

A stylized, high-contrast illustration of a person's face and upper torso. The person is wearing a white surgical mask and a green surgical cap. The background of the face is a light orange color. The person's hair and the surgical cap are decorated with green leaf-like patterns. The overall style is graphic and modern.

# Career Planning Assistance Program at South

Spring, 2003

University of South Alabama  
College of Medicine

## CONTENTS

Preface .....	2
Guidelines for Faculty Advisors .....	3
Workshop: Making Informed Career Decisions .....	5
Anesthesiology .....	6
Emergency Medicine .....	7
Family Medicine .....	8
Internal Medicine .....	9
Combined Internal Medicine / Pediatrics .....	10
Neurological Surgery .....	11
Neurology .....	12
Nuclear Medicine .....	13
Obstetrics and Gynecology .....	14
Ophthalmology .....	15
Orthopaedic Surgery .....	16
Otorhinolaryngology - Head and Neck Surgery .....	17
Pathology .....	18
Pediatrics .....	19
Psychiatry .....	20
Radiation Oncology .....	21
Radiology .....	22
Surgery .....	23
Urology .....	24

## PREFACE

This booklet is prepared as part of a continuing effort to improve career counseling, especially for our junior and senior students. Timely counseling for students seeking curricular advice, as well as suggestions for residency positions, are a key commitment for all clinical departments.

Departments were requested to submit the names of their faculty who were interested in interacting with students as advisors. These individuals' names, phone numbers and geographic locations are listed in this booklet.

Departments were also asked when they would be able to schedule a separate group meeting to allow faculty to interact with interested junior students. The date, time and location of these career advisory meetings are indicated in this booklet.

Finally, there is a departmental statement about the philosophy of the specialty. It is an informal precis designed to offer the junior student initial information in the career decision making process. Further research will be necessary as the student attempts to narrow his/her choices down to one. More detailed descriptions of the medical specialties can be found in our *Residency Selection Handbook* and in the publications available in the USAMC Office of Student Affairs & Medical Education..

## GUIDELINES FOR FACULTY ADVISORS

Faculty Advisors to senior students are volunteers who have agreed to help students:

1. Design a curriculum for their senior year.
2. Make a career decision and assist in selection of potential residency programs, and
3. Guide them through the process of applying for residency programs.

In the second half of their junior year, students choose their advisors based on a tentative choice of specialty (a student who is probably interested in pediatrics would choose a faculty member in the Department of Pediatrics). Should a student's specialty goals change, he/she will need to choose a new advisor.

From the standpoint of the stated goals of the program each advisor should endeavor to help the student with the following tasks:

### **1. Design a curriculum for the senior year**

The advisor must first keep in mind the senior year requirements for graduation. They consist of one four-week elective in each of the following categories:\*

- |                                   |  |
|-----------------------------------|--|
| 1. Surgery subspecialty           | 3. Medical, pediatric or ob/gyn subspecialty |
| 2. Primary care acting internship | 4. Ambulatory care                           |

\* The Clinical Neuroscience elective is no longer required. The Curriculum Committee is currently reviewing options for this block to determine if another category will be required or if this block will be elective.

After discussion of an advisee's strengths, weaknesses and interests, the advisor should help assess areas of educational need and help design a program of courses for the senior year that will meet those needs using both the requirements above and the remaining sixteen weeks of elective time (16-20 depending on action of Curriculum Committee).

### **2. Select a career discipline**

An advisor should meet with his/her advisee toward the end of the junior year to discuss the student's chosen specialty. The advisor should attempt to inform the student of what he/she can expect during postgraduate training and in practice. The student should discuss special needs such as geographical or family requirements. While most faculty tend to encourage students to take their postgraduate education in university based programs, there may be an occasional individual who would profit from a community based program. Advisees should be encouraged to apply to the best possible programs, but they should also have one or two less competitive programs which would be acceptable. Students who are applying in very competitive specialties (radiology, ophthalmology, orthopedics, etc.) should have an additional specialty on their list should they fail to match in the first

specialty. The list should consist of a rational number of programs and students should be discouraged from applying to more than twenty programs without careful consideration.

Based on the student's needs for postgraduate education, the advisor and the student should develop a rank order list of programs to which application will be made.

### **3. The Residency Application Process:**

As a student starts to make application to programs, his/her advisor should assist as questions arise. The advisor should help the student decide who to ask to write letters of recommendation. For example, maybe one or more faculty colleagues are closely connected with the student's highest ranking programs. The student would be advised to ask these faculty members to write letters for them.

Most senior medical students have "survived" numerous interviews but some may feel that they need coaching. Advisors should discuss questions commonly asked during interviews. The student should also be helped with questions they should ask to get a feel for the quality of the program.

It should be stressed to the advisee that the rank order list they submit to the NRMP is very important. Students must sign a contract with the program to which they match. No program should be on the student's final rank list if the student does not think it will meet his/her needs.

### **4. Schedule Changes:**

The advisor has one additional duty. Senior students frequently make changes in their schedules throughout the year. It is the student's responsibility to bring the "Drop-Add" slips to his/her advisor for approval. The advisor should give careful consideration to the proposed schedule change and to the impact on the student's education. The form should not be "rubber stamped."

