



# A DREAM ACHIEVED

FOUR  
YEARS LATER,  
FOUR NEW  
PHYSICIANS  
ENTER  
MEDICINE'S  
FOLD

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**A**t the end of year three of her medical studies, Lindsay Kennedy Brown remained torn between long-term interests in surgery, family medicine and women's health, along with a new interest in obstetrics and gynecology that she discovered during her clinical rotations. "I really appreciate the holistic approach to patient care that you have the opportunity to provide as a family physician," she says. "At the same time, my passion is to provide care for women — and I know I'd greatly miss being in the OR."

Brown ultimately followed her heart and applied to 26 ob/gyn residency programs.

After the tightly scheduled third year of clinical rotations, the fourth and final year of medical school couldn't have been more different for our four students — and their 144 fellow members of the Class of 2012. With few required curricular components — sub-internships, an ICU month, a month of emergency medicine and an online therapeutics course — the year was largely unscheduled, but hardly free. The main event is the process that matches students with residency programs and determines the course of their future.

Late last year, having just completed her residency interviews, Brown had an appointment with Timothy R.B. Johnson, M.D. (Residency 1979), chair of the U-M Department of Obstetrics and Gynecology and the Bates Professor of the Diseases of Women and Children, to discuss her rank list of residency programs. The new Mott Children's and Von Voigtlander Women's Hospital had recently opened, and Brown wasn't sure if the faculty offices had moved as well. "I learned the offices were still in the old Mott, but my key card wouldn't work and I had a hard time getting into the offices," she recalls. Finally knocking on a door to get the attention of someone she saw inside, Brown got in. She navigated the unfamiliar labyrinth ("The old Mott was difficult to get around in, to say the least!"), finding help along the way, and landed in Johnson's office on-time. "He was so supportive and thoughtful in helping me work my way through some very difficult decisions. I'm grateful for his guidance," Brown says.

Her meeting with Johnson was not so different from the medical school experience itself, during which she and her

classmates navigated their way through intense, new courses of learning, met considerable demands and made some tough decisions — finding help along the way in the form of dedicated teachers, willing mentors, supportive fellow students and their own innate sense of direction.

But solving her specialty dilemma still left Brown with another. She met her boyfriend, Andrew Admon, early in her second year. Originally in the class one year ahead of her, Admon had taken a year off to earn a master's degree in public health and returned to join Brown's class. Like many other couples in the class, Brown and Admon wanted to match together. His chosen specialty, internal medicine, is typically a three-year residency, and his family resides in Michigan. Brown's choice of ob/gyn will be four years, and most of her family is in Massachusetts. They applied to programs in both areas and, their futures hanging in the balance, waited for Match Day, this year held on March 16.

Though the substance of the year is much the same for all fourth-year students — Brown completed her elective requirements through rotations in urogynecology, family medicine, primary care obstetrics, pelvic anatomy and women's radiology, along with the surgical ICU — the timing and activity is largely independent. After completing residency applications through the Electronic Residency Application System, a process that begins in September, students then await invitations to interview with those programs. Accepted interviews result in students criss-crossing the nation, where they assess programs and programs assess the students, each side working toward a rank order.

Students in year four also take the Step 2 exam — more clinically-based and, students say, more relevant and less difficult than Step 1 — both of them board exams which are required for a U-M M.D. designation. Most students take the Step 2 exam early in the fourth year — during the summer — to allow them to focus more exclusively on the residency application and match process during the remainder of the year. By February 22, students and residency programs were required to enter their rank order preferences into the computerized National Resident Matching Program, which analyzes all information and matches students and programs.

**THE MAIN EVENT IN YEAR FOUR IS THE PROCESS THAT MATCHES STUDENTS WITH RESIDENCY PROGRAMS AND DETERMINES THE FOCUS AND COURSE OF THEIR FUTURE.**

A portrait of Lindsay Kennedy Brown, M.D., a young woman with long brown hair, smiling and resting her chin on her clasped hands. She is wearing a dark brown sweater and blue jeans. The background is a plain, light-colored wall.

Lindsay  
Kennedy  
Brown,  
M.D.

