

Beyond the Test Podcast Transcript: From Military Service to Medicine: Finding a Path in Pathology

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Podcast: Beyond the Test: Connecting Communities Through Pathology

Guest: Dr. Cougar Jimenez Jaramillo

Host: Joanna Cermak

Transcript

Joanna Cermak [00:00]

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Joanna Cermak [00:15]

Hey guys, it's Joanna, and welcome back to Beyond the Test: Connecting Communities Through Pathology, a podcast from the CAP Foundation.

Today we're talking about finding your path to medicine through military service and how those experiences can shape your career. I'm joined by Dr. Cougar Jimenez Jaramillo, an active duty Air Force physician, researcher, and educator. From her military training and pathology residency at Brook Army Medical Center to her work in neuropathology and brain injury research, Dr. Jimenez Jaramillo has built a career at the intersection of medicine, service, and research.

In our conversation, we talk about her journey into medicine, the lessons military service brought to her medical training and leadership, the research that grew from her own experiences, and the importance of knowing what matters most to you when navigating your career. Let's get started.

Joanna Cermak [01:10]

Hi, Dr. Jimenez Jaramillo. Thank you for joining us today. Let's start by introducing you to our listeners. Can you share a little bit about yourself and your current role?

Dr. Cougar Jimenez Jaramillo [01:21]

Absolutely. So

I am an active duty Air Force physician. I'm AP/CP trained. I started out in California, and I jumped to the East Coast for my undergraduate degree in human evolutionary biology. From there, I did my medical training at the University of Pennsylvania on a Health Professions Scholarship Program. So that's when I transitioned essentially as a reservist in the Air Force, and they helped me with tuition and funding for my medical education.

After that, I turned active duty and completed my AP/CP training at Brooke Army Medical Center down in San Antonio, Texas. So during that four-year period, I was active duty. And since then, my first billet has been at the Uniformed Services University of Health Sciences out in Bethesda,

Maryland, right next to Walter Reed. So I'm an assistant professor of pathology at the medical school. And then I also sign out cases at Walter Reed and wear a couple of different hats. So I also have some laboratory director responsibilities.

Joanna Cermak [02:14]

You mentioned you're currently a major in the Air Force. Can you tell us a little bit about your path into medicine and what ultimately led you to pursue medical school through a military scholarship?

Dr. Cougar Jimenez Jaramillo [02:25]

Yeah, absolutely.

So it's interesting. I think sort of the the order of the decisions in the military medicine combination reveal something about my priorities. I decided to be a military professional to go into the Air Force before I decided I wanted to be a doctor, actually. to give you a little bit of background as

Both my brother and I were raised by two parents who were first generation college students. My father and his family immigrated here from Mexico. If you go back one more generation, none of my grandparents have high school diplomas and both of us now hold Harvard degrees. And I think as I was you know 19, 20, nearing the end of my undergraduate studies and looking at deciding what kind of a career I wanted, I just felt very grateful

For lack of a better word, and I wanted to express that gratitude in a really concrete way. And I think public service can take, you know, so many different forms, but it's really shaped and reinforced by what you're exposed to at a young age. not to go off on too many tangents, but I grew up competing in target recurve archery in the Junior Olympic Archery Development Program. Yeah, in Monrovia,

Joanna Cermak [03:23]

Okay, okay.

Dr. Cougar Jimenez Jaramillo [03:26]

California. I promise there's a point to this. My coach and my assistant coach were both Navy veterans. I watched a lot of my peers go off to academies, go off to ROTC.

The archery community in Southern California is also very tightly knit and close to the Paralympic community. So I met a lot of veterans through that as well. So, you know, growing up, that was my perspective. That's what public service meant, that's what it looked like. And I respect these people and wanted to emulate them. So I knew that I wanted a career that was in the military after undergrad. I think the career into medicine was a little bit more surprising for me personally. I did my undergraduate studies at Harvard in human evolutionary biology, which is about as close as you can get to physical anthropology without technically being physical anthropology.

I fell in love with that when I was taking college courses at local schools during my high school and junior high school studies still. And, you know, as part of that, we go and do fieldwork. And

the field school that I did was actually a forensic anthropology field school in San Bernardino County. So the goal was to basically use modern molecular techniques to identify folks who had been interred as John and Jane Does, folks without names.

Didn't have families notified when they passed. down in San Bernardino County, and we worked with the FBI. We were comparing profiles with things that they currently had in their system. And, you know, we worked with forensic anthropologists, but we also worked with a forensic pathologist because that was the person who had to sign death certificates once people were identified. And, you know, we got tours of the forensic pathology lab there. We got to talk to the folks who worked there. And I guess I asked too many questions or seemed a little too interested. because he said, have you considered like doing something like this? Like considered pathology.

