Vital Signs

1st Annual AOA Rotation Guide

Previously by: Mattie Oelschlaeger; updated and curated by AOA members

General Advice:

- Be enthusiastic. You'll get to do more, you'll learn more, and you'll get better evaluations.
- Be professional. Be on time, try to arrive before the residents if possible, work hard, and be nice to everyone. Not everyone will be nice to you; get used to this.
- Respect nurses (and other staff). I've learned that nurses can be your biggest allies, or, as I observed in the cases of residents who antagonized the nurses, can stand back and let you make mistakes without saying anything. Be deferential, polite, and respectful. This is oftentimes tricky as I've noticed some nurses have had negative interactions with medical students before and have a baseline dislike or mistrust of students.
- Ask your residents: how you can help them, what their specific expectations are, and how best to study for the exam.
- Don't ever put down your colleagues. Take this opportunity to help a peer if he is floundering.
- Keep an open mind. Many people who come into medical school wanting to do a particular specialty change their minds after falling in love with another rotation.
- Don't take criticism too personally. Ask almost any physician, and they can recall a resident or attending during their training who took an immense dislike to them and made their life rough for a while. In my experience, most of the people you will work with are relatively fair, willing to judge within the boundaries of meritocracy: if you work hard and are pleasant; they'll like you. Don't worry about inevitable outliers.
- Learn people's names. If you are bad at this, it is time to learn how to be better. By learning other people's names, you will indirectly encourage them to learn yours, to remember who you are, and ultimately to think positively of you.
- Overall, try to be *amicable*, *available*, and *able*.

Community Based Primary Care
Length: 4 weeks
Time Commitment: 6-9 hrs/day; 5 days/week (weekends off)
Lecture Component: Yes, several times per week

The goal of this rotation is to familiarize you with different resources throughout a community and can be done in one of 6 cities in Iowa. The majority of your time will be spent at various sites in the community, such as social work agencies, hospice services, centers for abused children, et al. In addition, you will work with a primary care/general practitioner a few times per week. A classmate felt that "this is a random rotation where you get to learn about community resources available for your patients. There is a lot of down time, but it can be used wisely to study for Step 2 if this rotation is near the end of your 3rd year."

Exam: None. Rather, each student is required to give a presentation at the end of the rotation on a topic reflecting general medical issues in the community. The grading for this course is pass/fail.

Family Medicine
Length: 4 weeks
Time Commitment: 8-12 hrs/day; 4-6 days/week. If your preceptor also provides obstetrics care, you may stay late or come in at night in the event of a delivery.

You will get a chance to choose where you do this rotation, and it is recommended that you look over evaluations written by former students to make sure the site and preceptor you choose will be a good fit for you. Students tend to have a wide range of opinions about this rotation, with some students saying it was their favorite, and others saying it was their least favorite. You will spent most of your time with a single physician, so it is a great opportunity to form a strong relationship. You also see a wide range of chief complaints, making it a good time to practice general H&P skills. Your experience will depend a lot on your relationship with your preceptor, so if you two have a personality conflict

or some other issue, do not be afraid to request reassignment.
A colleague's perspective of the rotation: "Family Medicine has the potential to be a great rotation - just depends on who your preceptor is and where you end up. That said, you will get a lot of autonomy on this rotation and learn how to see and present patients. You get to work one on one with your preceptor and you can learn a lot from them if you put forward the initiative and effort. Ask them to let you do procedures - best way to learn is to do!"

Exam: Yes. Many medical schools use the family medicine shelf exam from the NBME, though CCOM does not. The exam is difficult, with an average around 70%. Studying for the exam is also a challenge, as you are only provided with a textbook. Spend your time reading the assigned chapters noted in the online syllabus. Also, be sure to review the cases that you are required to do throughout the APM block as these will help too. Reading will help you do well, but you can also expect to have to guess on quite a few questions.

Otolaryngology
Length: 2 weeks
Hours: about 10 hour days, weekends off, one overnight call (30 hour shift) with the next day off, unless you'd rather come in 1 weekend day.
Lecture component: yes, about 1 a day

For ENT, you are assigned a resident for each week. The teams the residents are on include head and neck cancer, otology, peds, and VA. You will get in touch with them prior to Monday (per request of the clerkship coordinator), and they will tell you if they want you to pre-round that first day. Expect to get a page or email every night telling you whom to round on in the am. Rounds start around 6 in order to be done before the OR, so you will pre-round prior to 6 am. Yes, early mornings unfortunately. Also, the residents usually expect you to have the progress note from rounding completed prior to meeting them to round. After rounds, you will go wherever your resident is that day. When you get to clinic, ask the staff you are with how they usually run it with med students and most of the time they will let you see patients and write notes. If you are interested, ask if they will teach you how to use the scope. In the OR, sometimes they may not want you to scrub because it's easier to see things on the screens anyways. Make sure to ask for feedback during the week to see what you can improve because resident evals count for a lot of your grade.

