



MEDICI COHORTUM

Fall 2017

Matched! : Emergency Medicine

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What did your rank list look like? NMCP ED, NMCS D ED, ED Civilian deferment. Transitional year x3.

Were you ever thinking of doing a civilian deferment? If not, what would have happened if you didn't match? Yes. I applied to civilian programs and interviewed at several before military match day. If I hadn't matched, I would have tried my luck in the civilian match. Also, if I hadn't matched to continuous training for ED but into a transitional year, I would have reapplied and interviewed for the PGY-2 slots the following year.

Did you take both COMLEX and USMLE? Yes I took step and level 1, but only level 2. I was told I was a step ahead of most applicants because of this.

What was your schedule like during the first few months during 4th year before match day, in regards to military audition rotations? At the start of my 4th year I thought I wanted to be an orthopedic surgeon but knew I had an interest in the ED as well.. My first rotation was ortho with NMCP Portsmouth and took the opportunity to interview with the ED program while I was there. My next rotation was a civilian ED rotation where I realized that I wanted to pursue EM. My next rotation was ortho at Walter Reed. I then did a rotation at NMCS D in the ED. My next rotation was a civilian ED rotation. I matched at the end of that rotation.

What kinds of questions were asked during the interview? Was there anything that came up that was unexpectedly important? Leadership and military bearing were HUGE topics during my departmental interviews. I was asked about my military goals, ties to the military, research, leadership roles in student organizations (like SAMOPS!), and why I chose to apply to the HPSP scholarship. I was asked about hobbies and why I liked the area as well.

What were some of the qualities that you looked for when choosing a residency program? In all honesty, the Navy ED programs are very similar in terms of what they have to offer. In light of this I choose my location based on where I wanted to spend the next 4 years and the people that I met in each place.

What do you feel made you a competitive applicant? Board scores, grades, work ethic, attitude.

What were some things you wish you would have known going into 3rd year? What about 4th year? When scheduling my rotations, I did not realize that I could have rotated at as many military medical facilities as I wanted. I could have done research or my electives at any location that had space for me. It wouldn't have been on ADT pay, but it would have been good exposure to more military medicine.

Do you have any advice for someone who wants to match into their 1st choice? Think of your audition rotations as just that, an audition. Everyone is determining if they would like to work with you for the next 3-4 years. By the time you get to your rotations, you've done everything you can about your COMLEX or USMLE scores or your med school grades. Accept them and own them. At the same time its important to breath and enjoy your time and interact with the residents as a human.

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What did your rank list look like? Psychiatry with the Air Force only has two residency sites, SAUSHEC and WP/WS. My rank list was 1. SAUSHEC, 2. Civilian Deferment, 3. WP/WS.

Were you ever thinking of doing a civilian deferment? If not, what would have happened if you didn't match? Psychiatry was pretty competitive last match cycle so I felt like I had to prepare for doing a civilian deferment in case I didn't match military. I interviewed at 5 programs before military match day and was then able to cancel the ones scheduled after that. There were plenty of good civilian psychiatry programs out there and the interview trail was a great experience.

Did you take both COMLEX and USMLE? Yes, I took both. Although I was never questioned on it, I believe it was helpful in obtaining civilian interviews. I don't think both are necessary for the military.

What was your schedule like during the first few months during 4th year before match day, in regards to military audition rotations? In July, I did a 4 week psychiatry rotation at SAUSHEC, found it to be the program for me, and didn't feel like I needed to do a rotation at WP/WS. Instead, I did a few civilian psychiatry audition rotations, in case I was deferred.

What kinds of questions were asked during the interview? Was there anything that came up that was unexpectedly important? I was able to interview during my audition rotation so I was already familiar with the interviewers. Most of the interview was them telling me about the program and answering any questions I had. It was very relaxed and conversational. Some questions included: Why the military? Why psychiatry? How well do you think you would adjust to this location? What are you looking for in a program? What are your future career goals? I think they mainly want to make sure you are a good fit with the program and will be a dedicated resident., nothing particularly unexpected.

