realization—and I believe most individuals who enter medical school will achieve this type of understanding at some point—is the main component I look for in an application. Ultimately, I think having those qualities only promotes the further development of a sense of respect and humility towards patients. Other than those qualities, what I also appreciate are individuals with a desire to continue broadening their knowledge and a sense of integrity.

*What do you do to balance your professional life and personal life?* Fortunately, at this time of my life my children are a little older, so they do not require the kind of attention they needed when they were younger. Quite frankly, I now have more opportunities to engage with my kids in shared activities which has made it a lot easier for me to have a more balanced personal life. Most of the things I do outside of the hospital are either exercise related—which involves participating in group sports with my kids—or traveling with my family which we do regularly. Balancing is a challenge, but it is easier for me now than it used to be. The pressure to provide great medical care is a feature present in most physicians, but I just realized throughout my career how important it is to have a balance between professional and personal interests.

**- Rand Hanna, MS2**

## Parting Thoughts

"I'd like to think that most physicians get a certain feeling of contentment as a result of the patient-physician relationship they've built throughout their career. People who come to this realization—and I believe most individuals who enter medical school will achieve this type of understanding at some point—is the main component I look for in an application. Ultimately, I think having those qualities only promotes the further development of a sense of respect and humility towards patients."

**- Dr. Michael Fallon**



## From the Program Director of the UACOM-P Preliminary Medicine Internship Year: Brenda Shinar, MD

Dr. Brenda Shinar is an internist and the Program Director of the Preliminary Medicine Internship Year for the UACOM-P. She received her medical degree from the University of Arizona College of Medicine- Tucson and completed residency training at Banner University Medical Center in Phoenix.

**T***ell me a little bit about your background and your path into Internal Medicine.*

I did not have any doctors in my family. I was always fascinated by the human body, science and biology and I loved those classes in school. As time went on, I knew I wanted to do something in the health field. Initially, I actually started out as a Nursing major in college, but after one semester I realized, “No, I want to know everything, I want to be a Doctor.” I loved everything internal, as far as what is happening physiology wise. For example, why can you live without certain organs and why do you need certain organs? Those were some of the questions I had. Going through medical school, I really liked everything, and I thought that one day what would be the choice of my specialty would hit me like a ton of bricks. I thought that in my third year the sun would be shining and the birds would be singing and I would suddenly know exactly what I wanted to do, but I was a little bit surprised, because for me, that didn’t really happen. It was more by process of elimination and what I enjoyed, and for me, Internal Medicine was everything that I



thought being a doctor would be. Internal Medicine is my belly hurts, I’m having chest pain, I have arthritis; all of the variety in Medicine, is what I loved and is much more fun to me. I also liked Internal Medicine because I am not a proceduralist. You can do that if you choose to do a sub-specialty that is procedural, but there is a lot within Internal Medicine that you can do to be tailored to what you like. In med school, I was also struggling with Pediatrics vs. Medicine, because I thought I really liked kids. Except, I did not like embryology and I realized a lot of things that were wrong with children were embryologic problems. Looking back now, I’m glad I didn’t do Pediatrics because sick children break my heart. So in my head, I can pretend in my head that every child grows up healthy and suddenly they are adults and now I’m taking care of them. I also enjoy reading about acquired illnesses. I could sit down and read Harrison’s textbook of Internal Medicine like it is a novel. I really just enjoy reading about all sorts of COPD and just basic bread and butter medicine. I love those topics. Internal Medicine just became what fit best for me in a process of elimination, and I am so glad I chose it and this is what I am doing.

*Can you explain the difference between preliminary Internal Medicine and categorical Internal Medicine?*

A preliminary Internal Medicine intern is not planning on doing Internal Medicine as their career. They are doing another specialty such as radiology, anesthesia, dermatology, ophthalmology, PM&R, neurology, or radiation oncology. Those are all specialties they will eventually go into, but they are required to do an internship year in a more general topic and they choose to do it in Internal Medicine. Alternatively, there is something called a transitional or preliminary surgery year. Preliminary surgery year is where someone would be doing a surgical internship. A categorical Internal Medicine intern is a resident who is going into Internal Medicine as their career. They match into Internal Medicine and then their intern year is just part of their entire residency, which is three years of medicine. Another big difference is that categorical interns have a continuity clinic, while preliminary interns do not.