Exam: They no longer give you a free book but they do give you a thumbdrive with the book in PDF form. It is about 130 pages long and is a quick read. Read it all and take notes to study, or read it a second time. Don't forget about the lecture ppts though so make sure to glance at those before the test too!

Outpatient Internal Medicine
Length: 4 weeks
Time Commitment: 4-9 hrs/day, 5 days/week (weekends off)
Lecture component: Yes, >1x/day on average

This, like Community Based Primary Care, tends to be a low-key rotation with a good amount of free time. You will work both in general internal medicine clinics as well as specialty clinics, which are self-selected if you are in Iowa City or assigned to you in Des Moines. A few examples of the specialty clinics include oncology, cardiology, and rheumatology. You will have a lot of half days, with morning or afternoon teaching sessions a common occurrence.

Exam: Yes, a two-part exam, including a computer-simulated patient encounter in which you use a super-list to perform an H&P and order labs, and then come up with a problem list and plan for each problem. The software is a bit cumbersome though changes have been made recently to make it more user friendly. There is also a computer-based shelf exam that will feel a bit like USMLE Step 1. Studying MKSAP questions or USMLE World questions are helpful to prepare for this portion of the exam.

Inpatient Internal Medicine
Length: 6 weeks
Time Commitment: 6-12 hours, 6 days/week, usually the weekend off in between the two 3 week blocks, 2 nights on call total
Lecture component: yes, several times per week, which are very helpful for the test

This is a demanding rotation with long hours but you will learn a lot! You will spend 3 weeks at the VA hospital and 3 weeks at UIHC. Expect to see lots of heart failure, COPD, liver and kidney disease, vascular problems, and diabetes. You have to take 1 night call per 3 weeks.

There are 3 teams at the VA- white, blue red. Your team is on long call every 3rd day. That means your team admits from 3 pm and through the night. The next morning, you round earlier around 7 am so the resident can go home post call. You have to stay overnight for one of these nights. The next day you are then short call with one other team. You switch off taking admits until 3 pm, when the long call team takes over. On the third day, you are short call again. On days that you are not post call, rounding is at 8 am for ICU patients and regular floor patients after that. To sum it up, your team is admitting every day- for 2 days admitting from morning til 3 pm (short call), and every 3rd day from 3 pm to the next

morning (long call). On short call days, they let you go home sometime after 3 pm when you are done with admission notes/orders/progress notes/etc usually. On long call days, you have a lot of time to study and work on notes til you start admitting at 3 pm, and they will excuse you sometime in the evening usually after you take an admission. Use the VA to practice putting in orders and really taking ownership of your patients. Ask your resident to explain how to put in admission orders, daily labs, imaging, etc right away so you can do them all for your patients. It obviously takes more of your time but it is a lot easier to do with the VA system versus epic and you will learn tons from it. Finally, you get 1 day off per week so talk to your resident about which day works best.

At the university, the schedule varies day by day. There are 4 teams- A, B, C, D. Every day, there are two teams admitting from morning to the next morning. The days you are admitting, expect to be there all day. On days you are post call and not admitting, your residents may be nice to you and let you leave when you are done with notes etc. Sometimes you may admit two days in a row which can get to be long hours, but then sometimes you won't admit for two days in a row which is pretty nice to get some studying done. Use your time wisely. Again, you get 1 day off a week.

A peer's take: "Internal Medicine would be a great rotation to have first or very early in your 3rd year, as it gives you a strong knowledge base on common illnesses as well as how to treat them. Definitely try to do this before surgery, as it would probably make the surgery shelf 100 times more manageable! Rounding is the most painful part of this rotation, besides the hours, but if you like rounding for hours or love knowing every detail about your patient - then you'll have a blast." With that being said, I took internal medicine last, after surgery and it made internal medicine a lot easier. I also felt that by having it at the end of the year, I took more ownership of my patients and really worked on skills I still needed to build. So anything works!

