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Mr. Speice

ISM

10 February 2017

Name of Professional: Hannah Piper

Professional: Pediatric Surgeon

Date: February 1, 2017

Place: Children's Medical Center Dallas

#### 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 most 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 many 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 specialization 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.

Dr. Alar

1. help with

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leaving style.

- Draught vs. w
- Residency, prejudices, standardized testing, better reputations. For better or for worse, medical schools
- What do you want to do internship?
- Immersed in it, sit up the way they are
- What if you would look like → everyday, child in case, residency apprenticeship life long
- Survival vs. non
- Lots of internships, pathophysiology, pharmacology portion of test shifts how student day based on patient care clinical exposure.
- Ring and, depends on how you learn. Depends
- Medical school exposure, not just in school.
- Fellowships, do choose to do fellowship less supervisor pediatric surgery fellowship
- Specific pediatric, residency, supervised to basics.
- Mapped out, job market → demand surplus requested in such areas, codeless surgery. Regulated, copy.
- One doctor per patient, this about this, this patient do we
- Neck, abdominal procedures, your ring medical
- Children in emergency, pediatric emergency - small part of adult in hospital. Teaching - 67th children's hospital. Fair this part.
- Radiology, aesthetic, per, well set - after 15-20 years
- Neck, and necks, experience w/ new stuff, nuclear used for years
- Significant improvement, demand + value - lot of it is safe in NA. Can't get work, but
- Two days / week, research choice, way
- Tenny is.
- Exercise, v. n, loads, husband, yoga.
- No problem, choices prior to this, big sign, many, outsource, over shift.
- do it to be a name. Hints to help
- Decides appearance, practice. Part time in as busy. Soils & left, doctor.
- Subspecialty - group, specialty involved work upon upon a successful new

7 name

vrant upon aneurysm surgery. For  
 hernia, her next case upon him  
 → aneurysm. May operate  
 all next year, good at each  
 step. Unforgiving, his type man  
 playroom. Peds. Surg, aneurysm, can  
 he save his young →  
 • Roe need a pediatric surgeon  
 + complete the aspect value is  
 an o.s. or ending. Confident  
 → Skills work well. Should master  
 a lot, specifically train he has  
 need 40 fleeship, 1000 or so  
 • High school, Tests → passing  
 vs. much more focused. High  
 English, Boy → just many many  
 medicine, New number of Peds to do  
 some clues → operate - Robt  
 → do even in vascular  
 US saw, evaluated med surg. Bad  
 doctors. Good as. Part  
 • Regularly groups. - Typical at his  
 Peds, classroom rotating → meet  
 school → 11th graders see  
 practitioner. End of 2nd year  
 4 yrs. med. 2 classes - 2ch → 22 →  
 fleeships. Clinical experience, working  
 into a 1/2 hr in 1/2 → 2 1/2 hrs  
 a week, many of pre med  
 keep detailed notes, clearly first  
 decisions → and so  
 med. school → scrap to sleep w/  
 practice → process of  
 learn from it → make the  
 work of pre → remember  
 name → physical  
 money → first and my  
 a patient → can be as  
 best, medical explicit → name  
 in camp → no