And I don't want to give you the impression that I had no experience in medicine whatsoever. I don't come from a medical family, but I was already working as a volunteer EMT for my undergraduate school. But that was my perception of what medicine was was the emergency department. It was, you know, EMTs and then handing off to the emergency docs. And like that was my picture of what happened in the hospital. So I turned to him and I was like, but you're like solving mysteries. Like this isn't what this doesn't mesh with my my concept of of what the field is. so he sat me down, and this was the first person who actually explained to me what the pipeline looks like.

for medical education. And he just like took the back of an envelope and said, Well, you're here in undergrad. After that, you would take the MCAT, you go to medical school. After that, you'll do, you know, residency. After that, if you choose to do forensics or anything else in pathology, you would do a fellowship. And, you know, that's overwhelming because entire

decade worth of studies, which is a lot. but he handed it to me at the end of the day and I went back and I made it happen. So, you know, I think

It's funny how those people can have such a large impact in your life, but I think being open-minded in those moments is really important. so you know, I'm really fortunate that I got to serve in the capacity that I want to in the specific job that I want to. That's not always a guarantee. HPSP, you're entering military medicine right after undergrad. So there's not necessarily the guarantee that you're gonna get to do the subspecialty you want to while you're wearing uniform. I lucked out, which has been great for me. the later you join, the more choice you have.

Because you're already a little bit more differentiated, if that makes sense. but I'm you know pretty pleased with with where I wound up.

Joanna Cermak [06:29]

That's great. it's great to hear about having your background in public service as well as how your experience transitioned until I started working at the CAP Foundation, I didn't know what a pathologist was either I was like, yeah, they're solving crimes.

Dr. Cougar Jimenez Jaramillo [06:44]

is it is such a hidden gem. And again, I'm at the medical

Joanna Cermak [06:44]

Mm.

Dr. Cougar Jimenez Jaramillo [06:47]

school now and there's so many students who don't understand like this is an actual subspecialty. Like you could you could do this for your career.

Joanna Cermak [06:53]

So from your military experience, what carried

over into medical school and residency.

Dr. Cougar Jimenez Jaramillo [07:00]

Yeah, so

I don't want to misrepresent sort of the order of operations that happened here. I was basically introduced to both medicine and military environments at the same time, which basically meant I was always confused by every acronym that came my way.

Joanna Cermak [07:11]

Ha ha ha.

Dr. Cougar Jimenez Jaramillo [07:13]

So many. but basically I started, you know, my first year of medical school. And then during that first second year break, I did commissioned officer training. So my first year I would say was entirely civilian, exactly the same as everyone else's. I would say that I was

The only HPS peer. So the only person on that military scholarship at my university. My university was incredible about working with me, asking, what does that mean? and and what do we need to do to make this work for everyone? but it was very much figuring out a lot of firsts. you're expected to do one active duty tour each year that you have the scholarship. So for that first year was commissioned officer training for me. After that, I did a round at Wright Patterson Air Force Base in aerospace medicine. So we do

Aerospace Medicine 101, you get to go learn how to fly a plane. And it gives everyone kind of this even groundwork of like understanding sort of physiology as it relates to air and space and things that are relevant for the Air Force in particular. And then I did two active duty rotations, one at Walter Reed where I work in the pathology department, and then one at Brook Army Medical Center, which was effectively an audition rotation for me. I think commissioned officer training is such a unique thing to do between between MS1 and MS2.

A lot of folks are doing research; they're doing things that are embedding them further into medicine and their specialty. And I went off and learned what it means to be in the profession of

arms and how to salute properly and what all the ranks mean and all of that stuff. It's funny, the way I had it explained to me by one of the folks there is, you know, officer training isn't going to remake a person; it is going to culture a person. And I think that's absolutely what it did. I was relatively young when I started medical school.

Believe I was 20 actually. I was the youngest person in my class. And I looked young. So, you know, and

suddenly you're walking around in the hospital with like a short white coat asking people to trust you and you're delivering diagnoses and you're trying to counsel people and you're trying to make them trust you. I think that commissioned officer training did a lot in that regard. You carry yourself a little bit differently. I think you understand your position in an organization and your role as a professional a little bit differently in a way that sometimes takes years in medicine to really fully appreciate.

so that was very helpful. I also think, you know, working in the active duty rotations and particularly aerospace medicine, keeping calm under pressure, particularly when things are chaotic or very, very frustrating or tense, which absolutely happens in the hospital, was a very valuable, skill to practice in those environments. I think by the time you get to medical school, everyone's smart. You know, everyone knows how to study, everyone is dedicated. it's the soft

Skills, I think, that you have to work on a little bit better. how to communicate, how to give the right answer when you're tired, right, or frustrated or can't think straight, how to keep your bearing. And those are all things that military training really helped to reinforce.