## WORKSHOP

### MAKING INFORMED CAREER DECISIONS

Scheduled in March of the Junior Year

#### The Program

The *Glaxo Pathway Evaluation Program* consists of three basic components:

- a pre-session assignment, contained in the Briefing Document
- a three-and-a-half-hour workshop, involving up to 20 students in each session
- "take-away" material containing information to help you do the follow-up steps throughout the year

#### How It Works

The workshop session will run approximately three-and-a-half hours and will include a combination of lectures, written exercises, discussions and video interviews with physicians who have struggled with these issues. It will be conducted by a trained facilitator from your school's faculty/administration.

The workbook that will be distributed and used at the session includes extremely useful exercises. It also contains reference materials and a list of resources you can access in your follow-up work.

In addition, you will receive booklets that provide information on different types of medical practice environments, including group/solo practices, managed care, hospital-based practices and others.

#### What's In It For You

The purpose of the program is to provide you with both a process for making informed career decisions -- especially regarding your field of specialty -- and some of the information and guidelines you will need to carry out this process.

The objective is *not* to have you reach a decision on a specialty during or even immediately after the workshop. It's not a "quick fix" or a substitute for your own research. Rather, it will give you a method, the requisite materials and access to others who can help you, so you can arrive at the most insightful decision in choosing your fourth-year electives and specialty.

## **ANESTHESIOLOGY**

F. Robert Weis, M.D., Professor and Acting Chairman  
USAMC Mastin 602, 471-7045

### **Faculty Advisors to Senior Students**

Dr. Robert Weis

Dr. James Flowers

### **Meeting to Discuss Residency Training in this Discipline**

Please make an appointment (call secretary at 471-7045)\*

### **Informal Description of the Clinical Discipline**

Anesthesiologists are involved in patient care in four main areas: 1) operating room anesthesia, 2) critical care medicine, 3) pain control, 4) obstetrics anesthesia.

The majority of the Anesthesiologist's effort is in the operating room. There, the anesthesiologist renders the patient insensitive to surgical pain and stimulation. In doing so, extremely potent drugs are used which markedly affect the patient's physiology. Most noticeable affected are the neurologic, cardiovascular and respiratory systems. Operative care of the patient requires monitoring and maintenance of physiologic functions. This requires pharmacologic intervention, inhibiting sensation, controlling respiration, and adjustment of fluid infusions. Considerable technology has developed around Anesthesiology to help facilitate measurement of physiologic variables. Areas of subspecialty interest have developed in cardiac, neuro, pediatric and obstetrical anesthesia.

Some anesthesiologists are involved in the care of critically ill surgical patients. In fact, modern critical care medicine has its roots in the involvement of anesthesiologists perfecting the means to mechanically ventilate polio victims. The American Board of Anesthesiology offers a certificate of Special Qualifications in Critical Care Medicine. Involvement in postoperative care is a logical extension of the operating room care provided by the anesthesiologist. This usually includes management of cardiovascular and pulmonary problems.

Involvement in anesthesiology into the management of chronic pain grew from intraoperative and post operative control of responses to surgical stimulus. Both acute and chronic pain syndromes are addressed by anesthesiologists. This area of anesthesiology can be very attractive to the physician wishing to have more long term contact with patients.

Training requirements in anesthesiology start with a clinical base year which is best fulfilled by a rotating type of internship. Medical, surgical and pediatric years are also acceptable. Three years of clinical anesthesiology are required. The third year may focus on a subspecialty area or on research, along with emphasis on becoming a true Consultant in Anesthesiology.

## **EMERGENCY MEDICINE**

Frank S. Pettyjohn, M.D., Professor and Chairman  
10th Floor, USAMC, 470-1649

### **Faculty Advisors to Senior Students**

Dr. J. Randle Adair  
Dr. Marion C. Berg  
Dr. Lynne A. McDonnell

Dr. P. Conrad McGuire

Dr. W. Scott McNair  
Dr. Frank S. Pettyjohn  
Dr. Michael L. Sternberg

### **Meeting to Discuss Residency Training in this Discipline**

Friday, March 22 at 1 p.m. in the USAMC E.D. Physician Area

### **Informal Description of the Clinical Discipline**

The House of Delegates of the American Medical Association defined the emergency physician as a physician trained to engage in:

1. the immediate initial recognition, evaluation, care, and disposition of patients in response to acute illness and injury;
2. the administration, research, and teaching of all aspects of emergency medical care;
3. the direction of the patient to sources of follow-up care, in or out of the hospital as may be required;
4. the provision when requested of emergency, but not continuing, care to in-hospital patients; and
5. the management of the emergency medical system (EMS) for the provision of prehospital emergency care.

Emergency medicine encompasses the immediate decision making and action necessary to prevent death or disability for patients with acute surgical or medical disease. Emergency medicine is practiced as patient-demand and readily accessible care. It encompasses the critical actions of initial recognition, rapid stabilization, followup, evaluation and treatment. The patient population is a full spectrum of ages and health care problems. Emergency medicine is primarily hospital-based, but with extensive prehospital responsibilities.

The specialty involves the continuing assessment of the patient's condition beyond the immediate life, limb, and disability threats. The use of advanced diagnostic techniques in radiologic, cardiovascular, and pulmonary medicine provides for a multi-skilled specialty.