Exam: Like outpatient internal medicine, inpatient IM has a two-part computerized exam. There is a computerized patient and an obscure super-list based exam. The test exclusively covers 13 pre-assigned core topics, ranging from 'heart failure,' and 'liver disease,' to 'hyperkalemia.' Going over the pages for each topic several times in Pocket Medicine (the Massachusetts General Hospital Handbook for Internal Medicine) is very high-yield review. Also, attend the resident lectures and use the handouts to study from. There is really no good way to study for the computerized patient other than study the core topics, make sure to see patients with the core topics and learn from them, and do the practice test to get used to the testing system.

Obstetrics and Gynecology
Time Commitment: 8-15 hrs/day; 5-6 days/week
Lecture component: daily lunch lectures and weekly morning conferences.

Ob-Gyn is divided into 3 weeks of obstetrics and 3 weeks of gynecology. During each part of the rotation, you will spend half of the time on inpatient, and half on outpatient. This means that you will spend approximately a week and a half in each. For inpatient obstetrics, you'll be on labor and delivery for 5 day shifts and 4 night shifts. The hours are generally 6:30AM to 6PM on days, and 6PM to 8AM on nights. You will pre-round on your patients, and then present them in the morning to your team. During the rest of the shift, you will write notes and assist with deliveries. Depending on the volume of deliveries during that particular week on labor and delivery, you may see very few babies, or be running around all night trying to catch them all. Nights spent on labor and deliveries provide an excellent opportunity to get lots of hours of studying and practice questions in. Take advantage of this!!

For inpatient gynecology, you will spend 10 days on gynecologic oncology, which many students find particularly tedious. The students on this rotation work together to keep an updated list of the patients, review H&Ps for upcoming surgeries and admissions, and write progress notes. Gyn-onc can have long hours, and does have a surgical component.

Outpatient obstetrics is mostly prenatal visits, and you'll get to measure fundal height and use a Doppler to detect the baby's heart rate. The hours are nice, and you'll work with physicians on some days and with nurse midwives on others.

Outpatient gynecology clinic also has decent hours, and your patients will be more varied; from patients in the menopause clinic, to patients with STIs, to patients needing a regular check-up or birth control.

There is an optional day during the rotation to spend at the Emma Goldman clinic, assisting with elective abortion procedures. An email is sent out before the start of the rotation allowing students to express particular interest or to decline attendance (no questions asked).

Exam: You'll take the shelf exam from the NBME on the last day of the rotation. I would recommend using the NBME practice questions (accessible through a link posted on ICON). Other students report Case Files as a useful resource, but that Blueprints and the assigned textbook were not enough preparation for this shelf. This course also has a PBA, which is typically held during the 5th week of the rotation.

Pediatrics
Length: 6 weeks
Time commitment: 8-12 hrs/day; 5 days/week (except on inpatient)

This rotation is broken down into 5 parts: 1 week of general pediatrics clinic here at UIHC, one week of general pediatrics at a community site, one week of newborn nursery, one week of a pediatric specialty clinic (such as cardiology, hematology-oncology, etc.) of your choice, and two weeks inpatient pediatrics on one of two pediatric inpatient teams or the neonatal ICU. This rotation has a big lecture component, with afternoon lectures nearly daily. There are also teaching rounds, physical findings sessions, an ethics conference, many CLIPP cases to complete (an electronic system for simulated cases used by many rotations), and student presentations, where each student presents a patient encountered during the rotation.

A classmate added, "Definitely do the questions in the back of Dr. Woodhead's book. The resident lectures and power points are also useful guides for studying for the final exam. Inpatient pediatrics can be uneventful, so if you have time, use it to do the online cases."

Exam: The pediatric examination is an in-house exam rather than a standardized shelf exam. While this lends itself to being difficult to study for, I felt that completing all of the CLIPP cases, doing the questions in the back of the book, reviewing resident teaching session power points, and reviewing Blueprints for pediatrics offered sufficient preparation. This rotation has a very interesting grading system, and uses the examination score as a gateway for earning honors or near honors. If you score less than an 80% on this exam, the best you can hope for regardless of your clinical evaluations is a pass. However, if you score greater than 80% (and complete all required assignments), you become eligible for honors or near honors, and your grade is determined by your clinical evaluations. What this means is that a score of 100% on the exam has exactly the same effect as a grade of 80%. My advice… choose wisely when requesting clinical evaluations. This clerkship also has a PBA.