*Is there anything specific that students need to do to make themselves competitive for their preliminary Internal Medicine year?* Our (Banner University Medical Center) preliminary year internship is extremely competitive. This is because people who are going into specialties like dermatology or ophthalmology are generally very strong students. We get very high scores and our score cut off is high because we get over 600 applicants for 8 positions. I would say to make yourself competitive, you should be strong in school and also contact me early if that is something you are interested in. It is really important that you contact me and say that you are really interested in doing your preliminary year here at Banner and want to stay in Phoenix. Our prelim spots in Phoenix and even nationally are very small, and sometimes the preliminary year spots are even more competitive than their residency positions. Maricopa, St. Joseph's and us (BUMC) are the

**"Interacting with the patients, trying to figure their case out, it's like a puzzle."**

only places that have preliminary spots here in Phoenix. Dr. O'Malley is interested in increasing the number of our prelim spots, so that is something in the next couple years to look forward to. Research is another factor we look at in your applications, and it gives you a plus. Another thing we look highly at is if you work at Banner at all. Even if you don't work with me or any of my team, get letters from

Banner or the VA and then contact me. It also never hurts to send an email to tell us of your interest (any program actually) or if there is any reason you did not score as high as you wanted or if there were any circumstances that could

have impacted why your application isn't as strong as it could be. If you can get someone that you have worked with in your clinical rotations to advocate for you, tell us what a hard worker and amazing student you are, I would recommend that and have them make some calls for you. That is definitely something people should do more of.

*If you could give one piece of advice for a student entering their preliminary Internal Medicine year, what would it be and why?* I would say try to take advantage of the learning and all of the experiences in preliminary year. Just jump all in, be all in, be engaged. That is the kind of person I want, not the kind who says "I'm going to be an Ophthalmologist. This is a waste of my time." I really feel like what you learn in medicine will make you a better doctor, in whatever you do.

*What do you like most about Internal Medicine?* Being a detective! Interacting with the patients, trying to figure their case out, it's like a puzzle. Getting to problem solve, ask questions, ask them again in a different way in order to solve each person's puzzle is my favorite thing about Internal Medicine!

**– Nicole Segaline, MS2**

## From the Third Year Internal Medicine Clerkship Director: Tina Younger, MD

Dr. Tina Younger is a practicing physician specializing in Internal Medicine and Pediatrics. She graduated from the University of Arizona College of Medicine Tucson in 1999. After her residency she took a position at Maricopa Medical Center, then accepted a role in 2010 as clerkship director of Internal Medicine for the University of Arizona College of Medicine Phoenix Internal Medicine Clerkship.

### **H**ow can a third year student be successful during their clerkship?

For any clerkship rotation, my advice is to be excited, just keep trying, and remember that you don't have to know it all, you just have to try and maintain a teachable attitude. It will seem like it's a mountain of information that is unsurmountable, but it seems that way to everyone. Take one step at a time, one patient at a time, and enjoy the special moments that you have with the patients that you see. It will help grow you no matter what you go into. In Internal Medicine clerkships, students should be ready for very in-depth critical thinking for disease processes and the interaction between all of the different services, especially inpatient but outpatient as well. Coordination of care for the complex medical patient is critical in Internal Medicine. Internal Medicine is the intersection of the best parts of many different fields, but you are ultimately responsible for the final decision-making. If I could sum up an Internal Medicine clerkship into two goals, they would be: pay attention to detail and understand the true depth you may need to go to pursue a diagnosis.

*Tell us about your journey to Internal Medicine and why you love the field.* I have always liked the aspect of the physician-patient relationship,



and Medicine really fulfills that for me. I really thought I was going to be a pediatrician, but I did not realize how much I would like Medicine and Critical Care, so I actually decided to go into Med-Peds. It really is just being able to visit with people and help diagnose them just by their history and physical. I love the relationships and being a master diagnostician and clinician, but I love even more being someone that has that long-term presence in a patient's life that can walk alongside them in their health journey. I also loved the depth of what you can learn in Internal Medicine. I am a generalist, but all of the Medicine specialties require the same core foundation of medical knowledge and that attracted me to the field immensely. I have been in practice since 2004 and was mainly outpatient where I saw both Medicine and Peds, but I have been practicing Medicine inpatient since I became the clerkship director seven years ago. Soon I will be practicing Pediatrics outpatient with Children's Rehabilitation Services, which I believe will ultimately fulfill my original intention of having that long-term relationship with both adult patients and pediatric patients.

