



PITT-CMU MSTP

SPRING 2017 NEWSLETTER

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UNIVERSITY OF PITTSBURGH

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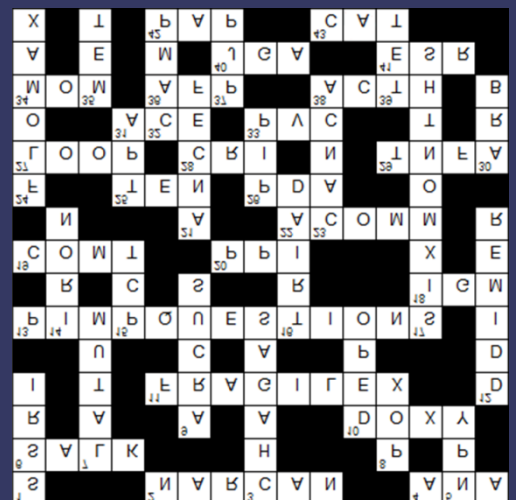
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WHITE HOUSE FRONTIERS CONFERENCE

OCTOBER 2016

IN OCTOBER, I had the honor of introducing President Barack Obama during the White House Frontiers Conference. It focused on innovation, science, and technology and highlighted the exciting work being done at Pitt, Carnegie Mellon, and in the Pittsburgh community. Over 800 scientists, researchers, local leaders, and students (including a number of MSTPs) met to discuss advances in five “frontiers:” personal (precision & personalized medicine); local (data-driven community advocacy & transportation); national (robotics, artificial intelligence, machine learning); global (climate science & clean energy); and interplanetary (space exploration). The plenary session featured a dazzling array of lightning speeches, a live staged podcast, and, of course, a speech and panel discussion with President Obama!

I was overjoyed to receive an invitation to even attend the conference, so imagine my shock when, a few days later, I was asked to



introduce the President! The days leading up to the event were a whirlwind of speech-writing, credentialing, background checks, and preparation. The day arrived and I found out I would have a few minutes to chat with President Obama. I was suddenly at a loss – I mean, what do you say to the President?! Fortunately, he was friendly and engaging, steering the conversation to my family. In fact, after hearing that my little brother was his biggest fan, President Obama had an aide find out my brother’s name and left him a personalized note! When it was finally time for my speech, President Obama sent me off with a reassuring, “You got this!” I walked up to the presidential podium, began my speech, and the rest was an exhilarating blur. The Frontiers Conference not only showed off the amazing work being done at our institutions, but also served as a meeting of the minds, bringing together the smartest people from every discipline to share ideas for a brighter future. I was so honored to represent our MSTP at this incredible event.



-ALEXIS CHIDI (MS4)

MSTP

ADMINISTRATIVE UPDATES

To outline trainee financial agreements during the PhD phase, a new MSTP faculty form has been created to clarify student-faculty arrangements. The MSTP is also rolling out a new online version of the Individual Development Plan (IDP) form. This should be easy to use and quick to access, which will facilitate our bi-annual progress meetings with our career advisors.

Our brand new website went live in July 2016. Along with our new logo and promotional materials, the MSTP site offers a beautiful portal in to our program and what it has to offer in training the next generation of physician-scientists.

THIS PAST SUMMER, OUR PROGRAM ADMINISTRATION SUCCESSFULLY NAVIGATED ANOTHER NIH SITE VISIT AND **ACHIEVED A FUNDABLE SCORE FOR THE NIH TRAINING GRANT THAT WOULD LEAD TO ANOTHER 5 YEARS OF FINANCIAL SUPPORT. STUDENTS ALSO RECEIVED A WELCOME SALARY INCREASE, EARNING A BASELINE STIPEND OF \$28,500.**

WELCOME TO PITT

THIS year we decided to make some big changes to our applicant hosting and welcoming process, based on feedback from current students. First, instead of providing the option of student hosts, we hosted all applicants at the Hilton Garden Inn in Oakland. Providing lodging for the applicants greatly simplified the hosting process, as we no longer had to match applicants and hosts on short notice. The applicants also appreciated being close to Scaife Hall on interview day.

We also changed the location of the social events to provide a wider array of food options and a less formal environment for the applicants to chat with current students. The night before the first interview, we held a relaxed evening social with some light food at Fuel and Fuddle to welcome the applicants to Pittsburgh and help them get to know each other. Then, to finish off their first interview day, we replaced the semi-formal dinner at the University Club with a more casual dinner at the Porch restaurant in Schenley Plaza, allowing the applicants to relax and unwind with current students. The applicants appreciated being able to engage with current students at different stages in the MSTP program, and got a taste of the Oakland neighborhood. Overall, the applicants seemed pleased with their lodgings and the social opportunities provided during the interview process, and current students were more excited to participate in the social events.

