

What it's like to be in medicine-pediatrics: Shadowing Dr. Loethen

FEB 17, 2022

Staff News Writer

As a medical student, do you ever wonder what it's like to specialize in internal medicine and pediatrics? Meet Joanne Loethen, MD, an internal medicine and pediatrics specialist and a featured physician in the AMA's "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in internal medicine and pediatrics might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process, highlights major specialties, details training information, and provides access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of internal medicine and pediatrics.



Joanne Loethen, MD

“Shadowing” Dr. Loethen (@JoanneLoethenMD)

Specialty: Internal medicine and pediatrics.

Practice setting: Primary care clinic.

Employment type: University-affiliated health system.

Years in practice: Six. Four years of residency followed by two years in independent practice.

A typical day and week in my practice: As a primary care physician, a typical day for me starts and ends in clinic. Throughout the week I have protected administrative time to work on quality and process improvement—namely surrounding how we can better provide efficient and effective primary care that works for patients and clinicians. Because I work in a university-affiliated hospital, I also get to supervise resident clinics and provide teaching. My weekends are generally free from clinical duties.

The most challenging and rewarding aspects of internal medicine and pediatrics: The most challenging aspects of caring for patients likely resonate with many physicians in the current health care environment: Burdensome administrative tasks and documentation, and patients who are uninsured or underinsured—both of which become prohibitive to patients getting the care they need.

The most rewarding moments of my job are sitting down with patients and getting to hear their story. There is a lot to cover in each clinic visit and often we can get caught up in talking most of the time because we want to ask all the questions, make sure the patient understands their medications, and make sure all the boxes get checked from an administrative standpoint. Yet, I’ve found by letting the patient lead the conversation and do the talking, I tend to get all the information I need and then some. I also get to better understand a patient’s values, perspectives and experiences that have gotten them to where they are.

How life in internal medicine and pediatrics has been affected by the global pandemic: One of the biggest issues we’ve faced is the delayed and inconsistent care patients have been able to obtain for chronic medical conditions. Though telemedicine has helped, there continues to be gaps in care that we will have to patch well beyond the pandemic.

The long-term impact the pandemic will have on internal medicine and pediatrics: The silver lining of this pandemic has been the challenge it’s provided to the way things have always been done in primary care. Out of necessity we’ve had to rethink how we deliver care and I think this will turn out to be a good thing in the long run.

How my lifestyle matches, or differs from, what I had envisioned: In residency, I came in anticipating long hours and extended stretches of time without a day off—a “prepare for the worst, hope for the best” kind of mentality. In doing this, I wasn’t surprised when those realities came to fruition. I also made some non-negotiables for myself that, no matter how long the hours or days, I would maintain my own well-being.

I knew I wanted to do primary care from the start of residency. Beyond the clinical aspect that drew me to the field, part of my decision also stemmed from the lifestyle it provides. Now in practice, it’s just what I expected. My weekends are generally free and though I may occasionally bring work home to prepare for clinic or work on quality improvement projects, I generally am able to finish my clinical work within a normal workday.

Skills every physician in training should have for internal medicine and pediatrics but won’t be tested for on the board exam: Being a med-peds physician means that you’re wearing the hat of a pediatrician and an internist at any given time. Though much of the medicine is related, it requires adaptability and understanding the differences between pediatric and adult medicine.

Likewise, the way you approach children with their parents in the clinic visit is different than how you might speak to adult patients about their own care. Being attuned to these differences and embracing the ongoing transitions between the two is important to optimizing your communication with the patient.

Books every medical student interested in internal medicine and pediatrics should be reading: *How to Win Friends and Influence People*, by Dale Carnegie. I read this book before ever considering medical school and I continue to draw from its principles daily. Though many perceive it as a book geared toward sales and business, its content applies to any profession that relies on person-to-person interactions. Medical school teaches us the facts and science of medicine, but without also learning to be an effective communicator, leader, and the ability to gain the trust of others, we are limited in what we can accomplish.

Being Mortal, by Atul Gawande, MD. Really, anything by Dr. Gawande is worth a read, but *Being Mortal* is by far a must. Every medical student, resident and physician will face the death of a patient and end-of-life considerations—some more often than others. This book expands on medicine’s ongoing struggle with the inescapable realities of aging and death or discomfort in having effective discussions surrounding end-of-life, and the default medical interventions we do to extend life when these same measures may actually rob a patient from quality of life.

How Doctors Think, by Jerome Groopman, MD. This book was recommended by a close mentor of mine and, now that I am practicing, couldn’t have been more accurate. In it, Dr. Groopman explores the forces and influences behind a doctor’s thought process and exposes how such processes can lead a physician to err, despite our best efforts. An eye-opening account of well-explored research.



I'm always finding new books that broaden my perspective on patient care and life in general. Visit me on Twitter to learn more or to recommend a book of your own. I love hearing about new books to check out.