**R**on Romero applied to 14 residency programs and interviewed at 12, in the field of family medicine, “the place I’ve always belonged,” he says. For Romero and his wife, Jen, who opted for a U-M master’s degree in social work as her route to a career in mental health, the search for the right residency program took on an added dimension. While aware that they can pick up and move after residency if they choose to, many residents remain in the geographical area

where they do their residency, so it’s not unusual to assess an area for the long term. For the Romeros, who became the proud, happy parents of Maya Olivia (6 pounds, 2 ounces) on April 11, that long-term look at residency locations included the quality of area schools, since their family will include a pre-schooler by the time Romero’s three-year residency is completed.

In looking back on the last four years, Romero sees a lot of maturation. “Medical school, and the past year, has been

a time of personal and emotional learning for me. I felt that I learned to be emotionally present with patients, being witness to others rather than just being there.”

Though family medicine is ultimately an outpatient-focused specialty, two-thirds of Romero’s residency training will take place in a hospital setting, where the concentration of patients and availability of attendings for consultation and evaluation provides the most comprehensive family medicine learning experience. For his fourth-year electives, Ron completed a sub-internship in family medicine and an ICU month at the U-M Cardiovascular Center.

The more relaxed fourth year involved a lot of thinking time, time to be with Jen, and the opportunity to plan for the arrival of their daughter. “I feel more responsible now, and more comfortable seeing myself that way. Medical school was a time of finding myself, and I feel much more self-sufficient now.”

Romero found the residency program interview experience to be essential. “You have to meet the people — other residents and faculty — to really sense the energy and fit.”

Fasika Aberra went one step further, making a point to drive to most of her interviews, “to get a feel for the area’s daily life,” she says. She followed a course to Cleveland, Pittsburgh, Maryland, North Carolina and Georgia. In all, Aberra applied to 23 residency programs in internal medicine. She received 17 invitations to interview, which she narrowed to 10 acceptances. The U-M made it into her top five despite her resolve to migrate toward warmer, southern weather. Of the colder weather, the Ethiopia-native says, “It would only be another three years. Michigan has great people and great resources, but I also think there are other places I’d be happy.” Vanderbilt, for instance, which she finds fairly comparable to the U-M in many ways.

Aberra calls a four-week international rotation she did in Accra, Ghana, last fall “an eye-opening experience. There are so few resources,” she says, “fewer imaging possibilities, fewer lab resources. Physicians use their physical exam and history-taking skills much more thoroughly to make up for lack

of diagnostic resources.” There, Aberra says, it can take two to three days to get a CT scan — if you can afford it — and two days to get lab work results from blood tests. “Many trainees leave Ghana to pursue further training elsewhere, and some who train in Ghana leave for the U.S. to practice because of better working conditions, abundant resources and research opportunities.”

An unexpected education in other health care systems occurred when, halfway through her time there, physicians in the government teaching hospital where Aberra was doing her rotation joined a nationwide strike to protest the govern-

Ron  
Romero,  
M.D.



ment's method of paying physicians. "They are the lowest paid health professionals relative to the time they put in," Aberra says, and had not yet been brought into the government's new payment system, which pays all government workers based on education level and other factors. "The doctors stopped taking new patients and refused to attend to even emergency cases," she says. "Patients with money could get care at private hospitals, but those without just had to wait."

The strike ended two weeks after Aberra's departure, brought on by appeals by citizens and civil society groups, as well as a deadly flood that hit the capital city. Not long after, Ghanaian government physicians were successfully placed on the government's new payment system.

Aberra plans to work at an academic institution where teaching and research opportunities exist, along with opportunities to do international work. After gaining experience in the U.S. and true to her original goal, she will return to Ethiopia to practice in areas of greatest health care need. "The more you stay focused," she says of her unwavering commitment to her plan, "the easier it gets — no distractions.

As you go through residency interviews, the more you talk about your goals and vision, it helps solidify those goals and narrows the possibilities."

For Shaun Patel, the path to his future has also remained relatively steadfast. During his fourth year, he completed rotations in orthopedics and anatomy, as well as a month in cardiac surgery, which served as his ICU month, plus an additional rotation at NASA in Houston

in aerospace medicine and yet another at the Hospital for Special Surgery, a specialty hospital in New York renowned for orthopedics. His ongoing interests in athletics, orthopedics and surgery solidified into his chosen field of specialty, orthopedic surgery. A competitive field nationally with roughly 1,100 applicants for 720 slots, Patel's choice called for a greater volume of residency applications. He applied to 40 programs, was invited to in-



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M.D.