Radiology
Length: 2 weeks

Lecture Component: This rotation has a large lecture component, with a full half-day of lectures on most days. These lectures can be excellent preparation for the exam, so try to stay awake! There will be several quizzes, however they are ungraded. There are also points for participation.

You will spend the other half of each day sitting with radiologists in various reading rooms, watching them read imaging studies and learning how to interpret different imaging modalities. Although sometimes a little boring, these can be valuable learning experiences if you are proactive and ask questions. You will be assigned to shifts in a variety of reading rooms, which may include: Chest X-ray, Ultrasound, Body CT, Neuroradiology/head and neck, MRI, PET, etc. At the beginning of the rotation, you will also get to choose from a list of "electives" which allows you to spend two ½ days of clinic in a reading room of particular interest to you (ie: pediatric radiology, mammography, vascular interventional, etc.).

There are several assignments and requirements for this rotation. You will be asked to "shadow" 4 patients through their imaging tests, and take a short history from them regarding why they are being imaged. You don't have to complete a formal write-up of the patient, just record some basic info and jot a few notes about their experience during the imaging test. Other rotation requirements include an evidence based medicine assignment (includes a written and oral presentation component) and a case presentation (also includes a written and oral presentation).

Exam: This is a 100 question multiple choice in-house computer exam which you will have 2.5 hours to complete. You may be asked to identify the most likely diagnosis from an image shown, or identify a radiologic "sign" seen on the imaging. There are also some questions without images, which may ask you what radiologic signs you would look for on an image given someone's history, or what imaging study should be ordered based on someone's history. My advice for exam preparation is to review the lecture material, and use supplemental ICON power points as quizzes. Don't be afraid to review the power points multiple times as radiology is a lot of pattern recognition.

Surgery
Length: 6 weeks
Time commitment: Moderate to Intense
Weekends off: No

Your experience on surgery will largely depend on what teams you end up on, which residents you work with, and your attitude towards the OR in general. You will receive an email prior to the start of the rotation asking you to rank the teams in order of preference. You will be on one general service (emergency general surgery, trauma team, oncology red team, oncology blue team, or minimally invasive surgery) for three weeks, and one specialty team for the other three (cardiothoracic, colorectal, vascular, plastics/burns, and pediatrics).

Some of the teams have much easier schedules than others. Also, the random ebb and flow of patient volume can affect

how busy the service is. For example, the few weeks I spent on minimally invasive surgery, I usually had one to five inpatients on the service; the next M3 to come on service had 20 or more the entire time.

During surgery, you'll show up sometime between 5 and 6, usually, to pre-round on your patients. Then you'll round with your residents. Surgeries start at 8AM on Monday and Tuesday, and at 7:15 Wednesday, Thursday, and Friday. Procedures can be short, less than an hour, or last all day. You may have one surgery or three or more per day. Look up your patients and read about the procedure the night before, because some attendings are mighty fond of pimping you on details about the procedure, especially the anatomy.

There is a major lecture component, with daily afternoon lectures. These can be useful and are required. However, attendance isn't taken, and some might make the choice to stick with a particularly interesting case in the OR rather than scrubbing out to attend lecture. You will also have to create and give a presentation to your peers during the rotation.

A colleague states, "I was on two not-so-surgery-heavy teams so I didn't have the crazy hours that other people complain about. Rounding however is awesome on surgery! Short and to the point."

Exam: You will take the NBME surgery shelf exam. Many people say that this is the most difficult shelf. Casefiles or the NMS Surgery book have been helpful for many students (pick one). You can download Casefiles on your iPhones (and some other devices) for the same price as the book, which you may find ideal since you can flip through cases as you are waiting for your next surgery to start, etc. Also read the Pestana review at least once and perhaps try some USMLE World questions.

Psychiatry
Length: 4 weeks
Time Commitment: 8-10 hrs/day; 5 days/week
Lecture component: Daily lunch or afternoon lectures

Prior to the rotation, you'll receive an email asking you to rank your team preferences. Options include med/psych, VA psychiatry, mood unit, eating disorders unit, child psychiatry, and consults. Each unit has its own pros and cons and each is interesting in its own way. Regardless of the unit, however, you tend to have fairly relaxed days with some free time in the afternoons that can be used for studying or spending time with patients. At some point you may also be responsible for presenting a patient during Chairman's Rounds. This tends to make people nervous, though in reality it is actually pretty painless - just be sure to know your patient very well.