**FAMILY MEDICINE**  
E. Lee Taylor, M.D., Professor and Chair  
USA Springhill, 434-3482

**Faculty Advisors to Senior Students**

Dr. Shannon Morgan  
Dr. Ron Lee  
Dr. Allen Perkins

Dr. Ehab Molokhia  
Dr. E. Lee Taylor

**Meeting to Discuss Residency Training in this Discipline**

Wednesday, March 19, 2003, at 3:30 p.m. - Mastin Building, Room 207  
(Drs. Perkins and Morgan)

**Informal Description of the Clinical Discipline**

The specialty of Family Practice became the 20<sup>th</sup> American Board certifying specialty in 1969. It is the specialty that provides continuing and comprehensive care for the individual and family - a specialty in breadth which integrates the behavioral, biological and clinical sciences. The scope of the specialty encompasses all ages. Family physicians comprise only 12% of the nation's more than 800,000 doctors and are much in demand because of their primary care versatility and broad range of practice skills.

Because of the broad based specialty, quality family physicians must develop expertise in health maintenance, common chronic and acute disease management, and coordinate consultation when needed to provide comprehensive health care for patients and their families in both the ambulatory and inpatient environment.

Family Practice resident programs consist of three years of graduate medical education. There are presently 472 programs which offer 3,600 first year positions. These program are located in universities, community hospitals, and in military facilities.

**INTERNAL MEDICINE**  
John Bass, M.D., Professor and Chairman  
USAMC Mastin 400-A, 471-7900

**Faculty Advisors to Senior Students**

Dr. Ronald Allison	Dr. Stephen H. Greenberg
Dr. John Bass	Dr. Johnson Haynes
Dr. Judy Blair-Elortegui	Dr. Clara Massey
Dr. Michael Culpepper	Dr. Keith Ramsey
Dr. Martin Cunningham	Dr. Thomas Stevens
Dr. Jack DiPalma	Dr. John Van de Waa
Dr. Dr. Kevin Green	Dr. Barry Warner

**Meeting to Discuss Residency Training in this Discipline**

Tuesday, March 25 from 12 - 1:00 P.M. in the Eichold Room, 10th floor, USAMC

**Informal Description of the Clinical Discipline**

Internal Medicine is a broad-based primary care specialty focused on disease prevention and treatment in young and older adults. The educational focus of the internal medicine training program is designed to allow optimum exposure to the many facets of internal medicine in order to prepare the individual for a position of leadership as a practitioner, consultant, subspecialist or academician. Educational programs emphasize pathophysiologic principles. The training program for a general internist is three years with graded responsibility for patient care. During this period the physician is exposed to primary care and subspecialty disciplines and participates in the clinical activities of cardiologists, gastroenterologists, endocrinologists, etc., as part of the training program. An internist is expected to become a well-read and well-rounded consultant, participating actively in the care of adults with a variety of medical problems. The internist may serve as a primary care physician in some situations and as a consultant in others. In general, internists do not perform surgical procedures nor treat children. Approximately half of the internists finishing the three-year training program become primary care health providers. Others enter a subspecialty fellowship training program.

**COMBINED INTERNAL MEDICINE / PEDIATRICS**  
Stephen Greenberg, M.D. and Franklin Trimm, M.D.  
Residency Co-Directors

**Faculty Advisors to Senior Students**

Dr. John Bass  
Dr. Judy Blair

Dr. David Gremse

Dr. Stephen Greenberg  
Dr. Franklin Trimm

**Meeting to Discuss Residency Training in this Discipline**

Monday, March 24, 12:00 - 1:00, Children's & Women's Hospital, Neonatology  
Conference Room

**Informal Description of the Clinical Discipline**

An internal medicine-pediatric residency offers a unique, challenging experience for the physician in training to develop broad clinical skills in the two most respected primary care fields. Residents successfully completing this rigorous four-year program are eligible for board certification in both disciplines.

The combined residency provides in-depth education for clinical practice careers. Internal medicine-pediatric physicians provide diagnostic, treatment and follow-up care for newborns, children, adolescents, and adults. Graduates of a combined residency may function as generalists in private practice with hospital privileges in both pediatrics and internal medicine.

Some graduates choose further subspecialty training in medicine, pediatrics or both, and many continue to care for children and adults in those subspecialties. Graduates of combined medicine-pediatric programs have been integrated into private practices, health maintenance organizations and academic faculties.

Medical graduates who choose the challenge of combined training must be flexible and energetic. Acquiring the broad knowledge base and skills for this combined specialty requires an intensive commitment on the part of the resident physician. A solid foundation in the basic and clinical sciences is a prerequisite for this rigorous residency.

The clinical skills and expertise gained through a combined medicine-pediatrics training program put the graduate in a very desirable position for meeting the biggest health care need of the United States: well trained generalists. In addition, the graduate is also in a position to pursue additional training in a wide variety of subspecialties.

**NEUROLOGICAL SURGERY**  
Eugene Quindlen, M.D., Professor and Chairman  
Health Services Building, Suite 2150

**Faculty Advisors to Senior Students**

Dr. Eugene Quindlen

Dr. Kent Sauter

Dr. Eric Weber

**Meeting to Discuss Residency Training in this Discipline**

Please make an appointment.

Dr. Quindlen and Dr. Sauter call Betty at 460-7019

Dr. Weber call Pat at 460-7260

**Informal Description of the Clinical Discipline**

Relatively speaking, the field of neuroscience is in its infancy. Although there have been great advances in diagnostic ability with the CAT and MRI scans, new methods are developing currently concerning stereotactic and functional surgery. Electrostimulation may well compensate for certain brain dysfunctions. Replacement or chemotherapy for movement disorders are on the horizon.