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interview at 30, and accepted 14 invitations. Throughout, he continued his elective organizational and committee work — a bit tricky to schedule, he says, but not as complicated as during clinical rotations in year three.

Interviews, Patel explains, are anywhere from five to 45 minutes long and can vary from conversational approaches to questions about the program and applicant to ethical scenarios applicants are asked to respond to. “They are looking for what the applicant can bring to the residency program,” he says.

Fourth-year medical students from across the country often encounter each other at more than one residency interview. Patel sees these students as his new colleagues, the ones he’ll be working and networking with, an evolution that begins in the later medical school years as students begin to follow a path toward a specialty.

Romero broadens the perspective even further: “Medical students from all kinds of backgrounds and with all kinds of interests come to medical school, which provides basically a single learning experience for all that diversity. It’s at the point of residency when those diverse individuals begin to gravitate toward what appealed to them about medicine in the first place.”

**I**n a vast, brightly lit room at the U-M’s North Campus Research Complex, formal tables are set, maize and blue balloons rise to the rafters, and the very air seems charged with excitement. It’s Match Day, the culmination of the interview process, and the moment when graduating students learn and share the results of the National Resident Matching Program. While Michigan graduates typically match with a program among their top three choices, the anxiety — particularly with couples — is inescapable. Students, their families and their friends gather for the news, made public at the stroke of noon and announced by each of the soon-to-be graduates.

Some students have opened their envelopes in advance; others await the microphone moment to learn simultaneously with everyone else in the room what the next stage of their future will be.

In the midst of the luncheon tables just before the ceremony, a small commotion occurs. Lindsay Brown has opened her envelope, as has boyfriend Andy Admon, to learn that the two have matched with residency programs at the U-M. Tearful with joy and relief, Brown hugs her sister, her classmates and Andy; the wait has been worth the welcome news.

Shaun Patel has likewise looked inside his envelope, but confides the news it holds solely to his parents until announcing it to everyone. Fasika Aberra, boyfriend at her side, erupts into cheery tears when she sees her results.

One by one, in random fashion, the students approach the podium. “Internal medicine at Vanderbilt University Medical Center!” Aberra proclaims. Patel announces his acceptance to the Harvard Combined Orthopaedic Residency Program. And Brown shares with the room that she, like many of her fellow grads, will be staying at the U-M.

Students aren’t required to participate in the Match Day event; results are published online at the appointed hour and some students, like Romero, choose the less public route. With Maya’s birth just weeks away, he and Jen elect to learn their fate — Sutter Medical Center in Santa Rosa, California — in a quieter, private way.

When asked if she feels she’s arrived, given the M.D. that now follows her name, Aberra is quick to say no. “There’s so much more to learn, she says, “and that will always be true.” She admits that taking on more responsibility as a resident is both challenging and exciting, even at 80 hours of work a week. “It’s the only way to do it.

“I’m very grateful for what I’ve accomplished so far,” Aberra says. “Coming from my parents’ home in Ethiopia to the United States, navigating geography and educational systems, finding my way. I feel blessed to be where I am today.”

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Shaun  
Patel,  
M.D.



For Romero and his family, work-life balance has always been in the forefront of their decisions. “The busy-ness of medical school challenges you to figure out how to be part of the life you want to live. It requires you to grow and prioritize what’s important to you.”

Brown, like Aberra, may well pursue a master’s in public health to accompany her M.D., but both want to experience residency first to further narrow their interests for public health study.

All four feel deep gratitude for the scholarship support that helped enable their education and make real their shared dream of becoming doctors of medicine. Romero, Patel and Brown each received a Dean’s Merit Scholarship; Aberra received the J. Griswold and Margery H. Ruth Scholarship. Patel sums it up this way: “I’ll graduate debt-free and can do anything I want without worrying about loans, which is pretty amazing. And I’ll give back in the future to similarly help others, a cycle that I will be proud to be part of.” [M]