Exam: You'll take the NBME psychiatry shelf. In terms of studying, many people have found the First Aid for Psychiatry book very helpful. Also, the USMLE World questions are quite good too (as a general rule, USMLE World questions tend to be helpful for all shelf exams).

Neurology
Length: 4 weeks

I have yet to complete this rotation. However, a classmate who honored the rotation informed me that "the stroke part of the rotation is the best part. You learn the most and the staff members are AMAZING teachers. Stroke rounds are great, but can be a bit intimidating at times. Outpatient and the epilepsy part of the rotation aren't that great, but they have good hours. Overall, not the greatest rotation, but you'll survive - especially with the test being fairly simple and easy to study for."

Orthopedics
Length: 2 weeks
Time Commitment: 10 hrs/day; 5 days/week (weekends off)
Lecture component: Yes, daily lectures in the morning

This surgical rotation has one week each of two teams, which you can rank in order of preference prior to the start of the rotation. I was on peds team, which was great, and blue team (reconstructive team), which had the worst hours but I got to replace knees and hips with the guy who'd literally invented the knee replacement.

Exam: If you attend all the lectures and study diligently the last week of the rotation, you should do fine.

Dermatology
Length: 2 weeks
Time Commitment: 10 hrs/day; 5 days/week (weekends off)
Lecture component: Yes, morning conferences and lectures

Most of your time will be split between clinic at UIHC and some excellent lectures by Dr. Liu. You will also have to option to request time in dermatopathology or Mohs surgery. Especially while on clinic duty at the VA, you'll get to have some autonomy with both interviewing, developing a plan for, and physically treating your patients. This includes shave biopsies, cryotherapy, and punch biopsies.

Exam: Study the online modules and a near perfect score should be in your grasp.

EKG/Lab Medicine
Length: 2 weeks
Time Commitment: EKG: Tues-Fri 8 am-11:30 (some days you are done at 9 am); Lab Med: Mon-Thurs 1:00-2:30 (weekends off)
Lecture component: That's all it is!

EKG: This rotation is a flashback to those golden hours spent in FCP IV getting lectured by Don Brown, MD. The first day of lecture is re-learning Dr. Brown's golden algorithm to EKGs. He then will go over very quickly the first 40 or so EKGs you were supposed to do before the class started. In the following lectures, you will analyze EKGs that were pre-assigned from a paper packet, ten or twenty at a time. Really use the practice EKG's to learn for the test. Use the algorithm hand out you get (and had from FCP) for the first few days then try to do the EKG's without it, since that is what the test will be like. This rotation is great because you get to wear jeans, the hours are great, you get to work with Dr. Brown again, there's no call… basically, it's highly reminiscent of the M2 year and you realize just how carefree you used to be back before clinical duties called. However, be prepared to have a lot of EKG's to read as homework!

Exam: The two tests are a packet of 21 EKGs and then a list of 30 diagnoses- hence, a matching test. 1 is for QRS/ST analysis, and the other is for rhythm interpretation. They take a few hours per test, and they are definitely not super straightforward textbook things, so make sure to study. As I said before, the best way to study is do the homework without using your cheat sheet. And use the matching to your best advantage.

Lab Med: All you have to do is show up for class from 1-2:30 and participate. You will definitely learn most that you need to know for the test in class so take notes and pay attention. You will also have to create a 20-minute presentation on topics from a list having to do with testing of some sort.

Exam: The test for the Laboratory Medicine component of the course is way simpler; it's a computerized test based on the lecture materials.

NEJM's 200th Anniversary Symposium:

A reflection on how far we have come, yet how far we have yet to go.

By: Asitha Jayawardena

I recently had the opportunity to attend the New England Journal of Medicine's 200th Anniversary Symposium. The event was a celebration of NEJM's longevity and continued excellence in the field. The symposium captured where the field of medicine has come since NEJM's inception in 1812, when the journal was delivered by horseback for $2/yearly subscription, to the current era of medicine where the NEJM consistently has one of the highest impact factors of any journal in clinical medicine. NEJM is also the longest running continuously published medical journal in the world.

This prestigious event was hosted in Harvard's Longwood Medical Campus. Nearly 600 people were in attendance and nearly three times that amount were logged in online - making it the largest online conference Harvard Med has ever participated in.

My ticket to enter was an essay I wrote earlier in the year. My submission, which was a reflection on the use of the Internet and social networking and their unique roles in our current healthcare system, was awarded a 'Gold Scholar' distinction. I wrote specifically about the Internet support-group phenomenon that galvanized the spread of the Ponseti method to treat clubfoot in the late 1990s. My essay can be found on the NEJM website at: http://nejm200.nejm.org/essay/social-networking-and-the-internet-an-innovation-in-information-dissemination/.