In addition, we upgraded our system to make it easier for current students to sign up for

the social events. After evaluating different options, we chose a free online hosting tool called Sagenda, which allowed us to easily manage events and attendees while providing a simple interface for students to register. Sagenda also made it simple to check how full each event was, and it sent email alerts for bookings and changes so students could keep track of the events they signed up for. For next year, we are looking into adding an SMS module for a small charge, which would allow Sagenda to text message reminders to students leading up to the social events. So far, we are very pleased with these changes, and we hope to continue streamlining the hosting process for next year.

We made a lot of changes this year, and we believe the results were pretty successful. A smoother, easier hosting process means we can improve the experience for both the applicants and current students. We'll continue to work to improve with new feedback from applicants and students, and look forward to welcoming next year's applicants.

-JOSH TASHMAN (MS2)



MSTP SURVIVAL GUIDE

MS1/MS2: *Medicine:* Learn how to study; try different methods and find what works for you. Do well on Step 1 - do as many QBank questions as possible! Join a club at the medical school. *Research:* Talk to older students in the program about mentors, meet with mentors and see who is a good fit for you. Choosing the right mentor is key. *Life:* Keep up with at least a few of your hobbies. Make new friends, say “yes” to invitations. Try something new - a restaurant, a new sport, baking. Enjoy post-exam weekends!

G1-G2: *Medicine:* Complete 1 LCC early on - use it to explore an area of interest or to differentiate adult medicine vs. pediatrics, etc. *Research:* Write a review when you start in lab - it forces you to familiarize yourself with the literature in the field. Finish comps and course requirements as soon as possible so you can focus on your thesis project. Write a first draft of your F30 as soon as possible. Formulate your thesis committee. Set up a weekly meeting with your PI. Learn new techniques. Collaborate with other labs. BE ORGANIZED - set up EndNote, keep good notebooks, communicate with committee members far in advance of meetings. Attend at least one conference in your field. *Life:* Take advantage of the flexible

“Find your people” - be open minded about different clerkships, but recognize in which areas you feel the most comfortable/enthusiastic.

schedule - get your work done, but have fun. Take a trip. Keep in touch with medical school friends, see how they approach the wards and residency applications so you can follow their advice later. Branch out to make new friends in the graduate school - attend graduate events, etc.

G3+: *Medicine:* Complete second LCC close to when you’re planning to go back. Start planning your return date to medical school about a year in advance, make sure to enter lottery for clerkships in time. Don’t worry about trying to relearn all of medicine before going back - you will learn it in time on the wards. *Research:* Publish at least one first author publication. Write up thesis, defend! Know all deadlines and requirements for graduation from the PhD. Present at a conference. *Life:* Celebrate being done with your defense with a vacation before going back. Talk to friends often, especially those in the PhD - they are an awesome support system when times get tough!

MS3/4: *Medicine:* “Find your people” - be open minded about different clerkships, but recognize in which areas you feel the most comfortable/enthusiastic. Work hard, be a team player. READ and DO QBANK. Enjoy the interview trail as much as you can and start saving up money for travel at least a few months before it starts. Get a rewards credit card for interview travel (I personally liked one from my favorite clothing store so every plane ticket resulted in a new piece of clothing!). Enjoy free time in fourth year, but use some late electives to build clinical skills that will help you in internship (i.e. radiology). *Research:* Use a research elective month to tie up loose ends in lab - turn the intro of your thesis into a review if you haven’t already done so. *Life:* Visit with old friends as you travel. Do at least one fun thing a week while on clerkships.

Being an MSTP student opens many doors across campus, but as often as we switch schools and departments, I sometimes found it difficult to feel like I belonged anywhere fully. My best advice to combat this would be to invest in every stage of your training. So when you arrive and receive that short white coat, make friends with your medical school colleagues. Not only will your classmates be an important part of your new support system, but in a few short years, they will be your seniors on the wards. During PhD training, attend GPSG events and get involved in your graduate department. When you are having issues with mentors or need help with a new technique, your fellow grad students are a great resource and understand the struggles of lab life. Then again when you return to medical school, get to know your new (albeit much younger) classmates. For me, this transition was the most difficult, and having new friends - in addition the welcome sight of familiar faces from your original class - made it much more manageable. And finally, invest in all that Pittsburgh has to offer. Expand your radius beyond Shadyside (concrete suggestion: check out Raccoon Creek State Park). Before I arrived for my interview, I had never been to the city, and now it is absolutely my home. Best of luck to everyone!

-LAUREN SKVARCA (MS4)

.....
• This too shall pass. •
•
• There will likely come a time during your •
• PhD when you need to stand up for your- •
• self. **DO IT.** •
•
• Don't let your science limit your medicine. •
• (credit: Clif Callaway) •
•
• -ADRIENNE TAREN (MS4) •
•
.....