Because of the wide variety of treatment modalities now being developed by other specialties, an area of opportunity for the future of the neurosciences lies in the collaborations developing the treatment of chronic conditions related to pain and functional disabilities.

Neurosurgery plans to capitalize on all these new methods and advance the science. The future neurosurgeon will need to be a skilled diagnostician, electrophysiologist, pharmacotherapist as well as technician. Only those in the top 10% of the class should consider neurosurgery as a career since the entry points are that competitive.

## **NEUROLOGY**

William J. Hamilton, D.O., Professor and Chairman  
3401 Medical Park Drive  
Building #3 - Suite 205  
660-5118 / FAX - 660-5924

### **Faculty Advisors to Senior Students**

Dr. Bassam Bassam  
Dr. William Hamilton  
Dr. Paul Maertens

Dr. Asim Mahmood  
Dr. John Rothrock  
Dr. Richard Zweifler

### **Meeting to Discuss Residency Training in this Discipline**

Group meeting: Any Wednesday or Thursday Afternoon - Neurology Library  
3401 Medical Park Drive - Building #3, Suite 205  
For individual appointments, call 660-5118 (Linda)

### **Informal Description of the Clinical Discipline**

Neurology is the field of medicine involved with the diagnosis and treatment of diseases of the nervous system, *i.e.*, the brain, spinal cord, peripheral nerve and muscle. Patients with neurological disease present with a wide variety of difficult, challenging and compelling problems. Practicing this specialty, the physician performs comprehensive and detailed neurological histories and examinations, and performs and interprets a variety of neurodiagnostic studies, including lumbar puncture, computerized tomography, magnetic resonance imaging, angiography, myelography, electroencephalography, and neurosonologic exams. Careful clinical analysis of patients with nervous system disease allows for localization and characterization of the underlying abnormalities. Most importantly, treatment of neurological disease has advanced significantly in recent years, and the number and scope of illnesses now amenable to treatment has been increasing at an extraordinarily rapid rate.

## NUCLEAR MEDICINE

### Faculty Advisor to Senior Students

Myron Lynn Lecklitner, M.D., Professor of Radiology and  
Head of the Division of Nuclear Medicine  
USAMC Mastin 301, (251) 471-7866

### Meeting to Discuss Residency Training in this Discipline

Call for an appointment: Radiology Department  
(251) 471-7861

### Informal Description of the Clinical Discipline

Residency training in nuclear medicine requires two years of AMA approved training in Internal Medicine, Pathology or Radiology or any other Primary Care specialty prior to entry into the nuclear medicine residency. The duration of nuclear medicine residency approved by the AMA is two years. Upon completion of successful training, trainees become board eligible in the nuclear medicine specialty.

The field of nuclear medicine consists of *in vitro* tracer kinetic studies, *in vivo* imaging (the most common type of NM practice), therapeutic uses of unsealed isotope sources, and researches using various radioactive tracers.

Nuclear Medicine procedures are based upon physiologic, metabolic and functional nature rather than anatomical information used in U-S, C-T and MRI. There are ample opportunities for basic and clinical researches in addition to clinical practice. Radioimmuno-detection using radiolabeled monoclonal antibodies, the continuous development of new radiopharmaceuticals, single photon emission computer tomography (SPECT), and positron emission tomography (PET) are exciting developments in nuclear medicine in recent years.

**OBSTETRICS AND GYNECOLOGY**  
**Kathy Porter, M.D., Professor and Chairman**  
**USA - C & W Hospital, CWEB 1005, 415-1566, Education Office - 415-1557**

**Faculty Advisors to Senior Students**

Dr. Christen Yohn  
Dr. Kathy Porter

Dr. Sherwood Lynn  
Dr. Steve Varner

**Meeting to Discuss Residency Training in this Discipline**

At the Children and Women's Education Building. Call the Education Secretary at 415-1557 to make an appointment..

**Informal Description of the Clinical Discipline**

The field of Obstetrics and Gynecology encompasses comprehensive health care for women. The obstetrician-gynecologist provides primary health service for women including education and preventive care, treatment for routine and complex gynecologic and obstetric problems, and consultative services to other physicians and paramedical personnel in problems relative to the reproductive and the lower urinary systems. The Ob/Gyn specialist must have a comprehensive understanding of the embryology, genetics, physiology, endocrinology, and pathology of the fetus and female reproductive system in order to provide care to the female from pre-menarche to post-menopause. Residency programs in Obstetric and Gynecology are structured to provide the medical, obstetrical and surgical skills required of the consultant obstetrician-gynecologist. As these skills are absorbed, the judgmental processes for patient care will be developed in the physician.

Residency programs consist of four years of postgraduate education, and are governed by the Accreditation Council for Graduate Medical Education on recommendation by the Residency Review Committee for Obstetrics and Gynecology (RRC).

Programs in Obstetrics and Gynecology stress training in both hospital based and ambulatory care settings and include experience in: both routine Obstetrics and Gynecology; maternal-fetal medicine; immediate care of the newborn; urogynecology and pelvic surgery; pelvic pathology; reproductive endocrinology and infertility; family planning; genetics; medical ethics; gynecologic oncology including chemotherapy and radiation therapy; psychosexual and psychosomatic counseling; and a host of diagnostic and therapeutic procedures including fetal and pelvic sonography. General primary care of women is now taught.