*How did you get involved in your role as clerkship director?* I graduated residency and took a role as faculty at Maricopa Medical Center. Even in my first few months as an attending, I was



always taking the medical students under my wing. The program director at the time told me that I should be the clerkship director for Maricopa, and I loved providing an orientation when new students came to the hospital. After doing that for a few years at the site, the previous Vice President of the UA Program, Dr. Chadwick, called one day and said they were looking for a new clerkship director for the university. The role was much different than a one-site role like what I had been doing at Maricopa – there is so much more to creating a curriculum and guiding medical students through school than just explaining to them how one site operates. I knew I would have to move some things around and change my clinical workload to make sure I could fit this role in, but I wanted to try it. I started in 2010 and I absolutely love the position. I have an important role in what we teach, why we teach it, and even discovering new innovative ways to teach. I am on the wards, working with students, designing things for the curriculum, going to meetings, teaching at the hospital, so it provides an amazing amount of diversity in my workday and I think it really helps my wellness factor. The joy, excitement, and eagerness to learn of young people is infectious and contagious. I think that it makes for better doctors when we are involved in teaching somehow.

*What are your hobbies and what is something a lot of people don't know about you?* I love to make jewelry! My husband and I use to have a jewelry business, but now we just do it as a hobby. Also I love tea! I am a major tea drinker and I sometimes brew my own, it really brings me joy. Sometimes if I just need a pick-me-up I will brew myself a cup of tea, and right now I am having black strawberry from the Mayan Tea Company in Tucson.

*Do you have any parting words of advice?* Enjoy the process, be thankful you are here, and never forget the blessings that you have been given!

– Bryce Munter, MS2

## Training Tracks for Residency

### Categorical - Three Years

Programs that begin in the PGY-1 year and provide the full training required for specialty board certification. Training lasts three to seven years.

### Preliminary - One Year

Specialty one-year programs that begin in the PGY-1 year and provide prerequisite training for advanced programs. This can be Preliminary Internal Medicine or Surgery.

### Transitional Year - One Year

A flexible internship in which an intern in the first year of graduate medical education is exposed to many fields (OB/GYN, Internal Medicine, Pediatrics and Surgery, etc.). These individuals rotate through different hospital departments every few months. Historically, these programs are more competitive than preliminary programs to get in to.

*PGY stands for postgraduate year (after medical school).*

## From the Med Peds Program Director: Donna L. Holland, MD

Dr. Donna Holland grew up in a small town in Texas before starting medical school at the University of Texas Health Sciences Center at Houston. She completed residency as part of the Banner Good Samaritan and Phoenix Children's Hospital Combined Med/Peds Program. She currently serves as the Program Director for the University of Arizona College of Medicine -- Phoenix Med-Peds Residency Program, as well as an Associate Program Director for both the UACOM-Phoenix Internal Medicine Program and the Phoenix Children's Hospital Pediatrics Residency Program. Her interests include medical education and integrative medicine along with yoga, meditation, and horseback riding.



to do and who I wanted to be. In a way I feel that the path chose me rather than me choosing the path. And every other step along the way, the path for me has presented itself in that very same way. The decisions come when they need to come, even in a system that sometimes seems uncertain and full of pressure to decide.

### **W**hat was your path to Med-Peds?

I grew up in a small farming town in Texas, and I felt the opportunity to go to medical school was a huge gift. I did not have a lot of mentors or family members who had even gone to college. So, starting medical school, I didn't have any idea what I wanted to do and my only concept of a physician was the family physician who had treated me when I was hospitalized with Rheumatic Fever at the age of 12. I started my third-year clinical clerkships in OB/GYN at the county hospital. It was great hands-on experience, but I knew it was not what I wanted. There was a lot of contained chaos; it was a grueling environment to be in and even though I had a strong connection to the patients, there was still a strong reaction that this was not a fit. My next rotation block was Pediatrics, and there I met my first Med-Peds resident. The way he approached patients and their problems made a very positive impact. I knew immediately that this was what I wanted

