

Medical Student Newsletter



Welcome to our Fall 2022 newsletter!

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Hello! We are the current editors of the Arizona ACP Newsletter. We are excited to share with you some ACP updates and what we have been working on lately as a new team. Now more than ever, it is important that we cultivate connections between our members and provide a voice for medical students. We will strive to highlight the successes of our student members and alert you to opportunities and resources through ACP and beyond. Thank you to the medical students who made this newsletter possible! We are grateful for the opportunity to share our experiences and engage in topics of medicine that are important to our generation. Please know you have a community that cares and is here for you!

Upcoming ACP Events!

- **October 28-29, 2022 @ Double Tree Hilton Tucson (Reid Park)**
Annual Arizona ACP Scientific Meeting,
Physician Voices: The Importance of Communication in Medicine
- **March 8th, 2023**
Save the date for ACP Arizona 2023 Day at the Legislature

What Concerns Us

A survey and narrative of the most significant issues facing medical students in the Arizona region



Data collected and presented by Connor O'Neill, OMS4, A.T. Still University

It started by simply wondering what room I was supposed to go to for lecture. Then, how should I organize my notes? When was the first test? Would I pass that first test? Alright, now I've passed my school's tests, what about the board tests? Wait...what even are boards? Where will I go for clinicals? Can I afford it? I've already wiped out all the money I saved more times than I can count, what's another 80-grand this year? More boards, need letters of recommendation, need research, clubs, and a hundred other things. Horror stories of students going unmatched. Horror stories of a system that values profit over patients. So many concerns for where I'm headed—I can't be the only one feeling this way, right?

It turns out I'm not the only one. It turns out that across the entire Arizona region, medical students are thinking similarly. Major changes occurred in the medical school curriculum and residency application process in the last few years, from board exams becoming pass/fail to residency interviews transitioning from in-person to online. Concerns also stem from what has continued to remain the same. Indeed, coming face to face with a for-profit healthcare system proves a jarring experience for many.

Every medical student learns to prioritize a patient's major problems in a treatment plan. It's with that attitude that I asked my colleagues: what concerns you? I looked back on my medical student experience so far and thought of all the issues that kept me up at night. I thought of all the conversations I had with fellow students about what kept *them* up at night.

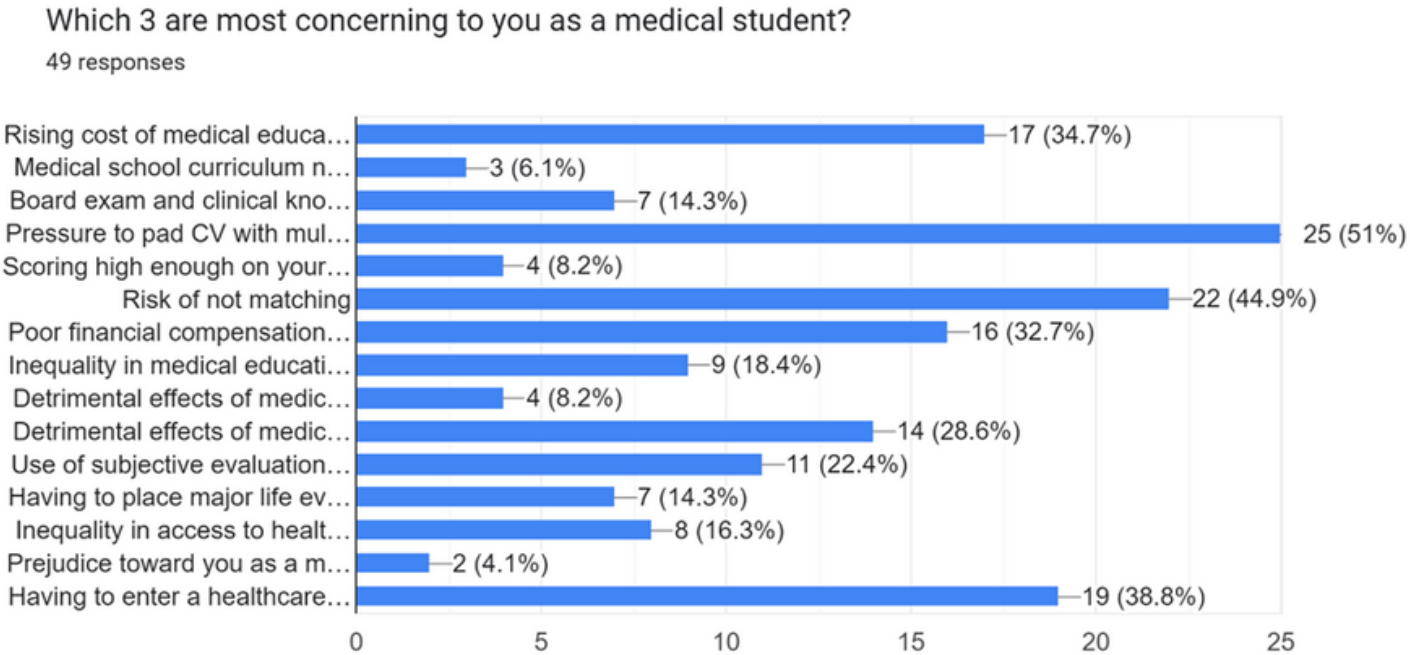
Eventually I developed a list of the 15 concerns I heard the most. I organized these into a survey, asking medical students from each Internal Medicine Interest Group in the region to choose their top three. At the end, they could expound—anonously—on why these were their choices. The result was an answer to that vital question: of these topics, which are most concerning to you as a medical student?