At present, there are four recognized subspecialties in Obstetrics and Gynecology: Gynecologic Oncology, Reproductive Endocrinology and Infertility, Maternal-Fetal Medicine and Gynecologic Urology. Preparation for certification in a subspecialty is *via* a two to four year post-residency fellowship in a program accredited by the appropriate division of the American Board of Obstetrics and Gynecology. Satisfactory completion of such training confers eligibility to take the examination for sub-certification of special competence in that field. Fellowship training currently not leading to certification is also available in some centers in infectious diseases, and pelvic and fetal sonography.

## **OPHTHALMOLOGY**

Arnold Luterman, M.D., F.R.C.S.(C), F.A.C.S.

Ripps-Meisler Professor and Chairman

USAMC Mastin 719, 471-7993

### **Meeting to Discuss Residency Training in this Discipline**

**Time will be arranged when Surgery is contacted.**

**Please make an appointment (call Cheryl at 471-7990)**

### **Informal Description of the Clinical Discipline**

Although Ophthalmology is sometimes regarded as a highly specialized field, the general ophthalmologist is, in fact, a primary care physician. Patients who consult an ophthalmologist usually are self-referred and range in age from the newborn to the geriatric. The ophthalmologist, like other primary care physicians, has the opportunity to get to know and follow patients and their families, allowing for continuity of care.

Most ophthalmologists practice a mixture of medicine and surgery, ranging from lens prescriptions and standard medical treatment to the most delicate and precise surgical procedure. The average American Ophthalmologist will see over one hundred patients in an average work week and will perform two major medical surgical procedures, the most common being cataract extraction. Ophthalmologists have always ranked among the most professionally satisfied physicians. This is probably due to the opportunity to practice general ophthalmology in both the medical and surgical fields, the broad diversity of the patient population and the option to become subspecialized if one desires.

Like many other specialties, ophthalmology has undergone considerable subspecialization. This usually requires a fellowship of one or two years. The common areas of subspecialization include Cornea, Vitreoretinal Disease, Glaucoma, Neuro-ophthalmology, Ophthalmic Pathology, Ophthalmic Plastic Surgery and Pediatric Ophthalmology.

Nationally, approximately 90% of applicants obtained a first year position. Experience has shown that no single factor assures an applicant of obtaining a residency. Academic performance is certainly one factor. This is measured by college grade point, medical school class rank and grades and Part I Board scores. Letters of recommendation, particularly the Dean's Letter, are important. Applications are screened to select those to be interviewed. Some programs interview most applicants, while others are very selective. A good interview can overcome deficiencies in other areas and a bad interview can dim an otherwise fine application. It should be emphasized that each residency program weighs these factors differently, some placing more emphasis on academic, some on research and others on the interview. Ophthalmology uses an early matching system to determine the selections.

**ORTHOPAEDIC SURGERY**  
Frederick N. Meyer, M.D., Professor and Chairman  
USAMC Mastin 503, 471-7938

**Faculty Advisors to Senior Students**

Dr. Frederick N. Meyer

Dr. Prasit Nimityongskul

**Meeting to Discuss Residency Training in this Discipline**

Monday, March 24 at 4:30 P.M. in 503 Mastin

If there are any questions please call the above number for help.

**Informal Description of the Clinical Discipline**

Orthopaedic surgery focuses on the diagnosis and treatment of injured, deformed or diseased parts of the musculoskeletal system. Specialists in this field employ medicine, surgery and physical rehabilitation to restore normal function. Orthopaedic surgeons may engage in a broad practice or may focus on a narrower area of special interest, such as hand surgery, sports medicine, joint replacement, spine, foot and ankle and pediatric orthopaedic trauma.

Specialists treat patients of all ages and both sexes, mostly on a short-term basis. Because many of their patients have been involved in accidents, orthopaedic surgeons often must devote time to assessing disability in legal actions.

Orthopaedic surgeons are mechanically minded, fascinated by tools and gadgets, and enjoy “fixing things”. They find satisfaction in their ability to attain good results relatively quickly for most of their patients. They believe their work is fun, challenging, worthwhile, and demanding. Orthopaedics is a dynamic field with constant updating of techniques and equipment.

## **OTORHINOLARYNGOLOGY - HEAD AND NECK SURGERY**

### **Faculty Advisors to Senior Students**

Richard R. Gacek, M.D., Clinical Professor of Surgery

Suite 1600, HSB 414-8216

Frederick M. Silver, M.D., Associate Professor of Surgery

### **Meeting to Discuss Residency Training in this Discipline**

Schedule with Department of Surgery - Division of Otorhinolaryngology -  
Head and Neck Surgery (Nan at 414-8216)

### **Informal Description of the Clinical Discipline**

The field of Otorhinolaryngology - Head and Neck Surgery - involves the structures above the clavicle. Several major sensory organs are located in this area: vision, olfaction, hearing, balance and taste. An otolaryngologist prevents the deterioration of the above functions from various pathology, or restores them in patients of all age groups by medical or surgical means. The otolaryngologist is also involved in the field of communication, by preserving or restoring hearing, speech, and facial function.

Otorhinolaryngology, as any other field of medicine, emphasizes morphology, pharmacology, pathophysiology, biochemistry, immunology, allergy and neurology relevant to the head and neck. It combines medicine and surgery and is diverse enough to allow individuals to subspecialize in just one aspect such as allergy, neurotology, facial plastic and reconstructive surgery, rhinology, and head and neck surgery. Some otorhinolaryngologists prefer to deal primarily with adult patients, while others choose to treat the pediatric population (pediatric otorhinolaryngologist).