The NEJM held a private reception prior to the conference for the award winners where I was allowed to meet with the editors of the journal in person. I was one of ten medical students awarded the 'Gold Scholar' distinction, but nearly 100 more writers were also in attendance whose essays were awarded a 'Scholar' distinction. The writers included pre-medical students, medical students, and resident physicians. One person of each of these categories was awarded a 'Platinum Scholar' distinction.

I began to realize the depth and breadth of the participants immediately after I entered the reception. The first award winner I met was from Nigeria, the second from Nepal, and the third from Taiwan. Interestingly, I learned our UI Virtual Pathology library is used around the world when a pathology resident physician from Greece informed me that he used it about every day once I told him I was a Hawkeye!

The symposium was divided into four main topics: HIV/AIDS, Maternal and Fetal Health, Breast Cancer, and Heart Disease. Each topic had a panel consisting of medical 'giants' from each field, as they attempted to frame the evolution of the disease in the past 200 years – often highlighting iconic articles from the NEJM.

The HIV/AIDS panel was made up of Dr. Paul Farmer of Partners in Health; Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases at the NIH; Dr. Beatrice Hahn, who traced the origins of the HIV virus to primates in Africa; Dr. Anthony Ho, who has published over 350 papers on HIV/AIDS and is now

constructing an HIV vaccine; and Robert Massie, who was one of the first discovered elite controllers of the HIV virus. Dr. Fauci gave a 15-minute overview of the disease, which chronicled his work from the first infected group of homosexual men in New York City to the worldwide pandemic that HIV/AIDS evolved into. It was inspirational to see how devastating the HIV/AIDS pandemic once was, and how physicians and researchers have rallied to help contain and manage the disease. Dr. Farmer was adamant that medicine should not be limited to those who can pay for it in the developed world, but shared with those in the developing world – *especially* in the case of infectious disease. The panel closed by highlighting some of the future research that could further the eradication of this disease. Many of th panelist believed that AIDS can be wiped out within our generation of medicine.

The Maternal and Child Health Panel, Breast Cancer Panel, and Cardiovascular Health panel were equally impressive. Each panel highlighted the history of the disease/topic and ended with the future insights into eradicating them. One point that was repeated throughout the panels was the importance of access to care, preventive medicine, and lifestyle modifications.

As the day progressed, I realized how much of the focus of the symposium was on the essay writers. After seeing who the headliner speakers were, I anticipated the essay contest winners to be an afterthought, paling in comparison to the caliber of medicine on display. By the end of the day, however, I realized how wrong I was. The essay writers, in some respects, were very much a focus of the entire event.

Dr. Jeffrey Drazen, the editor-in-chief of the NEJM asked each of the award winners to stand and be recognized at the beginning of the symposium. He said that he hoped the day's events would serve as an inspiration to our generation as we continue to innovate and improve the field of medicine. Dr. Drazen explained that the essay prompt was designed to single out the innovators in healthcare and therefore the future contributors to the NEJM. It was surreal to sit in the same room as the medical 'giants' of the previous generation and realize that my colleagues and fellow essay writers could be the next speakers at the NEJM 250th anniversary!

Finally, once the formal portion of the day was over, we all walked to the nearby Museum of the Fine Arts for an exquisite reception complete with butlers, wine, a harp player, and plenty of foods that I am unable to pronounce. Needless to say, I was a bit out of my league.

As I am typing this article on my flight back to Iowa, I am realizing how lucky I was to participate in this once in a lifetime opportunity. Understanding the progress our field has made in the past 200 years can only serve as an inspiration for continued progress in our future. In fact, I think putting more of the historical context of medicine into either our medical curriculum or extracurricular speakers would behoove the Carver College of Medicine. If we expect to groom the leaders of tomorrow, we must instill within them a respect and understanding for where we have come from as a field.

As Sir Isaac Newton once said, "If I have seen further, it is by standing on the shoulders of giants." I can't see as far as Isaac Newton saw, but what I can see, I see because of the excellence of my predecessors.

Asitha with NEJM Editor-in-Chief Dr. Jeffrey Drazen

"The Faces of Alzheimer's" – L. Wern Ong (above)

"Ready for Rain" – L. Wern Ong (below)

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