

THE JOURNEY BEGUN

STUDENTS COMPLETE YEAR ONE ON THE PATH TO BECOMING PHYSICIANS

Shaun Patel didn't attend lectures after the first week of medical school, and, once he convinced himself of the merits, neither did Ron Romero. Lindsay Brown didn't attend the majority of her lectures, and Fasika Aberra stopped attending after a few months. And all have successfully completed the first year of their medical studies. How did they do it? In a word, technology. Lecture halls still exist, faculty members still lecture within them, and some students still choose to attend. But with lectures appearing online within an hour of delivery, and the ability to pause streaming video to review and repeat as often as necessary — or, in the other direction, listen at 1.5- or 2-times speed — the Web is the lecture mode-of-choice for many of today's first-year medical students at Michigan.

BY RICK KRUPINSKI
PHOTOS BY SCOTT SODERBERG



PERSISTENCE
"Challenges are what make life interesting; overcoming them is what makes life meaningful." - Bruce Lee

SAN

SHAUN PATEL

“The lecture itself happens in a discrete period of time,” explains Patel, “but online lectures are always there.” The flexibility and individual pace of learning allowed Patel an extreme but productive schedule that worked perfectly for him throughout fall and much of winter. “Saturdays I’d listen to lectures at high speed and study; Sundays I’d study some more; and Sunday night I’d take that week’s online exam.”

What about Monday through Friday? Although he has been known to organize medical student golf and tennis outings during the week, the weekday time Patel guarded allowed him to shadow surgeons, do research and participate in several student organizations. Having co-founded Students for Organ Donation as a U-M undergrad, he now holds an advisory role to assist new students with taking leadership of the group. Patel also serves as co-president of the medical

The energetic Patel is not an exception. Lindsay Brown co-chaired Second Look Weekend — hosting students, arranging social activities, and scheduling group dinners with faculty members just a year after her own second look at Michigan. She also serves as co-chair of the Oncology Interest Group, comprised of about 60 student members. Brown arranges monthly dinners, each drawing 20-30 students to hear multidisciplinary cancer teams speak about various forms of cancer and their treatments. As president of the Michigan chapter of the American Medical Women’s Association, Brown is involved with community awareness sessions on domestic violence, charity events like silent auctions, and an ongoing book club.

Like Patel and her other classmates, Brown had to adjust in April to a more restrictive schedule for the infectious

THE STUDENTS AGREE THAT THERE ARE ENOUGH REQUIRED GROUP ACTIVITIES THAT THEY DON’T FEEL ISOLATED OR SEPARATED BY THE INFLUENCE OF TECHNOLOGY; INSTEAD, THE TECH TOOLS ALLOW THEM THEIR OWN PACE OF STUDY.

student chapter of the Michigan Association of Physicians of Indian Origin, as co-chair of the Glaucoma Screening Action Committee, and as secretary of the United Asian American Medical Student Association — groups involved with health fairs that provide community health screening and information to underserved segments of the population.

In addition, he’s a member of the Health and Wellness Student Advisory Board, which deals with the physical, mental and emotional aspects of graduate student life. “Medical students especially can fall into bad habits,” says Patel. “With so much focus on caring for others, it’s easy to forget to take care of yourself.” As if not busy enough, he teaches at Kaplan Test Prep and Admissions, and assisted with Michigan’s Second Look Weekend, which helps newly accepted medical students decide if Michigan is right for them. Next year, he’ll interview prospective students in conjunction with the Admissions Office. In May he was elected as the medical student representative to the board of directors of the National Resident Matching Program, which helps coordinate the residency match process for graduating medical students nationwide.

diseases sequence of their studies. Michigan’s approach to teaching the anatomy, physiology and histology of body systems in sequence — rather than the anatomy of the entire body, followed by the physiology of the entire body, and then its histology — allows for greater integration of body systems and understanding how they work, according to the students. A departure from other sequences — such as cells and tissues, musculoskeletal, cardiovascular, respiratory — which are online and relatively time-independent, the infectious diseases sequence involves small groups which encourage attendance. “It was really different,” says Brown. “It meant being in bed by 11 at night!”