*Why choose Med-Peds over Internal Medicine or Pediatrics?* I get this question a lot. Pathology, emotional maturity, and health problems don't necessarily follow a chronological age timeline. I often tell people that after the ductus closes, physiology doesn't really change. Loss of optimal health is often a complex experience. If I am able to understand the pathophysiology of a process, regardless of the age of the patient, I have the foundational knowledge necessary to approach problems and make a positive impact. In my case, my Med-Peds training background really helps me with this process. I see problems from a broad point of view with a basic understanding of physiology. Much of the evolving medical care and treatment in Pediatrics has been advanced due to the understanding of similar processes and established practices in Internal Medicine. I get to experience that in real time with all my patients. Med-Peds physicians are inherently curious and thoughtful. It sounds weird to say, but I feel that my background in Internal

Medicine gives me a unique perspective as a Pediatrician, and my experiences in Pediatrics make me a better Internist. Without fail, every time I take a recertification exam, I find that I know content on the Pediatric boards based on experiences I had in Internal Medicine and vice versa.

*How do you balance Medicine and Pediatrics in your career?* I have an amazing job. My clinical work in Internal Medicine is as a hospitalist at Banner University Medical Center and to a minor degree in the outpatient Internal Medicine Clinic. I also work in the General Pediatric Clinic at Phoenix Children's Hospital as a pediatrician, and provide Integrative Medicine consultations for patients of all ages.

A large part of my job involves teaching, mentorship and oversight of the Med-Peds and categorical Programs in my role as a Program Director. It's an incredible and diverse opportunity that I'm truly grateful for every day. It involves teaching, mentorship, a wide variety of patient care and continually challenges me to learn and grow in my leadership skills. Once Med-Peds residents complete training, they have a wide variety of career paths to choose from. They can choose to do a fellowship in any of the Internal Medicine subspecialties or any of the Pediatric subspecialties, and there are even some fellowships that combine the training pathway for both. Depending on the fellowship, there are opportunities to see adult and pediatric patients. For instance, there might be a pediatric pulmonary doctor who also sees adults with Cystic Fibrosis. Or there may be a pediatric cardiologist who sees patients with congenital heart disease well into adulthood. Some remain in primary preventative care, or urgent care and others work as adult and pediatric hospitalists. Many of these physicians

find a special niche of patients, (adolescents, transgender, homeless youth, addiction medicine, HIV care). There are some who ultimately choose to practice either Internal Medicine or Pediatrics, but most that I know of do not regret training in both to get there. Their Med-Peds training gives them a unique and diverse skill set that affords them flexibility to find or create the opportunity that they want.

*What advice would you offer to students to learn more about Med-Peds?* If there is a Med-Peds program affiliated with your medical school, there is a wealth of resident and faculty mentors available to you. Don't be afraid to approach them and ask them questions: Why

would I want to do this? Why would I want to take on an accelerated training experience of six years of learning condensed into four? What opportunities would that give me that a categorical program might not? MedPeds residents as a whole are genuine and friendly. Another great resource is the National MedPeds Residents Association website ([www.medpeds.org](http://www.medpeds.org)) that has a medical student guide to MedPeds. As a Program Director in MedPeds, I am not trying to convince anyone to train in this area; I'm merely trying to help people know what's out there to see if it fits what they are looking for. My advice is that as you explore

**"As you explore specialty options, take note of how you feel around the people in that specialty. A good fit should feel like you're wearing an item of clothing that suits you perfectly, feels comfortable, and looks good on you."**

specialty options, take note of how you feel around the people in that specialty. A good fit should feel like you're wearing an item of clothing that suits you perfectly, feels comfortable, and looks good on you. Building an awareness of this fit is an important skill to develop along the way. So it helps to surround yourself with the people in that community, gather information and explore all of the options before you have to make a decision.

*How does Med-Peds residency differ from categorical Internal Medicine or Pediatrics?* Combined MedPeds Programs are four years in length with 24 months spent in Internal Medicine and 24 months in Pediatrics. Residents alternate from Internal Medicine rotations to Pediatric rotations at a set interval. The schedule is more rigorous than either categorical programs, and as stated previously, there is a diverse opportunity in your career when your training is complete. Since Med-Peds can be a training path to many different careers, as a Program Director, it is a priority to be creative and deliberate with the curriculum and adjust to individual preferences. One person may want to do Pediatric Cardiology and take care of adults with congenital heart defects who are long-term survivors. Another person might want to do primary care in a rural community where they serve as a consultant Pediatrician or Internist within a group of Family Medicine doctors. Identical curricular paths would not be beneficial for both of them, so I am flexible within the curriculum requirements to provide the unique experiences each resident will need based upon what they are planning to do.