Which 3 are most concerning to you as a medical student?

- ☐ Rising cost of medical education
- ☐ Medical school curriculum not reflecting board exam content
- ☐ Board exam and clinical knowledge content becoming increasingly expansive, e.g. First Aid for the USMLE 2000 was 401 pages, edition for 2022 now 848 pages
- ☐ Pressure to pad CV with multiple extracurricular activities, especially given that Step/Level 1 now pass/fail
- ☐ Scoring high enough on your boards to get into your preferred specialty/program
- ☐ Risk of not matching
- ☐ Poor financial compensation in residency
- ☐ Inequality in medical education—e.g. a first-generation, low income student faces significantly more hardships and unexpected obstacles than a student with a family in medicine from a wealthy background
- ☐ Detrimental effects of medical school on personal physical health
- ☐ Detrimental effects of medical school on personal mental health
- ☐ Use of subjective evaluations to grade medical students on rotation
- ☐ Having to place major life events (e.g. marriage, home buying) on hold because of medical school
- ☐ Inequality in access to healthcare for yourself and/or patients
- ☐ Prejudice toward you as a medical student based on race/ethnicity/religion/gender/sexual orientation/or any other defining personal characteristic
- ☐ Having to enter a healthcare system that values profit over patient health

The questions included in the survey

What bothers us most, according to this survey, is the pressure to pad our resumes, the risk of not matching into residency, and having to participate in a system that values profit over patient health.



The survey responses

A strong CV is a vital part of any student’s arsenal when applying to residency. Still, the pressure to fill the resume with hours upon hours of research, volunteering, and other extracurricular activities is especially intense. A full 51% of respondents to the survey listed this as one of their top three concerns. Much of this falls to the fact that the USMLE Step 1 and COMLEX Level 1 are now pass/fail. These particular board scores were traditionally one of the most potent measures to screen applicants to programs. With that measurement gone, other factors are filling the vacuum left behind. As one respondent wrote, “I’m concerned that with Step 1 being pass/fail, the amount of extracurriculars that have to be added to my already full plate will lead to a lot of stress.” Others agreed that adding more research, volunteering, and other efforts to pad their CV threatens to upset an already precarious work-life balance. Another consequence of this push to pad, from one more respondent: “As the number of extracurricular activities expected increases, the proportion of time actually spent learning and practicing how to be a doctor decrease.” While there is no completely unbiased measure to compare applicants, that same writer brings up a point that should not be ignored, adding “A lot of these activities require resources from all parties involved which are not always equitably available or accessible.” With responses such as these, it’s little wonder why filling the resume has become one of the chief concerns for medical students in the region.

Yet even if a student manages to craft an excellent CV, doing all the “right” things, checking all the “right” boxes, many go unmatched. According to the National Resident Matching Program (NRMP), in 2022, “2,262 positions were unfilled after the matching algorithm was processed, 335 more than last year.”[1]

Though statistically rare,[1] having nowhere to go after the long hours, personal sacrifices, and financial investment of medical school is a terrifying possibility. One response states it pointedly: “a medical school education is almost worthless without a match.” This is a problem that should not exist. Still, the funding available for residency slots has been capped since 1997, making it difficult to increase their numbers by more than a few percentage points per year.[2] Medical schools are not reliant on this limited federal funding. The result is a disproportionately high growth in medical student numbers relative to available residency slots. This dichotomy is a confusing fact, since the demand for doctors has risen dramatically, and is only expected to grow.[2] The result is many qualified students victimized by an outdated system.

