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Cleveland Clinic
Summer Scholars
Program!

Vanessa Cruise

A Little Bit About Me

- o I am a junior, Biology and Behavioral Neuroscience double major, Research Studies Minor
- o I am a part of the Razor's Edge Research Program and the Dual Admission Program for Osteopathic Medicine
- o My dream is to become a trauma surgeon!

About the Program

- o Currently available to:
 - o High school juniors going into senior year
 - o Pre-med college freshman
 - o Have completed first year of college
- o We're going to focus on college freshmen!
 - o It's a 6-week program
 - o 3 rotations, 2 weeks each
 - o Rotations can be aligned with your preferred specialties (asked on the application) if resources allow

About the Experience

- o I had the following rotations:
 - o 1) Pulmonary
 - o 2) Orthopedic Surgery
 - o 3) ENT (Otolaryngology)
 - o “4)” Colorectal Surgery
- o I listed a “4th” rotation, and I will explain why later on!
- o You receive your rotation schedule, your official Cleveland Clinic lab coat, and your badge on the day of orientation

Pulmonary

- My doctor was away from the office for the first week
- So? I got to follow a Pulmonary fellow
 - They gave me my own desk to do research or homework or anything else during slow times
 - He happened to be on his Hospital rotation
 - What a day in this rotation looked like:
 - Walked into the office at 7 am (I was usually the first one there)
 - Set up my desk and did research while my doctor arrived
 - Went on morning hospital rounds
 - Spent the day alternating between running around the hospital and sitting at my desk taking notes and researching what I had seen that day in between patient contact
 - I left the office around 5 pm

- o The cool thing about the pulmonary rotation is that my doctor was incredibly involved—he would stop after patient visits and explain the medicine behind the visit
- o He encouraged me to ask questions and I did; I got so many great notes off of these interactions
- o I learned tons about lung CT scans and respiratory/lung pathology
- o He would take us to the ICU/NICU/SICU or the ER whenever something interesting was going on
 - o I saw my first code blue and my first patient death under this rotation
 - o I saw a thoracentesis
 - o I saw stents being placed in bronchioles to keep them from collapsing
 - o I got to see a CPAP machine in its full workings for the first time and was taught their purpose and mechanics
 - o And more

Orthopedic Surgery

- My surgeon was away for the 2 weeks I was in that rotation
- I shadowed his PA, another PA, and a few of his colleagues
- I only got to see one actual surgery procedure before they closed off their OR as joints get very easily infected—the surgery I got to see was an ACL repair and it was fascinating

- o What a typical day in this rotation looked like:
 - o Came in at 7:30 am and sat at the desk that I was allowed to borrow (sometimes the desk would change throughout the day as different doctors came in, but they were always so kind to ask me if I wanted to borrow another)
 - o I would follow a doctor or a PA into patient after patient appointment; I would take notes as the doctors or PAs would stop to explain what they were doing to me
 - o I got to see so many cool things with these patient appointments:
 - o I learned the proper way to look for the knee joint space in order to inject a gel or steroid to ease the pain
 - o I learned how they used ultrasound machines to inject the same gel or steroid into the shoulder joint space
 - o I got to see the benefits of the Platelet-Rich-Plasma procedure
 - o I got to see a broken finger being diagnosed and splinted
 - o I was walked through many abnormal CT scans— broken shoulders, knee replacements, fractures, arthritis, etc.
 - o Left by 4 or 5 pm (depending on whether they had appointments)

ENT

- o I was originally not incredibly enthused for this rotation because it wasn't a specialty that was near any interest of mine for career
- o Ironically enough, this rotation resulted being my favorite—this rotation gave me the most OR time which I found surprising, and even the clinic appointments were incredibly interesting and rigorous
- o This rotation went so well that the doctor said that if I ever need anything I can count on him
- o I am going to go ahead and break down a typical day in this rotation into one section for OR days and another section for clinic days

o A typical day in the clinic:

