Meet Your Match: Making the most of away rotations with Kelly Krase, MD
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Meet Your Match | Making the most of away rotations with Kelly Krase, MD

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Featured topic and speakers

Kelli E. Krase, MD, director of the obstetrics and gynecology residency at the University of Kansas Medical Center offers tips to help visiting students thrive clinically and stand out to potential future colleagues during away rotations.

Speakers

- **Kelli E. Krase, MD**, director of the obstetrics and gynecology residency, University of Kansas Medical Center
- **Brendan Murphy**, senior news writer, American Medical Association

Host

- **Todd Unger**, chief experience officer, American Medical Association

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Transcript

"You are starting to network and create a community within your specialty as part of your away rotation. Even if you don't end up going there...you never know how that is going to impact you in the future and what may come of your away rotation."
Unger: That was Dr. Krase, program director of obstetrics and gynecology at the University of Kansas School of Medicine. In this episode of Making the Rounds, we hear from Dr. Krase on how M4s can make the most of their “away rotations.” Dr. Krase will dive deep into how to leverage those experiences as you apply for residency. Here’s AMA senior news writer, Brendan Murphy.

Murphy: Welcome to Making the Rounds, a podcast by the American Medical Association. I’m Brendan Murphy, senior news writer at the AMA. Today, we continue our Meet Your Match series with Kelli Krase, MD. Dr. Krase is program director of obstetrics and gynecology at the University of Kansas School of Medicine. She’s also assistant dean of Student Affairs at KU. How are you doing today, Dr. Krase?

Dr. Krase: I'm doing well. Thank you so much for having me today.

Murphy: We’re excited to have you. It's an exciting time. Today's episode is going to be about away rotations. We're going to discuss how M4s can make the most of aways, use them as an asset during their residency application, and maybe even to finalize their specialty choice because some students go in and take aways in a few specialties. Of course, the timing right now is pretty unique as students are maybe on their first or second away and maybe have a few others lined up. Now is a good time to get to this and we're excited to have you here, I think a good starting place is for you to talk about your role in UME and GME and how you work with students in the path to residency selection.

Dr. Krase: Absolutely. I have been a faculty member for almost 10 years now, and so I started off as a junior faculty working with students who were mostly interested in OB-GYN and then got into the undergraduate side of medical education in my role as the assistant dean of student affairs. I started off as a director of one of our learning communities. Through that role, I spent a lot of time working with students as they were kind of deciding on their specialty selection and helping decide if an away rotation was right for them. That's been one of the things that I've helped students do for quite a while now.

Murphy: Let's start with that. When should you do an away rotation? When is it right for you?

Dr. Krase: Yeah. I really think it's important that not every student needs to do an away, and I think that is something that it's not right for every student. Some students need to do an away because the specialty that they're interested in or they're thinking about isn't available at their school. Some students should do aways when they have a specific place that they're really interested in going to, and then other students who are interested in some more of the more competitive subspecialties or specialties really are highly encouraged to do aways as well. I think those are the kind of groups of people that really benefit from aways, but I think from an educational standpoint, it can be really valuable to see that medicine isn't practiced the same at every institution and it can be a really wonderful experience to go and to go to a different institution and see that medicine is just a little bit different.
**Murphy:** In your role in OB, do you work with visiting students on visiting rotations?

**Dr. Krase:** Correct. We have several different Sub-I or away rotations that we offer. We offer them in OB-GYN and a lot of our different subspecialties as well, in things like GYN oncology or maternal-fetal medicine or high-risk obstetrics and a few others as well.

**Murphy:** Away rotations are often referred to as audition rotations. You mentioned that component earlier in talking about how it gives students a chance to experience a program. From your experience working with students during aways, is that true? Does the impression they make really hold a lot of water in their potential career at the University of Kansas?

**Dr. Krase:** I believe that it really can. As I talk to students who are going out for aways that this is a month-long interview and it's a two-way interview, an interview for the program for the student and it's an interview that the program is interviewing the student. It is, in many ways, an audition and I do think that the student, when they are going to an away rotation, needs to be prepared to show up and put their best foot forward every day, not that that shouldn't happen as a physician every day all the time.