Joanna Cermak (10:01)

You also mentioned that you hold several clinical leadership roles. How has your experience shaped the way you approach leadership and your work as a pathologist?

Dr. Cougar Jimenez Jaramillo (10:12)

Yeah, that's

That's a great question. So the military is an interesting system. All folks who go into pathology before specializing in residency are trained AP/CP. They want to keep us generalizable, and they want to ensure that everyone has the capacity to take on a lab leadership role. Because if you just do the math, the number of military treatment facilities and labs that have CAP accreditation and require a laboratory director are way more than the actual number of active duty pathologists. So you're basically going through your residency training.

understanding that at some point you're going to be tapped to become a laboratory director. It's probably going to happen sooner than later. And most people are going to have more than one lab. And that's just kind of the name of the game. It does add definitely impetus and some motivation during during residency to look around at the leaders around you. And I think that that was one of the real benefits of training at Brook Army Medical Center. because all of my staff

were also active duty physicians. It was mixed Army and Air Force, which means that everyone had one, two, three labs. More than that sometimes.

or had, you know, cycled through multiple different ones as things had kind of changed or shifted or they had PCS'd. And that meant that just the sheer institutional knowledge of how to lead a lab was immense at that institution. We have an entire month that's laboratory like management, where you sit down, you go through scenarios, you talk to all of these people, and you're able to take just the best elements of every leader that you talk to and carry those forward as you're trying to decide your own leadership style, which I really, really appreciated.

I had the opportunity to work on a cap inspection actually of a sister hospital in Mexico, which was really unique and very cool while I was there as well. I think some of the lessons that I took forward that I have definitely applied in my own lab directorships have been when you're you know first given that notice and you're first walking into a lab, is to listen first and talk second, really get to know the people in your lab because those are your most valuable assets, right? if something

doesn't make sense to you right off. Like follow people around, see what they actually do on a day-to-day basis. It's gonna make reading the operating procedures make so much more sense and understand like what people are working with. And if something doesn't make sense, don't just immediately step in to try to change it. Like ask why. Maybe there's like an historical legacy of why. Maybe there's constraints or limitations that you don't understand or appreciate. But these people who have been here longer than you probably do have some idea of it. that was really useful, I think in the first lab that I took over.

Other things that I've I've been told and sort of seen play out and work very effectively are when something does go awry, when something's not working, don't be the first person to assign blame, take responsibility, because that's part of what it means to be a leader. And then the other thing which I think is easy to forget is when things are working well, don't just take that smooth sailing for granted. Make sure to talk to your people, reward them and recognize them for doing a good job, because that doesn't happen by itself, right? That takes consistent efforts on on the part of everybody there.

Joanna Cermak (13:06)

That's great. I think that's great advice for anyone that's in a leadership role.

So I also see that your research focuses on neuropathology, computation pathology,

organoid modeling of blast induced neurotrauma.

Dr. Cougar Jimenez Jaramillo (13:21)

Yeah, so this is a fun dovetailing of multiple life experiences, actually. So I didn't know that I was going to do neuropathology until I was pretty much at the end of medical school. It was the first time I rotated in neuropathology. You know, Penn Med is fantastic, and you can take elective rotations in pretty much every area of pathology where they have a fellowship. So you can do

heme, you can do cyto, you can do neuro. I felt like I had already had half a year under my belt by the time I got to residency, which was awesome. But in terms of

research focus and where I wanted to spend most of my time in academic medicine, that really solidified when I was in residency. I'm going to back up for a second. And again, I promise there's a point. When I was in undergrad, I actually played college rugby. So I played a contact sport. And, you know, at the time when I was a freshman, this would have been 2012, 2013. Gets further every year, my God.

But I I remember being this little freshman and taking a baseline concussion test and nobody really being able to articulate why that was necessary or how that would be used, like what the implications of that were. The first time I heard about, you know, chronic traumatic encephalopathy was actually because there was a guest speaker who came over from BU. And I remember, you know, dragging an unwilling teammate and sitting in that lecture hall,

and and seeing the first neuropathology images that I'd never been exposed to and and hearing about what this disease was. And at the time, you know, it felt so remote from where I was. I was a college student. What are you gonna do about something like chronic traumatic encephalopathy, right? I don't know about how much of your listeners are familiar with it, but this is like punch drunk syndrome. This is the dementia that can occur as a sequelae of multiple you know, multiple instances of traumatic brain injury, essentially. So it's very common in folks who play contact sports, aka rugby.

