Reshma Menon

Mr.Speice

ISM

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Name of Professional: Hannah Piper

ProfessionaL Pediatric Surgeon

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Interview Assessment 7

In my eighth interview, I was definitely able to be more confident in the questions I was asking because I was not so nervous about finding a mentor. Not that I did not regard this doctor with same level of respect I did with other doctors, but instead of worrying about impressing the doctors I worked on clarifying minor things that I had asked to other interviewees.

When I interviewed Dr.Hannah Piper, I tried to focus on basic concepts that I still could not pinpoint a single answer if someone had asked me. The first thing I asked was about hernias. Hernias are a type of procedure that are commonly done in pediatric surgery. I had heard about them before, but I wanted to ask more questions on how it starts in the first place.This tear occurs most often congenitally, but it can also be a side effect of surgery. When I asked her how to diagnose it, because it is pain related and babies can't really express pain, she told me there were a number of ways. First and foremost, there is a soft bulge that will mostl likely occur which

becomes more obvious when the baby cries, coughs, or strains. Next, she talked about how the mother is the most important figure. Typically, the mother will have an instinct when it comes to her baby and will speak about it to her doctor. The doctor can then officially diagnose it with more scans and other materials.After that we spoke more the competitiveness of the program and why pediatric surgeons were not that common. She told me how in r 52 open sports for pediatric surgeons with over 151 spots. That means only one out of every three people will get into the program itself. She explained that pediatric surgery is just not that needed of the field. The only way to keep the doctors employed, was to keep the amount of spots needed which is few. There is, percentage wise, not that many children need surgery in the first place compared to adults. All of this helped clarify much of things that had given me confusion before, but now I feel I have a better grasp on it.

Both aspects showed me a lot about the field in the early stages. I had already known that hernias were a big part of pediatric surgery, if not the biggest, but I had questions on the diagnosis and causations of it.The hernia aspect was something that though I researched about , I just never really understood. This showed me the how just reading about medical procedures it's not going to work. Medicine is not the type of thing you can self teach, but it will require a lot of work with the doctor who trains you as well as clinical work. Often, it will take a medical professional to help to thoroughly understand. Another aspect was the jobs. I knew there weren't that mny pediatric surgery fellowships, but whenever I would ask why that it is doctors would either say they didn't know or they would say it is because there aren't that many jobs. But no one had told me why that was the case. The fact that my job is not that important shocked me but proved relevant to my ISM journey. Of course, I know that when Dr.Piper said that she did not

mean that literally. But to realize that the reason that there were that many jobs for pediatric surgeon was because they were simply not needed was almost like a blow to the ego. It made me understand that pediatric surgeons was an easily replaceable profession. But of course pediatric surgery is still everywhere and doctors are able to keep their jobs, so I took that advice but made sure I Was aware of the bigger picture.

All of this in total along with the other information learned through this interview proved to be very useful for me. The knowledge I learned really changed my views on pediatric surgery and not necessarily made me have less respect for the profession, but a more realistic viewpoint on it. It is not a by the book profession, so clinical work and face to face work will be very important. It is also important for me to have a very good background in general surgery because of the slight lack of realistic need for pediatric surgeons in the current medical field, so that I have a back up. But both pieces of information helped get a clearer path for medical school and achieving my goals. I am able to synthesize better plans for speicaliszasiton in medical school and know understand that I will need to look into medical schools that focus more on the clinical aspect rather than the book work aspect. But again, it was an eye opening interview.