RECENT ENGAGEMENTS...

MARIA LY
& GARY YU

JON COHEN
& KATE AMODEI

COLLEEN JUDGE
& CHRIS GOLDEN

RECENT PET ADOPTIONS...

RITA
(LLOYD HARVEY)

PLUTO
(ADRIANA JOHNSON)

CHARLOTTE
(MARYANNA OWOC)

MURPHY & THEO
(ELLIOT COLLINS)

LOOKING BACK ON MOVING FORWARD

JASON SANDERS, MD, PHD
PITT/CMU MSTP CLASS OF 2013

DR. SANDERS IS CURRENTLY A RESIDENT physician in Internal Medicine at Massachusetts General Hospital in Boston, MA. Previously, he completed two years of residency in Emergency Medicine at the Harvard Affiliated EM Residency at MGH/BWH. After residency, he will complete a fellowship in Pulmonary and Critical Care Medicine. He is interested in population-based research in pulmonology and critical care, human longevity, and device development.

He completed his PhD in Epidemiology under the guidance of Dr. Anne Newman, Professor and Chair of the Department of Epidemiology at the Graduate School of Public Health, studying the biology and physiology of aging through combined genetic, molecular, clinical, and epidemiological methods. He was awarded Best Epidemiology Doctoral Dissertation in 2013, and received the Drs. S. Sutton Hamilton MSTP Scholar Award in 2012.

I've been out of school for three years, which doesn't seem like much in retrospect, but the learning curve in residency is so steep that the required growth is more than I anticipated. It's a marathon, not a sprint, and expect to dig in your heels for the long haul, otherwise you'll burn out even faster.

I've worked in six hospitals and been challenged to improve daily by peers, attendings, students, the system in all its complexity and flaws, and of course my patients. Be flexible, adapt, don't judge too early, learn from differences, but develop your own way and put your money down when you do. My most memorable incidents, which I learned the most from, have straddled both ends of the emotional spectrum, from utter joy and success to self-doubt, fear, and abject failure, professionally and personally. Embrace the beautiful nature of our privileged work, be humble, forgive, and allow the failures to make you better - you will never be perfect, and that's what makes this career so wonderful.

Constantly talk to people, especially patients and possible mentors (you'll need at least several of these, not one), and read as much as you can to learn the ecosystem around you. When you know your surroundings you can begin to manipulate them to improve everyone's lot, including your own - and do so, don't sit idly by. It's ok to never grow up, change residencies even, be the black sheep, as long as you keep trying to improve and build. But get good at something important, really good, so you become indispensable.

Embrace the beautiful nature of our privileged work, be humble, forgive, and allow the failures to make you better - you will never be perfect, and that's what makes this career so wonderful.

Your biggest weakness is the same as everybody else's: you don't know what you don't know, and that will always be true. So do yourself (read: your ego) and your patients a favor: become the most comfortable saying "I don't know, can you help me?" You'll be much smarter, calmer, and respected for it.

Find someone you love and be everything for that person to the best of your ability, even when it means admitting you're incredibly wrong and stupid. It will be rewarded with more than you can imagine, and more than you could ever do for yourself.

Finally, take time for yourself, reflect, be grateful, and spend more time outside. If you ever have questions, need help, or just want to talk, please find me. Good luck :)

- JASON SANDERS, MD, PHD

#MSTPTieTheKnot



JOSHUA STURM (MS4)
& CAMILLA KELSOE
August 15, 2015
Pittsburgh, PA

ERIC STROBL (G4)
& IRIS SHAO
December 23, 2015
Puerto Rico

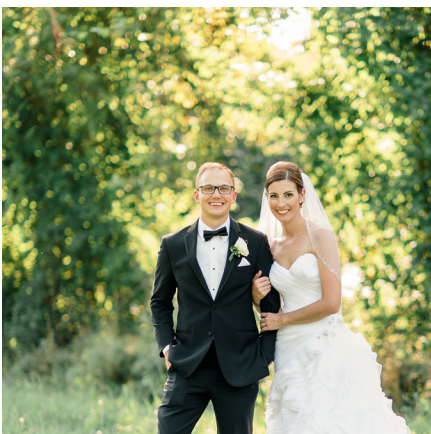


ELLIOT COLLINS (G2)
& COLLEEN GALLAGHER
April 23, 2016
San Diego, CA



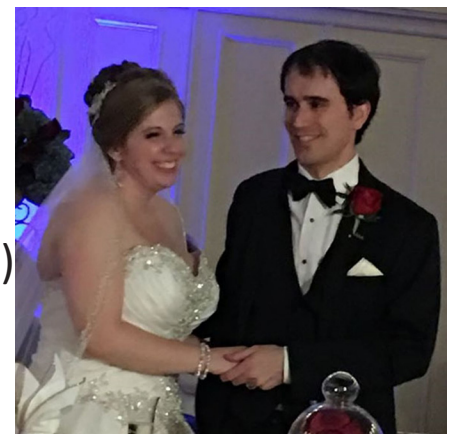
ALEX KIKUCHI (G4)
& JEANNETTE GUARRIELLO
June 18, 2016
Pittsburgh, PA