Also things like hockey. I think it has the most media attention from football. but at the time, it was just something that was, you know, a danger of what I did, of what we did as a team. and you would try to mitigate as best you could. But I definitely watched some of my teammates who had you know multiple TBIs sort of suffer the the physical, the cognitive, the emotional, the social consequences of those types of injuries. Fast forward to

First year of residency, second year of residency, I actually had the opportunity to play rugby again, this time for the All Armed Forces team. So I got to play for the Air Force again, which was a lot of fun. I played for a couple of years. I played in the All Armed Forces Championship a couple of times, which was, you know, a really incredible opportunity for me. But the same questions came up. You know, now they were coming up from my team members who maybe had a history of TBIs or who had a couple and were thinking about quitting, and they wanted information. They wanted to know, hey, what is my risk?

What does this mean for me? Should I stop playing? Is there anything we can do about it? And I mean, the flat-out answer right now in the CTE world is the gold standard diagnosis is postmortem examination, and there are no disease-modifying interventions. There are no therapeutic options if you start becoming symptomatic. And that's not something that you want to tell any patient, let alone someone who's a friend or a teammate, right? But suddenly the situation had changed because I was no longer just a little undergrad. I was an MD.

And that's one of the reasons they were looking to me and asking me, right? I was the doctor on the team. And I realized maybe I can do something about this because I was also finally in like the perfect place to do it. The military has a vested interest in brain health. where I was, we had the the military traumatic brain injury initiative, which has a fair amount of funding and a lot of research interest. I got put on a team that was specifically looking at developing an organoid model of a brain, basically to look at.

Sort of a pathophysiology underlying both blast trauma, potentially also concussive trauma, and then hopefully to test out some kind of therapeutics at some point. So that was really my entry point into neuropathology research and my interest in neuropathology of CTE. It's been very fortunate that you know I was recognized by my residency program directors as someone who was interested in research and wanted to do this. It's part of the reason why I got the billet that I did, which is a very academic position within the military, and it's

right next door to the military brain bank. And they are doing some incredible research in CTE and other types of neurotrauma. And I've gotten my foot in there and gotten some really good support. So that's what I'm able to do now. That's sort of the whole story there. I will say when I got there, I realized that I do not have the technical chops to make sense of so much digitized data. And that was part of the impetus behind

Going back to school and you know, I've since about three quarters of the way through a master's in bioinformatics and really trying to harness this power of digital pathology to make and you know make sense of of the diseases that we look at every day.

Joanna Cermak (18:01)

So you were also the recipient of the CAP Foundation's 2024 Clinical Investigator Award. You actually got to go to Eli Lilly and Company's Clinical Diagnostics Laboratory in Indianapolis. So what did that award mean to you, and what was your opportunity like? How did that support your research and professional development?

Dr. Cougar Jimenez Jaramillo (18:23)

Yeah,

so that experience was a highlight of residency for me. And I I I wanna lay the groundwork here. the only time that I could take a month out to go do that research rotation was in January of my fourth year. So this is in Indianapolis. It is like negative double digits, and the airline, which

Joanna Cermak (18:39)

Yeah.

Dr. Cougar Jimenez Jaramillo (18:40)

shall remain unnamed, like lost my checked luggage on the way there. So like my first

Joanna Cermak (18:44)

no.

Dr. Cougar Jimenez Jaramillo (18:46)

Sunday night there, like I'm walking in a hoodie and jeans trying to find food, like realizing.

How people develop hypothermia. So that was like the stage, but it was such an incredible opportunity. Everyone there that I got to work with, you know, Aaron Groover, Kelly Credeal, Drew Netterman was so professional, so knowledgeable, so welcoming. I think just getting the award for me meant that the things that I had done in the military system that were rewarded and recognized within that system did have crossover and carryover and relevance to the civilian world, which for me was.

really important because I was also right about the point where I was starting to send out applications for fellowship. And this definitely became a talking point. It definitely became something that I was able to talk about in terms of my experience with neurodegenerative research. The team there was incredible. I kind of expected, you know, one month of a cookie cutter kind of, you know, rotation where they gave me a project or like this tiny corner of a project that was already pretty much done. And then I would do it, but I'd get to see like what the industry was like. But they contacted me months ahead of time.