**Murphy:** What does that look like, putting your best foot forward? What does it look like when you make a positive impression?

**Dr. Krase:** I think making a positive impression, and I think back to... We have matched several people who have done aways at our institution and I think of the things that stood out about those individuals were how well they jumped in and helped the team. I think there’s a couple of different things that I think really stood out. One is that they took the time to look down and teach their third-year medical students and help them even if they don't know where things are at the institution. They are helping the younger medical students learn the content. That helps us know that that student, when they're a resident, is going to continue to teach medical students.

Another way is to just get involved in lots of different opportunities. We offer our aways a time that they can take a call shift and not that that is a requirement, but it is helpful for them to see how our program looks at 3:00 A.M. which is a little bit different than how it looks at 3:00 P.M. I think it's helpful for the student to kind of get a sense of the culture during that time, but it also goes to show that they're really willing to work as a team and they're going to be up for a challenge throughout their residency.

**Murphy:** You mentioned the value of away is a learning experience, and mentally it seems possible that that takes a backseat to this audition component because that's certainly the component that’s going to have more pressure on it. How do you make sure during an away that you're maximizing your clinical learning?

**Dr. Krase:** I think that's a great question and I think that they can go hand in hand. I think that the student can get a really wonderful clinical experience. I talked about a little bit how the student is going
to get a different perspective of how medicine is done differently. I think that when students can approach the differences that they see in the clinical learning environment with curiosity that ... Those differences occur from institution to institution. When they can approach that with curiosity and ask the questions, ask the really good clinical questions to faculty and to residents and say, "I've seen it done differently at different institutions. Can you help me understand how the approach is different in different situations," that's a really higher level of understanding a particular problem and I think can really build on the student's overall knowledge.

I also want to acknowledge that that pressure component is there and it's there every day, and that can be really hard for students to navigate. I do think that, as they get involved on the team and work with residents, ideally, that's going to dissipate over time and they're going to feel more comfortable in that environment, and that would be an ideal away rotation is a place where you feel like you're comfortable learning and growing and stretching yourself because that's probably a good sign that that residency is a good fit for you.

**Murphy:** Speaking of fit, there's the aspect of the process that you're interviewing the program. How do you get the information you need out of it as an incoming med student to see if it's the place you want to be a forthcoming resident?

**Dr. Krase:** Absolutely. I think that's such a critical component of the away rotation is for the students is to say, "What happens when there's a complication? What happens when something bad happens with a patient? How are the residents supported in that environment? How do the faculty come together? How do the ancillary staff, nurses, how do they work through these situations?" I think watching and observing and seeing that real-time is going to be a real eye-opener for students to be able to understand, "Is this the type of environment? Is it psychologically safe here for me to learn and grow and to make mistakes?"

**Murphy:** What are mistakes that students make during aways and how can they be overcome?

**Dr. Krase:** Yeah. I think there’s a couple of mistakes that I can see. One is blending in and not announcing or not acknowledging who you are. I think you can get tired of explaining who you are when you are meeting multiple different people, but if you're on a team where there's like medical students that are in their third-year clerkships and you don't differentiate yourself, you just need to announce who you are, introduce yourself and you may have to introduce yourself again. If an away student is sort of blending into the background, that's one mistake that I've definitely seen students make and they just don't get noticed. If they don't get their role acknowledged, they're not going to have the opportunities and the responsibilities given to them that are given to our fourth-year students.

I kind of talked about a little bit of approaching the differences between different institutions with curiosity, but I've also seen people come in and say, "Well, at my institution we do it this way." That's kind of approaching it as judgment. I think just making sure that, when you see those differences, that
you approach them with the differences clinically of how things are handled. If a student can approach that with curiosity and ask questions of like, "Tell me how you would approach the situation," or "I've seen this handled differently and I don't really understand when you handle it one way or another. Can you help me understand that?" That's going to go a long way to getting to a deeper level, and also showing the people that are teaching you that you're interested in understanding and interested in gaining a deeper level of understanding.

**Murphy:** Humility and curiosity are certainly some of the traits we hear about all throughout physician training and what makes a good physician. It makes sense that those will be the kind of things that you'd look for in aways.