An otorhinolaryngologist is expected to be a well-rounded physician with a comprehensive fund of knowledge, not only of the head and neck, but also the remainder of the body. He or she should be critical and constructive in their thinking, and should practice the specialty with compassion and understanding.

## **PATHOLOGY**

J. Allan Tucker, M.D., Professor and Interim Chairman  
USAMC, 471-7799

### **Faculty Advisors to Senior Students**

Dr. Carol Boudreaux  
Dr. Elliot Carter  
Dr. Cynthia Donnell

Dr. Marcelo Horenstein  
Dr. James R. Stubbs  
Dr. Allan Tucker

### **Meeting to Discuss Residency Training in this Discipline**

Thursday, March 20, 2003, at 10:30 A.M. in the Pathology Library at USAMC

### **Informal Description of the Clinical Discipline**

The practice of pathology involves application of modern technology to the scientific study of disease in the living patient. Morphological observations are made at the gross, light microscopic, and electron microscopic level, and specialized laboratory tests utilize a variety of techniques from disciplines such as chemistry, immunology, and microbiology. New scientific developments are being continually introduced into pathology to enhance diagnostic capabilities. These include techniques such as use of DNA probes to identify viruses and bacteria, use of monoclonal antibodies to identify cell surface antigens by flow cytometry or tumor markers by immunohistochemistry, and gas chromatography-mass spectrometry to identify drugs of abuse.

The general field of pathology includes many subspecialty areas. Most pathologists obtain their basic certification from the American Board of Pathology in Anatomic and Clinical Pathology. Anatomic Pathology includes surgical pathology, cytopathology, autopsy pathology and forensic pathology. Clinical Pathology, sometimes called Laboratory Medicine, encompasses clinical chemistry, hematopathology, immunology, microbiology, and transfusion medicine. Residency training also includes instruction in molecular diagnostic techniques which may be applicable to a variety of disciplines within both anatomic and clinical pathology. Because many pathologists' practices include responsibility for directing large laboratories, training in management and medical informatics is an important part of the residency programs.

Board certification in anatomic and clinical pathology requires four years of training in an approved program following graduation from medical school.

Pathologists practice in a variety of environments. Most work in community hospitals and combine anatomic pathology with direction of the clinical laboratories. In medical schools, most pathologists select one or two subspecialty areas for their practice, and many conduct related research programs. They also are involved in teaching programs for undergraduate medical students and residents, and they collaborate in presenting conferences with all of the clinical departments. Some pathologists direct independent laboratories (not hospital-associated), and some pathology group practices provide services to several hospitals. Pathologists' efforts are directed towards providing all patients with the best medical care possible. This is done by supplying primary care physicians with essential information and expert medical opinions to assist them in their direct patient care responsibilities. Many medical students are attracted to the field of pathology because it offers the opportunity, which is unique in medicine, for the in-depth, scientific study of the entire spectrum of diseases in all patients.

## **PEDIATRICS**

David A. Gremse, M.D., Professor and Interim Chairman  
USA Springhill, Room 5309, 434-3919

### **Faculty Advisors to Senior Students**

Dr. Karen Crissinger  
Dr. Kenneth Rettig  
Dr. Franklin Trimm  
Dr. Felicia Wilson

Dr. Samar Bhowmick  
Dr. Judy Blair-Elortegui  
Dr. Sheryl Falkos  
Dr. Jorge Quinonez

Dr. LaDonna Crews  
Dr. Benjamin Estrada  
Dr. David Gremse  
Dr. Mary Mancao

### **Meeting to Discuss Residency Training in this Discipline**

Tuesday, March 25, 2003 - 10:30 A.M.-11:30 A.M. - USACWH Boardroom (Drs. Gremse, Rettig, Trimm)

### **Informal Description of the Clinical Discipline**

The report of the Task Force on the future of Pediatric Education recommended that the discipline of Pediatrics become a leader in Medicine recognizing the importance of family life, the rearing of children, and the diversity of roles of men and women in society. Advances in such crucial areas as Neonatology, Immunology and Genetic Disease have produced dramatic improvements in diagnosis and treatment. Basic research in these and other areas promise to continue that progress in the future.

The specialty of Pediatrics combines the intellectual challenge of the practice of medicine and the satisfaction of helping the children develop to their full potential through preventive medicine and the guidance of families in child growth and development. When pediatrics was an infant discipline, children died from a wide variety of causes, most of which have now been brought under control. Today, the largest killer of children from birth through fourteen years of age is accidents. Birth defects, metabolic-endocrine disease, hereditary diseases, oncology and chronic diseases have assumed a much greater proportion of the pediatrician's or pediatric subspecialist's time. This kind of a change in the threats posed to children has naturally dictated a change in the way health care is taught and practiced.

This change in emphasis relating to pediatric care is already being reflected in the way child health professionals deal with patients and the kinds of problems they are being asked to consider. A survey of pediatricians, conducted by the American Academy of Pediatrics showed an increase within the last several years, in the frequency of patient visits involving school health problems, behavioral difficulties and psychosocial counseling as well as the diseases historically associated with the practice of pediatrics. Pediatricians have the opportunity to play a vital role in all aspects of child development.