What were some of the qualities that you looked for when choosing a residency program? My main focus was on if I can see myself working with the residents and faculty in the program. A supportive, team-oriented environment had a large impact on how enjoyable my experience was. I believe the greatest benefit of doing a rotation at the program you are looking into is getting that firsthand experience. Location also had a strong influence, which having only two programs to choose from made it a straightforward decision.

What do you feel made you a competitive applicant? Having a history of a strong interest in psychiatry showed how dedicated I was to the specialty, especially with the specialty's growing popularity. It's important to be team player. They could see that I'd be easy to work with and would be willing to help the team as a whole and I believe that went a long way. I'm not sure board scores (average) and research (I had none) were as important. Neither were addressed during my interview.

What were some things you wish you would have known going into 3rd year? What about 4th year? I wouldn't have been so nervous about scheduling rotations at military bases. I thought that the customs and courtesies that come with being in the military would interfere with my clinical education. However, after completing a military rotation, I now know that not to be the case. In fact, I found it to be a more supportive environment than many civilian hospitals and what I learned surpassed my expectations. I also wish I would have been more open to rotating at different parts of the country. I think 3rd and 4th year offer a unique opportunity to explore unfamiliar areas, meet new people, and experience other healthcare practices.

Do you have any advice for someone who wants to match into their 1st choice? The first step is determining what your first choice is. I think doing audition rotations play a major component into figuring this out. It is during these rotations that I was able to learn which types of people I worked best with and what environment would best supported my professional development. Because it is the military, it is ultimately up to where they need you. However, I believe that they did their best to place you into your first choice.

3rd and 4th year of medical school is quite the exciting time in our young professional career.

This is the time where you will find yourself interviewing patients, participating in procedures, and applying your knowledge of the basic sciences to clinical cases. For HPSP students, the opportunity to have this clinical experience at Military Treatment Facilities (MTFs) is very limited. It's well-known that many HPSP students get their first and only exposure to military medicine during their two Active Duty rotations, both of which are typically auditions for residency programs. This piece is written to address a question that I have heard from many HPSP students: how do you set up clinical rotations at Military Treatment Facilities (MTF) without using precious Active Duty Time?

Setting up non-ADT rotations requires significant planning, coordination, and execution.

I am very fortunate to have setup a large portion of my core clinical clerkships at Naval Hospital Pensacola, which includes opportunities in Family Medicine, Internal Medicine, General Surgery, Pediatrics, and OB/GYN.

How did I set up a “Military Yearlong”?

Our school has an outstanding Memorandum of Understandings with multiple MTFs throughout the country --This is the biggest roadblock of the process. Without one, a student cannot rotate at the facility. I sought out a facility that would not be filled with our USUHS brethren, as they take precedent for clerkship spots; Pensacola Naval Hospital formerly had a strong Family Medicine Residency Program, which was subsequently shut down by the government during budget cuts. Despite this, Pensacola Naval Hospital is still home to award-winning educators and clinicians and there are opportunities to rotate there as long as you make the effort to contact the physicians

Establish and maintain clear lines of communication with the education coordinator to ensure contact with each of my desired specialties and confirmation of your rotation time slots.

Clearly state that you will be taking part in Non-ADT rotations, and make you intention known whether or not you will be auditioning for their residency program, if it is offered.

Please bear in mind that establishing this opportunity hinges on your schools' willingness to allow you to rotate at a military hospital.

My home institution (LECOM-Bradenton) allows HPSP students to establish their own rotations at Military Treatment Facilities of their choosing. I took this as my ticket to begin working with the Navy immediately, and used the following guidelines:

Start Early: December – January of your 2nd year is the ideal time to contact the Graduate Medical Education department for information regarding clerkship availability.

Plan for the non-peak ADT times: The months of May to November are typically off-limits for students attempting to plan non-ADT rotations at major MTFs (Walter Reid, Balboa, San Antonio, etc.). These months are reserved students taking part in audition rotations. Think about November through May of your third year.

Write out your plan: Do not discuss your plan with the GME director until you have written it out. Specify that you are requesting a **NON-ADT ROTATION**: sometimes education directors assume you are ADT; if you do not want to use your ADT for the rotation, make it clear that you do not. Be aware that some places don't allow students to do rotations if they are Non-ADT. If you do a Non-ADT rotation, civilian clothes (business attire) should be worn to the rotation site. In my experience, a well-organized, documented plan will make the process easier for the education director or clerkship coordinator to accommodate your request.