Another major source of concern is participating in a healthcare system that values financial benefits for shareholders over health benefits for patients. Americans spend the most out of anyone in the developed world on healthcare, yet routinely fail to see proportionate results.[3] Witnessing this firsthand as a medical student is a daily tragedy. It’s a source of frustration for many, even before their medical career truly begins. “I feel a sense a disillusionment in knowing that so many people are afraid to even ride in an ambulance because of the exorbitant costs of healthcare in this country,” one student says. It becomes even more frustrating as we learn that there is very little we can change as doctors, yet patients often view us as the source of the problem. A respondent explains, “...there is sometimes a tacit implication that the onus is on doctors to work towards changing this too on top of all the other expectations that are already placed on them. It makes for a demoralizing training environment when we see what's coming down the line as future doctors.” It is difficult to reconcile this reality with our motivations for entering medical school in the first place. As one student responded, “I believe that healthcare is a human right, and it is difficult for people to have equitable access to care when healthcare is modeled as a business.” Most of us find ourselves agreeing with this statement, but are unsure of how to reach a solution—or if it’s even possible.

Though we learn to prioritize the major problems facing a patient, as medical students we know to never lose sight of the whole picture. Though some factors were selected less often, they are still vital areas of concern.

Some students highlighted the runaway cost of medical school education. Since 2013, the average tuition for medical school has risen by about \$1,500 every year, with a total four year cost of attendance averaging around \$200,000.[4] One respondent ran the numbers: “I will accumulate a \$400,000 loan at the end of medical school. In primary care, the most that one can make is about \$180,000 on the low end and \$280,000 on the high end as an attending. Financially, it's very risky to take on that much debt.” Situations like these are common across medical students, with the relatively poor compensation in residency casting a dark shadow of debt across much of a young doctor’s career.

Others face biases simply for who they are. “I am visibly and openly queer”, says a student, “and have been given the advice from medical professionals that I should hide my sexuality and change my physical appearance in order to be successful as a physician. I am afraid that I will face conscious and unconscious bias by both physicians and patients.” Another adds on, “these concerns make it more difficult for people like myself to be and remain in medicine.” For many students, progress is not happening fast enough.

With this many issues facing medical students, it is no surprise that we suffer costs to our physical and mental health. The irony is not lost on one respondent, who writes, “...we learn so much about taking care of other people's health but cannot implement these practices personally.”

The concerns that medical students face cannot be condensed to just three, or even fifteen topics. Yet working to discover what bothers us the most is still valuable. It allows us to triage our energy for change—to direct our effort toward what would do the most amount of good for the greatest amount of people. Progress is already occurring. Efforts to help unmatched graduates practice medicine are growing. For example, multiple states allow for “assistant physician” positions where unmatched, newly graduated doctors can work until trying again in the next cycle.[5] Organizations like Physicians for a National Health Program already advocate tirelessly to fix our profit driven system. I’ve learned so much discussing these concerns with my colleagues. I’m comforted knowing we share the same stressors, honored to know we are united in a desire for change. Many of the changes to address these concerns will need to be systemic. It will take a lot of work. Yet my day-to-day interactions with my colleagues in class and on the wards tell me one thing: we are ready.

[1] NRMP Delivers a Strong Match to Thousands of Residency Applicants and Programs [Internet]. nrmp.org. National Resident Matching Program; 2022 [cited 2022Aug5]. Available from: <https://www.nrmp.org/wp-content/uploads/2022/03/2022-Match-Day-Press-Release-FINAL.pdf>

[2] They're MDs, but they can't find residency positions [Internet]. physiciansweekly.com. Physician's Weekly; 2021 [cited 2022Aug5]. Available from: <https://www.physiciansweekly.com/theyre-mds-but-they-cant-find-residency-positions/>

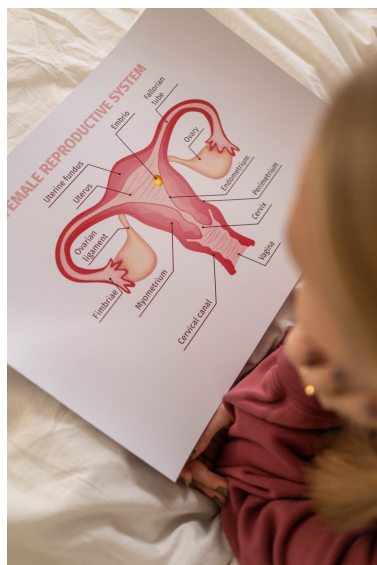
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ACP's response to women's access to health care