- o Came in at 7:30 am, waited for the appointments to kick-start (had a medical student and an anesthesiologist resident with me on this rotation! They were great resources and fun people)
- o Either the medical student, the resident or I would wait for a nurse to drop an appointment sheet in the bin outside the patient door, we would read it, and then walked to the doctor's office and give him a brief summary of why the patient was there and what they needed done
- o Followed my doctor and either the medical student or the resident that was with him for that appointment into the patient room
- o Once inside the room I knew to put a size L pair of gloves on the table, and depending on the type of appointment I would help set up a few more materials
- o I would take notes during the appointment as he explained procedures, anatomy, etc.
- o I would sometimes need to run out and fetch paperwork from the printer to bring to the patient
- o Sometimes after appointments he would have me come back to his office to go over the medicine in further detail and chit chat
- o I would be out of the office around 4 or 5 pm

o A typical day in the OR:

- o If I knew the next day was an OR day, I would ask the doctor, the resident or the medical student to show me the surgery schedule
- o I would make note of what surgical procedures were being done, and when I went home that day I would do background research on the procedure so I wouldn't walk in blind the next day
- o Came in an hour before the first scheduled operation or at 6:30 am, whichever was earlier
- o Changed into my scrubs, and donned my protective cap and shoe covers as I went to step from the locker room/break room into the main surgical department
- o I grabbed a mask and left it hanging loose around my neck and shoved protective eyewear into my pocket—these two objects had to be put on the moment you stepped into a specific OR
- o Helped with or observed pre-OP setup

- o Observed the surgery and took notes—our doctor often asked questions about the procedure, and I was not exempt from participating even though I was only a college student
- o Examples of questions:
 - o What are possible complications with this surgery
 - o What should I avoid here (points to a region)? And why should I avoid it?
 - o This leads to? What am I looking for? What nerve is this? What does it do?
- o I even got to talk a bit with the anesthesiologists and learn a bit about their field, their equipment and their science
- o Helped with or observed the patient being removed for post-OP
- o Left the OR and sat in the break room until the next surgery
- o Then went into the OR for the next surgery, rinse and repeat
- o I saw a variety of surgeries, especially since on days my doctor wasn't in the OR he asked if I wanted to be in the OR with his colleague:
 - o Radical neck dissection
 - o Tonsillectomy
 - o Lobectomy Thyroid Total
 - o Tracheostomy
 - o Septoplasty
- o I left whenever the last surgery was over—some days I'd be there from 6:30 am to 8 pm, others I was there 6:30 am to 5 pm

Colorectal Surgery

- o I was not supposed to rotate through another specialty, but since I am looking to be a surgeon in the future, and since I was worried I wouldn't see much surgery after they closed off the Orthopedic OR and my next rotation was ENT so I contacted the head of the program, who happens to be one of the best surgeons at that hospital and in the country, and she let me shadow here for my last 3 days in the Orthopedic rotation
- o I saw a bit of clinic appointments with her, the most interesting being a colonoscopy, and then she sent my rotation partner and I to the OR to watch surgeries for the remainder of my time there
- o Dr. Sands went to Spain to learn what is called the TaTME procedure, and she is 1 of 3 doctors in the US to know it and have completed it successfully
- o I watched her perform that procedure, and the precision of her cuts impressed the pathologist who we saw for diagnosis
- o I saw several other procedures under her and her colleagues and this specialty left me impressed

Ending of the Program

- o At the end of the program we had to do a presentation on whichever case moved us, impacted us, interested most, or had any other reasoning that screamed out to us
- o We could make the presentation as thorough as we wanted
- o I chose to make mine a detailed case presentation on a patient that baffled me
- o I never knew that COPD patients could suffer from normal O₂ sats, and I learned that on this case
- o We ha a little graduation ceremony in which we got our certificates of completion and then we said goodbye!

If you have any questions
please do not hesitate to
contact me!!!

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More info on the program:

<https://my.clevelandclinic.org/florida/medical-professionals/education/summer-scholar-program>

HOPE YOU HAD FUN AT THIS EVENT!!!!!!