What it’s like in adolescent medicine: Shadowing Dr. Titchen

As a medical student, do you ever wonder what it’s like to specialize in preventive medicine? Meet Kanani Titchen, MD, a pediatrician, adolescent medicine physician and a featured doctor 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 adolescent medicine 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®, which allows you to search for a residency or fellowship from more than 12,000 programs—all accredited by the Accreditation Council for Graduate Medical Education.

Learn more with the AMA about the medical specialty of adolescent medicine.

“Shadowing” Dr. Titchen (@kananilama)

Kanani Titchen, MD

Specialty: Pediatrics—adolescent and young adult medicine.

Practice setting: Academic, hospital and clinic.

Employment type: Employed by University of California San Diego.

URL: https://www.ama-assn.org/residents-students/specialty-profiles/what-it-s-adolescent-medicine-shadowing-dr-titchen

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Years in practice: Three.

A typical day and week in my practice: What I love about adolescent and young adult medicine is that I find there are few “typical” days because my patients are so diverse. When I’m working in the outpatient clinic, I’ll prep for clinic the night before by reviewing my panel of patients, most of whom are returning to see me and some of whom are referred to me for consultation (eating disorders, menstrual issues, gender affirming care, reproductive health and anxiety and depression mostly). My morning starts with coffee and a little downtime at home.

In clinic, I stay pretty busy seeing patients throughout the day, teaching medical students and precepting pediatric residents who are rotating with us, reviewing results and following up with patients and parents by phone, coordinating care with therapists and dieticians. On some days, I’ll consult community partners who specialize in working with youth who are victims and survivors of human trafficking.

When I’m working inpatient in our eating disorder unit, my day starts with a cup of coffee and review of specialist notes and patient vital signs. I’m in the hospital by 8 or 8:30 a.m. to round on the patients and meet with the psychology, psychiatry, nursing and nutrition teams. These are busy days and nights on-call with a lot of psychosocial components to patient care as well as monitoring for refeeding syndrome and all that entails.

On my nonpatient “administrative” days, I meet with colleagues, students, residents and community partners to further educate about human trafficking in our community, to improve our trauma-informed response for our patients and to work on research projects involving human trafficking, health care and resilience for youth.

Inpatient weeks on the medical behavioral unit (our eating disorder unit) are the longest. As with most physicians in adolescent medicine programs, we transition seamlessly from outpatient care to inpatient care and continue inpatient care on the weekends in order to provide continuity for our patients and their families. Those weeks run seven to 12 days continuously for roughly 12 hours per day, sometimes more depending on how many patients we receive overnight. Outpatient weeks are busy, as well, but the hours are typically about nine to 10 hours per day and these are five-day weeks.

The most challenging and rewarding aspects of adolescent medicine: The complexity of teens’ and young adults’ psychosocial needs in addition to their medical needs can make for lengthy interactions.

These lengthy interactions are rich, with a sense of real connection to our patients. Teens and young adults are generally very real and like their caregivers to be real with them in return. This is a time of idealism, energy, hope and vulnerability and I love being a resource to these kids. My patients
challenge me to be truthful, genuine and unabashed about who I am and when I bring these qualities to our appointment, they meet me with their own genuineness and truth—and that’s a privilege.

**How life in adolescent medicine has been affected by the global pandemic:** In adolescent and young adult medicine across the country, we’re seeing a surge in eating disorders and mental health issues that are a natural consequence of isolation, confusion and diminished in-person connection for youth.

Adolescence is a time where it is developmentally normal and necessary to be exploring and building peer relationships. Many teens and young adults are suffering during this pandemic, if not from COVID infection then from the spread of pandemic shutdown isolation. One of our hospitalists in our eating disorder unit gave this a nickname: panorexia for “pandemic anorexia.” Our teens and young adults are starving—if not physically, then emotionally and socially.

**The most challenging aspect of adolescent medicine during the pandemic:** We’re tapping all the resources available to us and in some cases, we’re finding new ones in our nonprofit community partners. The sudden implementation of telemedicine has helped, but most of our teens, young adults and their families still want to come into clinic for face-to-face time, so we take all the necessary precautions to keep ourselves and our families safe: masks, hand sanitizer, screening questions, testing and now vaccinations for staff and communities.

**How I personally overcome these challenges:** Emotionally and spiritually, we do what we can. I run, garden, watch films at home, read and spend more time on video chat and on the phone with friends and family than I ever have before.

**The long-term impact the pandemic will have on adolescent medicine:** The long-term impact of inviting telemedicine into our specialty will continue to serve our population well. This is a generation that is savvy with technology and our ability to reach out to our patients where they live, work, study and play is key. As I said, our teens and their families currently want to be seen in person and maybe because that’s partly because we’re a break from the monotony of isolation right now. Nonetheless, we serve a busy population that is sometimes difficult to reach, so the ability for us to use technology to connect in the future will prove key.

**Three adjectives to describe the typical adolescent medicine physician:** Smart, ingenious, empathetic.

**How my lifestyle matches, or differs from, what I had envisioned:** I’m much busier than I thought I’d be. Partly, that’s because I’ve chosen to work at an academic practice where I really have three jobs: patient care, teaching and research. In terms of work-life balance, I think it’s hard to beat pediatrics and academic medicine. Still, whatever field one enters, there are daily choices to be made about prioritizing ourselves, our families, our patients, our colleagues and our communities. I don’t
really know if any of us ever “arrive” at striking that balance. To me, it feels like an ongoing process and a daily decision.

Skills every physician in training should have for adolescent medicine but won’t be tested for on the board exam: Ability to connect, ability to listen—really listen with one’s whole self and with love in mind—skills in motivational interviewing and ability to be authentic and in the moment with our patients are essential. Understanding and embodying trauma sensitive care is also key and currently there’s not much education for this, let alone testing for it.

One question physicians in training should ask themselves before pursuing adolescent medicine: How can I find beauty in each patient?

Books every medical student interested in adolescent medicine should be reading:

- *Textbook of Adolescent Health Care*, by Richard E. Kreipe, MD, Walter Rosenfeld, MD and Martin Fisher, MD. It's kind of a bible for many of us in this field.
- *Pediatric and Adolescent Gynecology*, by S. Jean Means, MD, Marc R. Laufer, MD and Donald P. Goldstein, MD. So much of what many of us do pertains to gynecologic health.
- *Fahrenheit 451*, by Ray Bradbury. This book speaks to teen idealism and offers a wealth of wisdom about maintaining perspective, understanding history, valuing art and literature and remembering to live life.

The online resource students interested in adolescent medicine should follow: Healthychildren.org and Teenshealth.org.

Quick insights I would give students who are considering adolescent medicine: Do a little thinking and research. Our world is better off for the presence, energy and idealism of Emma Gonzalez, David Good, Alex Wind and the survivors of the Parkland shooting as well as Malala Yousafzai, Kelvin Doe, Melati and Isabel Wijsen, Sonita Alizadeh and Xiuhetzcatl Roske-Martinez. Challenge your own assumptions about teenagers and consider what you can learn from them.

Mantra or song to describe life in adolescent medicine: “Perfect,” by P!nk.