Even from across State Street, their effervescence and togetherness is obvious as Ron Romero helps his fellow medical student and wife, Jen Price, over a pile of slush from an early spring snowfall, both of them smiling rather than scowling. After living in California



LINDSAY BROWN

sunshine for the last six years, Romero and Price thought adjusting to Michigan weather would be a challenge. “Actually, I’ve really enjoyed winter,” he says. “We adapt pretty well to new challenges, and that’s probably helped us embrace not only winter, but medical school itself.”

“Ron always has 100 percent faith everything will be fine,” Price says. “It’s an attitude I love – it makes me feel like anything is possible.” Going through medical school on the “buddy system,” each has helped the other stay moti-

vated. “We do almost everything as a team,” Romero adds. Patel says they’re inseparable: “If you see one, you turn just a bit and the other will be there.”

Romero believes that he and Price have had to work harder because they lacked a substantial science background. “While a strong science background can make medical school easier, we wouldn’t trade our experiences in the humanities, social sciences and art – these really help provide us with a more complete picture.” The first

year serves as a sort of equalizer, after which all the students are on a level learning field. “Being older,” says 30-year-old Romero, “and having worked at jobs that also demanded commitment helped prepare us for the workload.”

While many students study in groups, Romero and Price study and watch lectures together, and their different strengths complement each other. “The first year is one of building confidence and getting rid of insecurities,” Romero says. Keeping balance in their lives is, perhaps, as important to the couple as their education. Maintaining a strong sense of self, within the school community and within their own space as a couple, keeps them happy. To manage stress, they try to get eight hours of sleep each night, avoid pulling all-nighters, and recognize the value of not sacrificing their health for study.

flexibility of technology allowed her to “figure out what helps me learn the material best, as well as to pace myself in a sensible way. I tried to slowly learn the material throughout the week, and also to get involved in social activities a few evenings each week. Then I studied most of the weekend before taking my exams.” Making time for friends is important to Aberra; exploring new recipes in the kitchen and involving herself in non-medical school activities are ways she keeps stress at bay.

Expecting medical school to be highly competitive, Aberra instead finds her classmates very helpful — something that’s contributed to a rewarding year. “Everyone’s willing to share and help each other to make a better team,” she says.

Though she’s lived in the U.S. for six years, Aberra originally experienced her own adjustment to Michigan weather

“SHE LISTENED TO THEIR PHYSICAL AND EMOTIONAL CONCERNS CAREFULLY, WHICH IN MY MIND BEGAN THE PROCESS OF HEALING RIGHT THERE.”

—FASIKA ABERRA, FROM HER BLOG, REGARDING A CLINIC PRACTITIONER SHE SHADOWED

With all the different personalities, Romero says it’s easy to find a niche despite a class size of more than 160 students. All four agree there are enough required group activities that they don’t feel isolated or separated by the influence of technology; instead, the tech tools allow them their own pace of study, and small discussion groups engender lively exchanges among students and faculty, maintaining bonds that will endure throughout their medical education.

For Fasika Aberra, the dynamic has been a bit different. She tries to spend as much time as she can with her boyfriend, and finds that studying takes a lot of the rest of her time. Her poise and self-assurance, combined with a thoughtful, reflective nature, suggest a great clinician-in-the-making.

Aberra found balancing priorities at home and in school a challenge during the first semester. “There were times,” she says, “that I felt like it was impossible to balance all my responsibilities.” Apartment life after dormitory living brought its own changes, including an environment she at first found less conducive to focusing on studies. “But,” she says, “I’ve been able to prioritize through the year and have come to a good balance that I’m comfortable with.” The

after the dry, temperate Ethiopian climate. “When I came to the U.S., I wondered: What is this thing in front of my face?” she says, laughing and placing her hand a couple inches from her nose. “Then I realized — this is humidity!”

For all first-year students, Medical Gross Anatomy, with its time-honored instruction via cadaver dissection, is a dominant activity — a course that stretches from September to March. Most students feel prepared from high school and undergraduate biology and see it as a natural next step. But for some, there’s trepidation. In July, a month before students begin their first year, Gross Anatomy Director Tom Gest, Ph.D., sends an e-mail message to all new students asking them to write about how they feel about the impending experience. Responses are posted in the lab so that feelings can be shared with other students, and anyone experiencing hesitancy can know they’re not alone and find motivation in the responses of others.



