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Mr. Speice

Independent Study and Mentorship- 3A

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Internal Medicine Subspecialties

Research Assessment #4

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Subject: Subspecialties of Internal Medicine

MLA Citations:

"Allergists and Immunologists." *Career Information Center*, edited by Kristin B. Mallegg and Joseph Palmisano, 10th ed., vol. 8: Health Science, Macmillan Reference USA, 2014, pp. 19-21. *Student Resources in Context*, link.galegroup.com/apps/doc/CX3723700324/SUIC?u=j043905010&xid=bc649f75. Accessed 21 Sept. 2017.

Gale Encyclopedia of Nursing and Allied Health, 3rd ed., Detroit: Gale, 2013, pp. 1443-1445.

Assessment:

The appeal of internal medicine greatly lies in its ability to easily specialize in more specific fields. There are many different subspecialties that one can branch off into after completing an internal medicine residency, which include allergy and immunology and gastroenterology.

There are many reasons that an individual would want to specialize in a more specific specialty. Some, for instance, want to hone in on and further study a certain body system, for

internal medicine provides a more general overview of all the systems. On the other hand, others want more job opportunities and a larger paycheck. It comes as no surprise that those who subspecialize have a larger salary, for they spent a few extra years studying through a fellowship. However, I was shocked to have learned that allergists and immunologists have a career growth rate that ranges between 20% and 28%, which is similar to other subspecialties. This range is more than triple than that of general internal medicine, which is around 8%. It makes sense for prospective physicians to want to take advantage of this rapidly growing job market, while simultaneously stepping away from solely internal medicine. Like internal medicine, the subspecialties are centered on diagnosing and non-surgical treatment. This information greatly pertains to my ISM journey because it opens up my options in terms of interviews, and it also provides me with options to think of as a career if I do decide to enter internal medicine. Keeping your options open and being willing to accept new ideas is what leads to true confidence with your career decisions, which is why internal medicine is the perfect topic for me to study this year in ISM 2.

For all of those master procrastinators, internal medicine may be perfect due to the fact that there are many career options that can be chosen towards the end of residency. Initially, I had thought that gastroenterologists and immunologists went down two completely different paths. This, however, is the furthest from the truth because the only difference in education between the two is choice in fellowship. These differences in job descriptions can possibly be used to my advantage in terms of original work and final product ideas. Because internal medicine encompasses so many different specialties, I am given the opportunity to further explore all areas of the field in order to find a problem I can address through ISM. Also, just like

any medical specialty, I was previously aware of the option to become a Doctor of Medicine or a Doctor of Osteopathy. Although I am not entirely sure what the differences between the two different paths are, I am aware that an increasing number of employers are seeking professionals who are Doctors of Medicine and not Doctors of Osteopathy. However, now that I have realized that all specialties, even gastroenterologists, can take this less common route, I believe that it is worth studying internal medicine as a whole from the osteopathic standpoint. What are the benefits? Why is there such a negative stigma surrounding DOs? These are all valid questions that are not typically brought up when discussing each path.

Subspecialties, such as gastroenterology and allergy and immunology, deal with completely different parts of the body. However, all of these subspecialties that primarily pertain to diagnosing and treating patients fall under the umbrella of internal medicine. The outstanding expected growth rates of all these subspecialties are showing an obvious trend away from general internal medicine. Therefore, I believe my research in ISM should acknowledge this trend and further explore subspecialties. This may be done through interviews with a wide range of professionals and further research on different subspecialties. Even through exploring internists working in Frisco, I discovered that those who have subspecialized are much more predominant in the community. New information, such as the shocking growth rates of sub specialties like gastroenterology, combined with what I previously knew about these specialties focusing on one body system encourage me to further explore this field. In the next few weeks in ISM I hope to continue researching about internal medicine alone and its subspecialties to see whether or not I enjoy having a broad knowledge on many topics or detailed knowledge in specific areas. I know that all individuals are different, and from my experience interviewing Dr. Fong in ISM 1, I

realized that although he decided to become a fertility specialist because of the topic concentration, this choice may not be for everyone.