PATRICIA CASTILLO (G2)
& KRISTOPHER DELA CRUZ
October 3, 2016
Sevilla, Spain

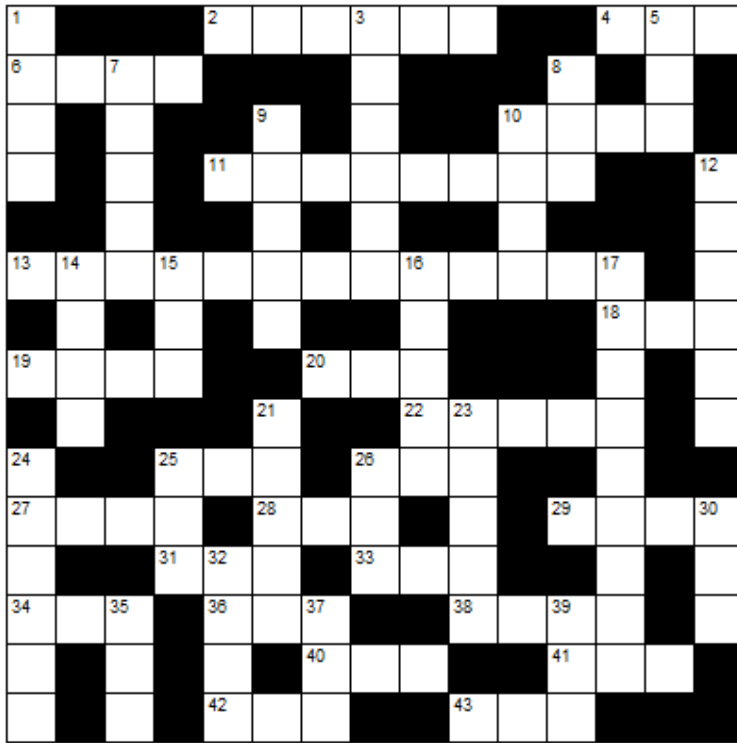


TAYLOR EDDENS (MS3)
& KATIE JANE RYAN
August 27, 2016
Pittsburgh, PA

HEATHER ACUFF BLAKENEY (G2)
& JOHN BLAKENEY
October 22, 2016
Pittsburgh, PA



Boards Buzzwords



Across

Down

2. Overdose necessity
4. Lupus titer
6. Famous Pittsburgher with an injectable vaccine
10. -cycline for tularemia
11. Syndrome with long, narrow facies and large ears
13. What this puzzle is full of
18. It's too big to cross the placenta
19. Tolcapone inhibits this
20. Pt. 1 of GERD triple therapy
22. Common site of a berry aneurysm
25. Drug reac. with severe skin necrosis
26. Indomethacin closes this at birth
27. Where Lasix works
28. ___-du-chat, a 5p deletion syndrome
29. Cachexia and sepsis protein
31. Quinapril inhibits this enz.
33. It might precede v-tach
34. Typical source of the nondisjunction in Down syndrome
36. Marker of yolk sac tumors
38. It's prevalent in Cushing synd.
40. Site of renin prod.
41. Nonspecific marker of inflamm.
42. Prelude to a colpo.
43. A vector of *T. gondii*

1. Fluvoxamine drug class
3. Charles Darwin caught this disease in South America
5. Gut-brain neurohorm.
7. Fish tapeworm D. ___
8. Virus family with dsDNA and a square capsid
9. ___ senilis, a benign xanthoma of aging
10. Long-acting injection (e.g., haldol or progestin)
12. It can diagnose DIC
14. Most common dietary deficiency
15. Part of the kidney that's iso-osmotic to blood
16. Cushing's or Virchow's
17. Time for baby's first flu shot?
21. Common surgical antibiotic
23. Antibody in Wegener's
24. Tamsulosin trade name
25. Emergency tx. with a 3-5 hour window
30. Valsartan drug class
32. It activates PKA
35. Most common brain tumor
37. AIDS pts. get TMP-SMX to avoid this
39. Dis. with "boot-shaped" heart

- Stephanie Myal, with special assistance from First Aid and Pathoma

**Correspondence Committee:
Gaelen Dwyer and Laura Molina**

**University of Pittsburgh, MSTP
526 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
(412) 648-2324
mdphd2@medschool.pitt.edu
<http://www.mdpd.pitt.edu/>**