*What do you look for in the rising generation of Med-Peds residents and physicians?* The human aspect of each applicant is of major importance. It's much more important than USMLE scores. If you are not a kind person, you will not have empathy as a physician, and you won't be a good colleague and member of the team. It's so important to have a passion and purpose in your life and to realize the servant mission of a physician. I expect all of our residents to be committed to their own excellence and to the success of our community; I expect that all of our residents will be kind and take care of each other. I look for people who are humble, committed to being their best and encourage everyone around them to do the same. The MedPeds community as a whole shares many of these same qualities and pursuits.

*What advice would you give to medical students at the beginning of their medical careers?* Don't lose sight of the fact that each one of us has been blessed with an incredible opportunity that most people never have. Be grateful; be humble; be curious. No matter how much you know, be humbled at what you still have to learn. It is a privilege to do what we do. Along the way you may encounter some people who have forgotten this. Don't be one of them. You are never doing something better or more noble in your life than when you are helping people who are hurting. Try to remember that people are doing the best they can in the circumstances they find themselves in. We never make our patients better by judging them.

– Tanner Ellsworth, MS2

### Parting Thoughts

"The human aspect of each applicant is of major importance. It's much more important than USMLE scores. If you are not a kind person, you will not have empathy as a physician, and you won't be a good colleague and member of the team. It's so important to have a passion and purpose in your life and to realize the servant mission of a physician."

– Dr. Donna L. Holland



## From a UACOM-P Alumnus: Cris Molina, MD

Dr. Cris Molina, originally from the Philippines, came to the United States when he was eight years old. Dr. Molina majored in Human Biology at the University of California San Diego. Prior to entering medical school at UACOM-P, he participated in research at UCSD. Dr. Molina has now begun his Internal Medicine residency at UACOM-P at Banner University Medical Center.

**W**hen and how did you know you were interested in Internal Medicine?

When I entered medical school, I didn't know what specialty I wanted to go in to. I remember during orientation in my first year of medical school, I had the opportunity to observe Dr. Tina Younger, who is the third year clerkship director for Internal Medicine at UACOM-P. This was one of the initial exposures I had to Internal Medicine. I was one of those folks who did not know what Internal Medicine was or how it was different from Family Medicine or other primary care specialties. Going through my block courses and studying for STEP 1, I found most things were interesting and maybe there were only one or two things that I did not like. Especially when I was studying for STEP 1, when things were coming together for me, I discovered that I am someone who likes a little bit about everything. So I started contacting Dr. Younger and Dr. Maricella Moffitt to talk with them to try and understand Internal Medicine as a specialty. One of the things I did was join the Internal Medicine Interest Group, and through there, I was able to meet Dr. Allan Marcus from Honor Health, who spoke to our student body about Internal Medicine. It seemed to me

**"As a young doctor, I want to learn as much as I can in an acute setting and I feel that Internal Medicine is the perfect route in accomplishing that."**



that Internal Medicine was broad both in its region in medicine and options after doing an Internal Medicine residency (in terms of fellowships and career options). For me, that

was perfect. Internal Medicine was broad and interesting. I wanted to explore it more. My third year Internal Medicine clerkship, compared to my other rotations, gave me more of an opportunity to take responsibility of patient care and make patient decisions. I felt that I was the most involved in patient care during my Internal

Medicine rotation. During my clerkship experience, I realized I liked the flow of Internal Medicine and I liked rounding. It really was a light bulb moment for me.

*What led you to pursue Internal Medicine over specialties like Family Medicine or another primary care route?* One of the things I like about Internal Medicine is that there is a good variety of disease processes and a diverse patient population. The reason I leaned more towards Internal Medicine compared to Family Medicine was that I saw myself practicing

hospital medicine and perhaps specializing. As a young doctor, I want to learn as much as I can in an acute setting and I feel that Internal Medicine is the perfect route in accomplishing that.