The "new" general pediatrics places increased emphasis on preventive medicine. It views child health care as a continuing process, not as a series of acts or examinations performed at prescribed intervals. It demands increased involvement by health professionals in all aspects of child health. The subspecialties offer exciting opportunities in academic medicine or clinical practice. The advantage of general pediatric training is that it offers a very broad based training that can lead to the practice of general pediatrics in an urban or rural setting or it can lead to one of the many pediatric subspecialties that include cardiology, neurology, nephrology, gastroenterology, infectious disease, endocrinology, critical care, neonatology, allergy and immunology, pulmonology, hematology/oncology, rheumatology, psychiatry, developmental/behavioral pediatrics or adolescent medicine. Opportunities as practitioners or academicians in all these fields are very great.

This is an exciting time. The demands and the challenges are great. But the potential rewards, both for children and for the child health professional, are even greater.

## **PSYCHIATRY**

Charles L. Rich, M.D., Professor and Chairperson  
Moorer Clinical Sciences Building - 1610  
2451 Fillingim Street - Phone: 471-7017

### **Faculty Advisors to Senior Students**

Manuel L. Cepeda, M.D.

James W. Croake, Ph.D.

Charles L. Rich, M.D.

### **Meeting to Discuss Residency Training in this Discipline**

Wednesday, March 19 at 11:00 A.M. in the Psychiatry Conference Room, Room 1600, MCSB

### **Informal Description of the Clinical Discipline**

Psychiatry is a medical discipline. As such, it employs medical principles for the evaluation and treatment of mental disorders. Like other fields of medicine, this requires a thorough understanding of the physiological, psychological, and socio-cultural components of normal as well as pathological mental functioning. The psychological and socio-cultural components are perhaps more important in Psychiatry than other fields of medicine since the specific pathophysiology of most mental disorders is far from being pinpointed. A number of technological advances are on the horizon, but the psychiatrist must learn to function in a state of uncertainty. The hallmarks of a good psychiatrist are flexibility and creativity. Psychiatrists must become expert at utilizing all the available resources to assist in maximizing patient recovery. These qualities require a demanding and constant attention to education beyond the formal residency training years. The residency, then, is designed to teach specific practice skills as well as skills in investigation and critical thinking.

The two main forms of treatment employed by individual psychiatrists are "somatic" therapy and psychotherapy. Somatic therapy (including pharmacotherapy and electroconvulsive therapy) is, at this point, the exclusive domain of duly licensed physicians. Consequently, mastery of these modalities is essential. It is highly unusual, though, for psychiatrists not to employ psychotherapeutic techniques as well, either in combination with somatic therapy or alone. The variety of psychotherapeutic techniques is great and involves individual, group, and family settings. It is important for psychiatrists to be able to tailor the psychotherapeutic approach to the individual patient's disorder and circumstances. It is almost impossible for an individual psychiatrist to become skilled in providing all the psychotherapeutic techniques. It is crucial, however, to understand the differences among them and be prepared to refer patients to appropriate experts when indicated.

Several subspecialty areas of Psychiatry have emerged. Child and Adolescent Psychiatry has been in existence the longest. It requires two years of training in an approved program to become eligible to take specific certification examination. Psychiatrists must pass the certification exam in general psychiatry before being eligible for the Child and Adolescent certification exam, though, so full training in general psychiatry is also required. The American Board of Psychiatry and Neurology also now offers examinations for "added qualifications" in geropsychiatry, substance use disorders, and forensic psychiatry. Other organizations offer examinations in administrative psychiatry, etc. Some of these require extra training beyond the standard approved residency. It should be understood, however, that nothing precludes the trained general psychiatrist from practicing fully in these special areas of interest.

As demanding as Psychiatry may be, psychiatrists rank at the top among physicians regarding satisfaction with their specialty choice.

## **RADIATION ONCOLOGY**

### **Faculty Advisors to Senior Students**

Greg Cotter, M.D., Adjunct Professor and Director of  
Division of Radiation Oncology  
Kenneth Ellingwood, M.D.  
Rod G. Krentel, M.D.  
Campus Cancer Building, Room 135, 460-7160

### **Meeting to Discuss Residency Training in this Discipline**

Please make an appointment (call secretary at 460-7160)

### **Informal Description of the Clinical Discipline**

Radiation Oncology (also known as Radiation Therapy) is the field of Medicine which deals with the use of ionizing radiation as a medical treatment modality. Included in this field is the evaluation, treatment and follow-up of patients. The field also includes usage of chemical and biologic modifiers of ionizing radiations.

There are 68 Radiation Oncology residency programs which provide four years of training beginning in PGY 2. Residents are usually scheduled on three month rotations to include all anatomical sites in addition to brachytherapy and remote afterloading, as well as radiation physics, radiobiology, intra operative and hyperthermic therapy. The resident rotates through other oncology subspecialties in order to obtain a broad understanding of oncology.

A separate matching program exists for students in this discipline.

## **RADIOLOGY**

Steven K. Teplick, M.D., Professor and Chairman  
USAMC Mastin 301, 471-7862

### **Faculty Advisors to Senior Students**

Jeffrey C. Brandon, M.D.  
Sammy I. Long, M.D.

Cyril S. Morgan, M.D.  
Steven Teplick, M.D.

### **Meeting to Discuss Residency Training in this Discipline**

Call for an appointment: Radiology Department, 301 Mastin: 471-7862

### **Informal Description of the Clinical Discipline**

As is evident to any reader of the weekly clinical pathologic conferences in the *New England Journal of Medicine*, Radiology has assumed an increasingly important role in clinical medicine. In the past Radiology was confined to plain film examination of the chest, abdomen, skull, spine, and extremities as well as barium contrast examination of the G.I. tract, and intravenous contrast of the G.U. system. Today, new imaging modalities and procedures have considerably expanded the role of radiology in diagnosis, treatment, and screening.