**Dr. Krase:** Absolutely.

**Murphy:** Doing an away is also a chance to evaluate the city. You could be coming from Reno, Nevada to Kansas City, where KU is, or New York to Kansas City. Both are going to be different cultures. How do you have students get that flavor? What do you advise them to do?

**Dr. Krase:** I think one of the best ways ... I think, oftentimes we try to have some events after hours for our away students with our residents, but I think the medical students at an institution also have a pretty good idea of some of the fun things to do around the region. I encourage people to not just exist in the blocks around a medical center and to try to get out in the time that they have at their away rotation.

**Murphy:** It's about more than dining and entertainment. It's about understanding how life is.

**Dr. Krase:** Absolutely.

**Murphy:** How do you understand that? Do you speak to the other residents? Do you speak to the other med students? Do you visit some of the more livable areas?

**Dr. Krase:** I think that is a wonderful way to do that. I think asking and figuring out the areas that the residents live in, trying to figure out where, and to see yourself and to put yourself in that situation. I also think another thing that can be really helpful is a lot of places have volunteer opportunities. We have a student-run free clinic and that our away students would be able to go spend a couple of hours, just seeing the other different areas of the community, especially if you're really interested in seeing an underserved population. That can be a really wonderful activity that you did on your away rotation that would give you a flavor for the community.

**Murphy:** That is a really impressive program. We've written about it separately, that JayDoc Clinic, which I believe is the largest student-run clinic in the country.

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Dr. Krase: I believe you are correct about that.

Murphy: That's a feather in the cap of the Jayhawks, if you will.

Dr. Krase: Yeah, that's right.

Murphy: The budgeting of aways ... Medical students are already taking on so much debt. How do you advise them? Is there a way to maybe minimize your expenses? You're living in another city. There's no way around that.

Dr. Krase: Right. You're traveling to another city. I think I have a lot of students that will try to go somewhere, where they know someone and stay in somebody's house room, what have you. I think that is certainly the easiest way if that's an option. There are some additional sites that you can room-swap with other medical students. Essentially, it's sort of like an Airbnb, but specifically for away rotations, where you can rent a room, where one medical student will be going to one institution and will put their room for rent for the month to help mitigate the cost of that travel.

There are different things that come up. I actually remember on my away rotation, when I was a fourth-year medical student, I arrived and thought that I was going to be able to take the bus to the hospital where I was staying. I rented a room from a random list that I was given from the school. The school had curated a list of people who would rent rooms. I was staying there and I thought I was going to be able to ride the bus to the hospital based on where they lived. I took a taxi from the airport, which was like 45 minutes and arrived at the house and then realized that that absolutely was not at all possible. I had to take a taxi back from that house to the airport and rent a car for a month. Understanding those different navigation issues is really, really important, and that was a huge extra expense that I was not at all anticipating during that time. I think really trying to understand your transportation and how you're going to get to the hospital every day is going to be important.

Murphy: If possible, maybe you want to drive.

Dr. Krase: If possible, drive.

Murphy: You mentioned you did an away rotation. Are you comfortable talking about that experience? Did you rank that program? Did it make a positive impression? Why or why not?

Dr. Krase: Yeah. I did an away rotation and I think that there are many aspects of it that were really, really helpful. It is not the place that I went to residency and there are a few reasons for that. I had a wonderful experience and some of the most wonderful part of it was the other student that I was working with. I've maintained contact with her since that time. She actually got me a job back at that same institution when I was a junior faculty. It came full circle, but it wasn't where I wanted to do residency. Part of that, one, is I was couples matching and my couple didn't end up getting an
interview at that institution, which is always tricky and you don't know that at the time that you were doing away rotations. You have no way of being able to predict whether or not your partner is going to get an interview at that location.

The other piece that made me not probably rank that place as highly is that when I returned, some of the residents seemed like they didn't remember me. I had worked with them for a month straight and that was really bothersome to me. That kind of was a negative of my away experience. I mentioned that I then ended up back at that institution. You also have to think that if you are on away and you don't click with a chief resident, they're gone. You're never going to work with them. Residents kind of change over and roll over, so it's more important that you get along with the intern you work with than it is the chief because people leave. The individual that seemed like they didn't know who I was, was not there anymore, and the faculty that I had worked with did remember me and that was a really good experience when I worked at that institution.