*What do you think are stigmas or stereotypes surrounding Internal Medicine?* Did any of these initially affect your decision? The funny comments I hear about Internal Medicine is that we are “nerds” or the “jack of all trades, master of none” of medicine. Also, particularly because Internal Medicine is not as flashy of a specialty compared to more procedural specialties, many people may think it is a boring specialty. Honestly, there are probably more stereotypes out there that I am not familiar with, but they wouldn't have changed my mind. Some people find Internal Medicine cool because it is more cerebral than hands on, so it definitely depends on what you are interested in. Ultimately, these stereotypes did not affect my decision, because at the end of the day I love Internal Medicine and it is going to be my career.

*What advice would you give to students considering a future in Internal Medicine? Any general pieces of advice?* I remember one of the things I heard when I was an MS1 and MS2 that I thought was cliché at the time, was that you really have to pick something that you can see yourself doing for 5 years, 10 years, 20 years and even 40 years. You have to have that vision of what you want to be doing. So you start with that. Once you figure that out, then you figure out what specialty fits your personality. There are some specialties that have stereotypical personalities, so you have to think of the people working around you as well. Ask yourself how you would fit into that sphere. Also, you are going to be waking up every day putting in hours upon hours, so you have to make sure you are

passionate about a particular specialty. My next piece of advice is that if you don't know what you want to go in to, get exposed! I think our school does a good job of exposing us early on through Capstones and connecting you with community mentors. Sometimes it is hard to take time out of your schedule to observe other specialties, especially when you are dealing with STEP 1, or rotations or shelf exams. But I think I would certainly reach out to your mentors or counselors to see who can help you

out with your decision. The last thing you want is to be unsure if you want to go into something because you weren't exposed to it. It can be hard when you only observe for a half day, but I think it's better than nothing. Because, honestly, a lot of schools probably don't get that sort of exposure to other specialties until third or fourth year, which sometimes may be too late. Another good resource is the alumni directory. Reach out to the residents that

have graduated and are fresh out and passionate and compare their experiences to those who have been practicing for a while – pick their brains. See what day to day life is like and ask them what is something they wish they would have known about before going into their specialty. So to summarize: do something that you could see yourself doing in 10-40 years, see where your personality fits in the most, and lastly if you are really unsure, get exposure.

**– Andrea Fernandez, MS2**

**“Do something that you could see yourself doing in 10-40 years, see where your personality fits in the most, and lastly if you are really unsure, get exposure.”**

## From a UACOM-P Alumni: Fionna Feller, MD

Dr. Fionna Feller, and alumna of UACOM-P, did her undergraduate education at the University of Arizona in Tucson. She is completing her Internal Medicine residency at the Mayo Clinic in Arizona.

**W**hen did you decide upon Internal Medicine as a specialty? Were there any resources on campus or mentors you found most helpful in your decision?

I decided during my third year that I wanted to go into Internal Medicine. Going into medical school, I wasn't completely sure what I wanted to do. I told myself that I was going to keep an open mind during medical school. I fell in love with Internal Medicine after my third year clerkships; I enjoyed working with the Internal Medicine residents and attendings, and I liked the personalities in the field. As third year moved on, I continually found myself referring back to the knowledge I gained from my Internal Medicine rotation too. Ultimately though, I love the variety of pathophysiology Internal Medicine has to offer and the kind of relationships that you can build with your patients. Seeing what Internal Medicine is like in a clinical setting really helped solidify my decision. I had so many wonderful mentors and they are part of the reason why I chose to go into this field. Dr. Shinar and Dr. Huddleston at Banner University, and Dr. Zubriski at the VA were my attendings at one point during my third year clerkship and my fourth year sub internship. I view them as my role models and I hope that one day I can be as knowledgeable and as wonderful teachers as them.

*What led you to pursue Internal Medicine over specialties like Family Medicine or another primary care route?* I particularly like the higher acuity and the variety of the cases in the hospital. Internal Medicine also offers so many



opportunities down the road both in subspecialties and academic medicine.