Radiology consists of a group of sub-specialties. Although radiologists in private practice may cover many or most aspects of these specialties, they do specialize to some extent. Areas/techniques of specialty include Neuroradiology, Cardiovascular/Interventional Radiology, Ultrasound, Computer Tomography (CT), Mammography, Pediatric Radiology, Magnetic Resonance Imaging (MRI), Nuclear Medicine, and Musculoskeletal Imaging.

The qualities necessary to make a good radiologist include acute visual perception and ability to make a differential diagnosis. Since a good portion of residency training includes radiologic physics, ability in the physical sciences is also important.

Following 1997, a clinical internship year is required by the American Board of Radiology. The period of radiology residency is four years.

Following the residency, one or two-year fellowships are available in subspecialty areas such as Pediatric Radiology, Cardiovascular/Interventional Radiology, Neuroradiology, or Ultrasound/CT/MRI for those desiring greater knowledge in these areas. The job market in Radiology is excellent. There is a shortage of radiologists. Recent graduates of USA's Radiology program have had little or no difficulty obtaining a desirable practice and/or fellowship opportunities. Most radiologists enter hospital practice or group practice. Among the medical and surgical specialties, radiologists probably fall in the mid to upper range monetarily.

**SURGERY**  
Joseph LoCicero, III  
Professor and Chairman  
Residency Program Director  
**USAMC Mastin 719, 471-7993**

**Faculty Advisors to Senior Students**

Dr. John Boullier	Dr. Curtis N. Harris
Dr. Barry J. Browne	Dr. Arnold Luterman
Dr. James M. Cummings (Urology)	Dr. Randall W. Powell
Dr. D. Lynn Dyess	Dr. Charles B. Rodning
Dr. Karen J. Frye	Dr. Frederick M. Silver (ENT)
Dr. Richard Gonzalez	Dr. Andrew Walker

**Meeting to Discuss Residency Training in this Discipline**

Tuesday, March 11, 2003 - 9:00 A.M., Surgery Conference Room - 7th Floor, Mastin with Dr. LoCicero.

**Informal Description of the Clinical Discipline**

The discipline of surgery encompasses many fields. General Surgery Residency requires a minimum of five years of postgraduate training. Several subspecialties require completion of a General Surgery Residency prior to subspecialty training (e.g. Cardiothoracic Surgery, Vascular Surgery, Pediatric Surgery). Other subspecialties require one to two years of General Surgery training. General Surgery Residency is a rigorous but exciting experience. Over the course of the residency progressive responsibility is given to the trainee. During the five years, the residents gain exposure to a broad spectrum of surgical and nonsurgical diseases. Although acquisition of technical skills is important, the time and experience required to develop mature clinical judgment is the reason for a five year training program.

Most surgeons would agree that there is tremendous immediate and tangible satisfaction in the successful outcome of a well performed operative procedure. Surgical decision making is both an art and a science and demands a constant updating of current knowledge as well as the ability to put that knowledge to practical clinical use. Surgery incorporates proven practices while at the same time fostering technological innovation.

In these days of financial turmoil in the medical world as well as reorganization of the delivery of health care, medical students are often plagued by doubts as to their future education in medicine. However, as the science and art of clinical surgery are further refined, the rewards of surgical practice in terms of personal satisfaction as well as patient appreciation will remain great. These rewards are unique to the field and will remain unscathed by future economic and political events. The foundation of surgery is solid and the future is bright.

## UROLOGY

### Faculty Advisors to Senior Students

John A. Boullier, M.D., Ph.D.  
Associate Professor of Surgery  
USAMC 10<sup>th</sup> Floor, Suite F

### Meeting to Discuss Residency Training in this Discipline

Please make an appointment (call secretary at 471-7542)

### Informal Description of the Clinical Discipline

Urology is the specialty involved with the male and female genitourinary tract. It is primarily a surgical discipline but is broad enough to interact with a variety of other disciplines: nephrology, oncology, endocrinology, behavioral science, and neurology. During the last two decades, a notable shift from structure to function has occurred in the diagnosis and treatment of such problems as male sexual dysfunction, voiding disorders, benign prostatic hyperplasia, and female incontinence.

Traditionally, urologists have been distinguished by their use of diagnostic and therapeutic instrumentation of the genitourinary tract. Recent developments in the field of urologic instrumentation such as extracorporeal shock wave lithotripsy, laparoscopy, and laser techniques have replaced open surgery in the treatment of various urologic disorders, primarily in the treatment of stone disease. Nevertheless, abdominal, pelvic and retroperitoneal surgery is a prominent feature in the treatment of urologic cancers and in reconstruction of the urinary tract. Therefore, the student planning a career in urology will recognize the important roles of basic science, clinical medicine, urotechnology, and surgical technique in the diagnosis and treatment of urologic pathology.

Future manpower trends in urology portend favorably in one's career choice. Despite the diffusion of urologic procedures into other specialties, the role of the urologist will be increasingly demanded particularly as the field of geriatric medicine emerges. A decrease in the total number of urology residency positions currently available requires that students gain early exposure to urology during their clinical rotations and submit applications to residency programs in a timely manner. As a constantly evolving field, urology provides both the practitioner and academician with challenges and rewards of treating patients by a variety of modalities.