FASIKA ABERRA

Teams of six work together throughout Gross Anatomy; computers provide online resources when students need a better understanding of the structures they're working on. The cadavers are considered the students' first patients.

"Dissection begins with the patient face-down," explains Patel, "and all the initial work is on the back. When work turns to the front of the body, some people do have problems with the face. If something's going to affect a student, it's likely the face."

"By necessity," Romero adds, "I think you have to desensitize a little to get through the experience. At the same time, I never forgot that this was a real person with a family, a life, and experiences like you or me."

With the long, intricate task of dissection, 10 sequences on body systems, an initial overview course called Patients

free flu shots to seniors, and as a board member of the Family Medicine Interest Group. "Knowing yourself — knowing your limitations and weaknesses — is a great asset and really helps you grow," he says.

Brown relates how one group reflected on a clinic visit which had ended with the physician saying to the patient, "I'll pray for you." Discussion ensued about the appropriateness of the comment.

"I was raised Catholic," Brown says, "and I'd appreciate a doctor expressing an intent to pray for me. It shows me how much the doctor cares. But one of the gay members of the group said, 'If a doctor said that to me, I'd think he was judging my lifestyle and offering to pray about everything in my life.'"

"During another discussion, a Muslim classmate recalled

"LISTENING TO A REAL MURMUR ON A PATIENT SITTING RIGHT IN FRONT OF ME REMINDED ME THAT THESE ILLNESSES AND SOUNDS DO NOT HAPPEN IN ISOLATION. THEY ARE CONNECTED TO REAL PEOPLE WITH INDIVIDUAL STORIES." —RON ROMERO, FROM HIS BLOG

and Populations, and following the health and care of patients in the Family Centered Experience program, how do these fledgling physicians remember all the information coming at them? They all agree the first year is one of gaining the "big picture," and that they will encounter many of these topics and details again at other stages in their education. In other words, no sweat — or at least not too much.

One recurring activity that helps information sink in is Clinical Foundations of Medicine. After every two body sequences, in groups of five or six, students and faculty members spend a week focusing on the clinical applications of medicine. This focus helps integrate background knowledge and basic science the students have studied, and includes visiting area clinics, shadowing physicians and meeting patients.

"Patients remind you why you're studying these things," Romero says. He identifies patient interaction as the most rewarding part of medical study so far. "Anytime we talk with patients is good," Romero says. He seeks additional patient contact through organized health screenings with the Latino and Native American Medical Association, giving

going to a Muslim physician who automatically recorded 'doesn't smoke, doesn't have sex, doesn't drink' — all based on assumption. 'Many of my Muslim friends do some of those things,' the student said, 'but in that situation, they might have felt ashamed and reluctant to speak up.'

"These are the kinds of scenarios we talk about," Brown says with her trademark enthusiasm. "It's fascinating how individual the reactions are. It shows that you can't approach each patient in the same way."

With the completion of year one, medical students face the only summer break they'll get before commencement — and how to spend it. Romero and Price arranged internships dealing with end-of-life issues at the U-M, the VA Ann Arbor Healthcare System and Arbor Hospice. They will intern at the Betty Ford Center in California and take a complemen-



RON ROMERO
& JEN PRICE

tary and alternative medicine elective course in Maine. Patel and Brown have both opted to remain in Ann Arbor to do research at the U-M. Aberra will visit family — including siblings she hasn't seen for six years — in Ethiopia and volunteer with Missionaries of Charity, helping children who have lost parents to AIDS and might be infected themselves.

The brilliance, drive, purpose and ideals these students possess are at once remarkable and humbling, audacious

and perfectly grounded. Patel, whose hands suggest the precision tools of a surgeon rather than the brawny paws of the avid athlete he is, cites a Churchill quote when asked about his deep-seated commitment to service, and it's a quote that characterizes each of these students in their own way: "We make a living by what we get. We make a life by what we give." [M]

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