*What do you think are stigmas or stereotypes surrounding Internal Medicine? Did any of these initially affect your decision?* One stigma is that Internal Medicine may not seem as glamorous compared to other more surgical-driven specialties. However, this didn't really affect my decision to pursue this field. The most important thing to me is whether I could see myself doing this for the rest of my life. Building meaningful relationships with my patients, having a broad yet solid knowledge in medicine, and working in a team-oriented setting are the values most important to me. Luckily, I was able to find all of this in Internal Medicine.

*How did you prepare for your residency applications? Was there anything you would have done differently?* One of the most useful things that I did throughout my residency applications was staying in touch with my colleagues who were also applying to Internal Medicine residency. I found that the interview process can be quite lonely because you are traveling on your own and not seeing your classmates often. Some of the Internal Medicine applicants in my class shared notes and experiences from our interviews, which was incredibly helpful. I would also recommend to only apply to

residency programs in areas where you can see yourself living – don't just apply for the sake of applying. Pay attention to the city itself. It's important to be able to see yourself being happy there.

*If you could give one piece of advice to students when choosing a specialty, what would it be?* Keep an open mind through all of your clerkships! Be engaged and be invested in your own learning, and, more importantly, enjoy medical school (especially your 4th year!!!!).

– Andrea Fernandez, MS2

**"Seeing what Internal Medicine is like in a clinical setting really helped solidify my decision. I had so many wonderful mentors and they are part of the reason why I chose to go into this field."**

## Internal Medicine Interest Group at UACOM-P

### Leadership Co-Chairs

Roy Bisht

(rbisht@email.arizona.edu)

Sukhi Khurana

(sukhikhurana@email.arizona.edu)

David Lee

(deelee26@email.arizona.edu)

### Faculty Advisor

Maricela Moffitt, MD

(moffittm@email.arizona.edu)



### Mission Statement

The Internal Medicine Interest Group (IMIG) is an organization that encourages students to explore Internal Medicine and its subspecialties. IMIG will host clinics and lectures by physicians from local hospitals to provide students with the opportunity to learn more about Internal Medicine.



## STATS TO KNOW

### Summary Statistics on US Allopathic Seniors Internal Medicine, 2018

Measure	Matched (n=3,070)	Unmatched (n=59)
Mean number contiguous ranks	12.6	3.6
Mean number distinct specialties ranked	1.0	1.3
Mean USMLE Step 1 score	233	207
Mean USMLE Step 2 score	246	223
Mean number of research experiences	3.1	2.1
Mean number of abstracts, presentations, and publications	5.1	2.9
Mean number of work experiences	2.9	3.4
Mean number of volunteer experiences	6.8	5.5
Percentage who are AOA members	16.7	1.7
Percentage who graduated from one of the 40 US medical schools with the highest NIH funding	33.6	15.3
Percentage who have a Ph.D degree	4.9	1.8
Percentage who have another graduate degree	17.6	35.7

### Internal Medicine (Categorical) Match Summary, 2018

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
517	7,542	55	3,737	3,195 : 7,363	42.4: 97.6	41,861 : 84,634

## STATS TO KNOW

### Medicine-Preliminary (PGY-1 Only) Match Summary, 2018

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
349	1,883	47	3,426	1,370 : 1,762	72.8 : 93.6	52,881 : 65,611

### Internal Medicine Positions Offered in the Matching Program, 2014-2018

2018 (No., %)	2017 (No., %)	2016 (No., %)	2015 (No., %)	2014 (No., %)
7,542 , 24.9	7,233 , 25.1	7,024 , 25.2	6,770 , 24.8	6,524 , 24.5

### Medicine-Preliminary (PGY-1 Only) Positions Offered in the Matching Program, 2014-2018

2018 (No., %)	2017 (No., %)	2016 (No., %)	2015 (No., %)	2014 (No., %)
1,883 , 6.2	1,915 , 6.6	1,918 , 6.9	1,928 , 7.1	1,905 , 7.1

**Specialty Report Newsletter Editors:** Andrea Fernandez, Tanner Ellsworth, Bryce Munter, Nicole Segaline, Rand Hanna **Faculty Advisor:** Lisa Shah-Patel, MD

If you have any suggestions for articles of interest, corrections, or comments for how we could enhance the newsletter, please do not hesitate to contact us at [lsahapatel@email.arizona.edu](mailto:lsahapatel@email.arizona.edu) and [compfx-specialtyinfo.email.arizona.edu](mailto:compfx-specialtyinfo.email.arizona.edu)