Murphy: I'm going to do a quick shameless plug here. You mentioned the Couples Match. Well, this is the Meet Your Match series. And if you scroll down the channel of whatever podcast platform you're listening to is on, you will see that in January, we have a very in-depth examination of the Couples Match for those who are considering doing that in this cycle. It's an interesting nugget that you matched at a program with which you did not do in away.

Dr. Krase: Correct. I matched a program that I did not do in away, and then I ended up becoming a faculty there later on.

Murphy: How does that inform what you tell students about aways?

Dr. Krase: I tell students about aways that no matter if you match there or not, the people that you meet on your own aways, you will see again. Our specialties are pretty small communities and, within your specialty, if you go to the different specialty conferences, you'll run into these people again. You are starting to network and create a community within your specialty as part of your away rotation. Even if you don't end up going there, you never know how that is going to impact you in the future and what may come of your away rotation.

Murphy: When students have completed this process generally in the fall, they may have done three aways even. How do you speak to them about evaluating what worked and what didn't and how they should consider those and where they apply and eventually where they rank if they get interviews?

Dr. Krase: Yeah. I have definitely had students who have gone to aways and said, "That was not a good experience." I really encourage students to use their gestalt, use their gut, and trust that. If you experienced mistreatment or anything like that on your away rotations, it is okay to not go to that, not to return to that place for residency or not even to go through the interview process. If you didn't like your away, I don't know of a better way to experience what it might be like in residency. I think if you
don't love it, I really tell students to avoid, find somewhere else. Find somewhere that you think you're going to connect with and feel like you are a valued member of the team.

**Murphy:** What do you tell students when they apply to a program with which they did an away and don't get an interview?

**Dr. Krase:** That is tough. That is a really tough scenario. I think, in those scenarios, you certainly could reach out, and I think, do a little bit of a deep dive. One is to say, "I'm really interested in your program. I really liked my time there. I would love an opportunity to interview," if that's true. The other would be, "I see I didn't get an interview. Can you give me some feedback on my performance during my away rotation that kind of made it so that I didn't get an interview?" I think it's okay to ask those questions and hopefully, you're going to get some honest feedback. Because if there was something that happened, then you would want to know that so that you can make improvements in the future.

**Murphy:** The majority of students do apply to a single specialty, but dual applying, applying to two specialties is not uncommon.

**Dr. Krase:** Correct. Co-applying.

**Murphy:** Co-applying. Pardon me.

**Dr. Krase:** Yeah. I like that term, co-applying.

**Murphy:** Co-applying. I'll add that to the lexicon. If I do aways in two different specialties, what should be my takeaways about how that should inform my applications?

**Dr. Krase:** Yeah. I think if you were doing aways in two different specialties, most likely you're trying to figure out which specialty you are really interested in, and sometimes it takes students longer to figure that out. I always recommend to students that they try to get that figured out and try not to let the NRMP process figure it out for them, meaning that they match where they match. But if they're trying to decide between two different specialties, the away process can be helpful in determining which specialty they're interested in, because it really gives a deeper dive and another look at how a different institution does something.

**Murphy:** Is there anything else on aways you'd like to discuss?

**Dr. Krase:** An additional thing to think about trying to help set yourself apart is to attend the didactics. We've even had a couple of our aways that have jumped in and presented journal clubs and things like that, and I think that was another way that was really impressive that a student kind of took the initiative to do on the ... It's not a requirement that we have, but it was a way to kind of help the student highlight themselves and what they were going to bring to our department.
Murphy: That's a very helpful nugget. This has all, I think, been so informative and so directive for students as they go through this process. Thank you so much for taking the time to be with us today, Dr. Krase.

Dr. Krase: Well, thank you so much for having me. It was a lot of fun.

Murphy: This has been the Meet Your Match series on AMA Making the Rounds. I am AMA senior news writer, Brendan Murphy. Thank you for listening.

Unger: Don't miss an episode of this special series as you prepare for your residency application. Subscribe to Making the Rounds on your favorite podcast platform or visit ama-assn.org/podcasts. Thanks for listening.

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