Shauna Bratton, MS3, UACOM-T



After the overturning of *Roe v. Wade* on June 24, 2022, providers across the country have felt uncertain about the future landscape of reproductive rights and healthcare for women. The decision also affects services such as contraception and fertility treatments in many states. ACP issued a statement condemning the initial decision and has since been advocating to promote access to the full range of reproductive health care services for all patients. This is critical for preserving patient autonomy and the patient-physician relationship. ACP has joined more than 75 health care organizations to oppose these legislative restrictions. Since June, more than 20 states have trigger or new laws in place that restrict the legal status of abortion and criminalize offering abortion-related services. Abortion bans are likely to cause higher incidence of maternal mortality and dangerous pregnancy outcomes. For both future and current healthcare providers, it is our duty to advocate for our patients and speak out against these violations of reproductive rights. ACP members can log in on the ACP website and navigate to the Reproductive Health Toolkit for info on how to become a part of the effort against this new legislative interference in women's health.

The Robin Hood of PPE

A Student-Led Effort to Address COVID-19 Disparities and Medical Supply Waste

Chikodi Ohaya, MS2, UofA College of Medicine - Phoenix

COVID-19 has disproportionately ravaged minority communities and exposed the tight-fisted grip of disparities on patient care. The ongoing pandemic has exacerbated gaps in access to medical equipment, as evidenced by facilities that serve higher proportions of Medicaid patients reporting more severe shortages in Personal Protective Equipment (PPE) compared to their more affluent counterparts. (1)



Left to right: Chikodi Ohaya, Funmi Adeleye, Rohin Singh, Ewoma Ogbaudu (founder), Ahmad Shahin

Moreover, the tendrils of the pandemic are far reaching and have also worsened trends in medical supply waste. Prior to the pandemic, hospitals in the United States alone produced more than 2 million tons of medical waste each year and the World Health Organization reports that this has only increased globally since 2020. (2) Thus, the COVID-19 pandemic has significantly contributed to the destabilization of both the planetary ecosystem and the healthcare ecosystem.

To address this, medical students at Mayo Clinic and the University of Arizona - Phoenix created The Medical R.E.N.E.W.A.L. Program. This initiative is an ongoing initiative to collect and redistribute unused medical supplies. Medical students identified overstocked PPE at large hospitals through supply chain management and initiated monthly collection from hospital systems in the Greater Phoenix Area. Simultaneously, students solicited supply requests, identified concordance between requested and collected items, and organized subsequent deliveries of supplies to safety net clinics.

R.E.N.E.W.A.L.

**Re-allocating
Equipment is
Necessary to
Eliminate
Waste and
Amplify
Leadership**

In total, students collected over 500,000 overstocked medical supplies and distributed thousands of PPE items to organizations serving Arizona communities in need including the Phoenix Allies for Community Health, Neighborhood Christian Community Clinic, the Sidewalk Project, and the Refugee Education and Clinical Team. This program epitomizes the intersection of medical sustainability and community engagement by establishing a sustainable model for PPE reallocation.

If you wish to participate in or donate to R.E.N.E.W.A.L. program, please contact **Chikodi Ohaya** at **tcohaya@arizona.edu**

References

[1] McGarry BE, Grabowski DC, Barnett ML. Severe Staffing And Personal Protective Equipment Shortages Faced By Nursing Homes During The COVID-19 Pandemic. Health Aff (Millwood). 2020;39(10):1812-1821. doi:10.1377/hlthaff.2020.01269

[2] Muñoz A. Reducing health care's carbon footprint--the power of nursing. Workplace Health Saf. 2012 Nov;60(11):471-4. doi: 10.1177/216507991206001102. PMID: 23413481.

Fun medical school quotes from our authors:
"This is nothing like Grey's Anatomy."



Please remember how important it is to prioritize your own physical and mental health throughout medical training and as a provider!! We cannot do the best for our patients if we do not do the best for ourselves. Check out this webpage full of helpful wellness resources from ACP.

Thank you so much for your support of this season's newsletter. All the best from our editors, we wish you a well-fortuned rest of the year and see you soon!



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