Ask for housing opportunities: There is always a chance to be able to find affordable, and even free housing while you stay in the vicinity of an MTF. It's a great way to save some money, help you become familiar with a potential residency locale, and network with new, future colleagues

Semper Gumby: Setting up a whole year, let alone a single non-ADT clerkship requires significant flexibility. Please be amenable to change.

Following this basic outline will give you an idea of what is needed to proceed with non-ADT clerkships at an MTF. Please be aware that this may not work for everyone, and that there are plenty of hoops to jump through in order to establish these opportunities. With this basic outline, it is my hope that our next generation of Osteopathic Military Physicians is able to engage in Military Clerkships to gain a better understanding of the role that they will play in their future career.

Christine Olanrewaju, DO, MAJ, USA MC

With over 200 PM&R programs to choose from in the US, why choose us?

The Walter Reed National Military Medical Center (WRNMMC), formerly known as the National Naval Medical Center and colloquially referred to as 'Walter Reed' or 'Navy Med,' is the United States' top tri-service military medical center. We are located in the trendy community of Bethesda, Maryland, near the headquarters of the National Institutes of Health. WRNMMC is the most prominent U.S. military medical center in the Washington, D.C. metropolitan area and the United States. The Physical Medicine & Rehabilitation (PM&R) Residency Program at WRNMMC is the sole Military training program for the specialty.

War often serves as a catalyst for change and innovation.

As more than a decade of Operations Enduring Freedom and Iraqi Freedom comes to an end, advancements in rehabilitative technology have had an unprecedented impact on training available to military residents. Amputee care at WRNMMC is unmatched in the civilian sector. During training, our residents work alongside nationally-recognized leaders in prosthetics, prescribing myoelectric devices and identifying candidates for osseo-integration. The program also supports time for additional military training, such as attending the Combat Casualty Care Course or attaining the Expert Field Medical Badge.



While there are few more fulfilling endeavors than caring for wounded warriors, our residents receive training in a broad range of settings and patient populations outside of military medicine.

Through partnerships with National Rehabilitation/Georgetown and Children's Hospital in Washington D.C., Sinai Hospital in Baltimore, INOVA Mt. Vernon in Fairfax and several other sites, residents gain a broad depth of experiences in diverse populations with Traumatic Brain Injury, Spinal Cord Injury, Stroke and other neuromuscular diagnoses. Nearly all attending staff physicians participate in Wednesday Didactics and engage residents in extra-curricular experiences in Ultrasound, Sports,

**Apply to the Physical Medicine and Rehabilitation Residency
at Walter Reed National Medical Center!**



Christine Olanrewaju, DO, MAJ, USA MC

There is a respectful camaraderie between residents and staff, with a healthy emphasis on the balance between personal and professional life.

Fifth Wednesdays occur 4-5 times per year, during which residents choose varied social activities to enjoy together for an afternoon away from clinical duties, such as hiking, trampoline dodgeball, wine tasting, or touring national monuments. Volunteerism is highly regarded, and past events have included the Warrior Games, Pediatric Adaptive Sports Camps, and placing the American flag on veterans' tombstones in appreciation of Veterans' Day. A full day of team building and companionship happens yearly during the Resident Retreat. Residents and staff are encouraged to attend the annual Holiday Party and End-of-Year Party with their spouses and children. In addition, one conference attendance and board review course is funded.



After residency, newly graduated physiatrists contribute to our program's 96% board pass rate over the past 10 years, prepared for practice at various medical treatment facilities in the U.S. and around the world.

If you are seeking adventure, challenge, research, and opportunity to excel and lead, you will find this in Walter Reed National Military Medical Center PM&R residency program.

Want to know more?

<http://www.wrnmmc.capmed.mil/ResearchEducation/GME/SitePages/PhysicalMedicineRehabilitation/>

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AMOPS National Conference

Joint Base Lewis-McChord

March 8-11, 2018



Save the date and stay tuned to www.AMOPS.org for early bird registration coming soon. **Network with peers and mentors, visit a joint military base on the West Coast, get introduced to military culture in a welcoming environment, and enter the poster contest!**

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