And said, hey, we have, you know, a couple of different projects you could potentially work on. What's your interest? And I said, neurodegenerative research. And they said, okay, we have a perfect project for you. I said, okay. and you know, in the weeks leading up to it, I got to work on things like IHC optimization. I got to make, you know, big decisions that impacted sort of the direction that we took. They basically let me figure out what my own endpoint was going to be. They gave me an overarching theme. We want you to train a convolutional neural network that's capable of

sorting between different stages of this pathological feature that we know happens in Alzheimer's disease, basically. But I got to design everything, and having that kind of research creative control was really unique and really fun for me. It was such a good experience. It definitely also gave me some very useful tools. I had some experience with digital pathology, particularly using things like ImageJ, TGI, maybe CellSorter. I played a little bit with QuPath to do some semi-quantitative work.

But this was the first time I was using a proprietary algorithm that was essentially AI. This was my first foray into it, and part of also the reason why I have inroads at the military brain bank and why the master's I'm doing actually makes sense to me, like understanding what the applications are going to be. So I think overall the experience was just so incredibly valuable. God, what else can I say about this? I just had such a good time. I think also.

One of the goals of the rotation is sort of to introduce you to industry and like some alternative pathways as a pathologist. I think that my experience was probably a little bit colored because I think for the most part, they have more definitive end goals for their projects. I was basically able to like decide whatever I wanted. but I think that the culture, you cannot like change that.

just for one person. The culture was that every person takes complete ownership over their tiny piece of the project, and they absolutely crush it. You know, people come with this incredible experience, but then they're also given the room and the tools they need to develop as scientists in that space. And that was so cool to watch. Like I had Drew show me how to do laser capture microdissection. I was like, how did you learn how to do this? You're like, well, I didn't until I got here. I was like, that's incredible.

Joanna Cermak (21:54)

Yeah.

Dr. Cougar Jimenez Jaramillo (21:55)

So things like that. And then the fact that they were able to support me and continue to support me after I left, they got me remote access to the same platform so I could continue the work to the point where we could get a first-author publication in JNEN. They came and supported me when I had two poster presentations. I think one was at CAP and one was at AANP, for this work that we did. It was such a good experience, and it felt like I made relationships as opposed to just doing a rotation where I got evaluated. It was a really good experience. I can't say enough good things about

Joanna Cermak (22:22)

how did you find the award? Did you just Google? did you know about awards the foundation offered? I'm just curious how you found us.

Dr. Cougar Jimenez Jaramillo (22:31)

Yeah, I mean I think

the CAP Foundation has a like portion of the CAP newsletter. There's like a little portion underneath that says like, you know, opportunities, things like that. I was already somewhat familiar with CAP as an organization. There were folks in my residency program who were like junior members on committees or part of like the resident delegate members, things like that. so I was always kind of like on the lookout for opportunities and ways to make, I guess, bridges across the military and civilian divides. I think that's really important.

in order to get you know the most up-to-date information and to understand how other people are solving problems and what you can bring back to your own institution. I've always found CAP really valuable for that. So I'm pretty sure that's how I found

Joanna Cermak (23:11)

So some of our listeners are medical students. As a mentor, what do you hope to pass along to our listeners who are considering a career in pathology or one that combines military service and medicine?

Dr. Cougar Jimenez Jaramillo (23:26)

Yeah,

so essentially all of the medical students that I work with are already committed to the military. They're already in the military. I think for someone on sort of the cusp and like deciding whether they want to pursue a career in military medicine, it's really important that you want to join the military, you want to be in the military, even as like a separate component to just medicine. It's not something that you can do casually, like it's going to be years of your life. It's going to

influence the direction of so many things, including places where you live, the relationships that you form, the people that you meet, like the opportunities that you have both professionally and personally. So it really has to be something that you value intrinsically in and of itself. I think for pathology, I mean it's the best specialty. I don't like what else is there to say?

Joanna Cermak (24:17)

Ha ha.

Dr. Cougar Jimenez Jaramillo (24:18)

It's the reason that I picked pathology ultimately, because again, I I had that experience

Where I had a forensic pathologist sort of open my eyes to like this entire world. After that, I followed up with it. I did bench research at the pathology lab at NYU the following summer. Like I shadowed, I got a sense of like what I was getting myself into. And the thing about pathology is that you get to have like a foot in both worlds. You get to have a foot in the here and now where you're having a clinical impact on patients, but you also have a foot in basic sciences. And if you just love human biology, if you like really nerd out over biochemistry and molecular, like,

It's you get to do both and it's so incredible. And understanding the why of everything that you do is like a really cool part of the discipline and the field. so I think that's probably number one. I think realistically, if we look at healthcare in the United States and healthcare professionals, like a lot of folks burn out, it can be a really, really difficult field. pathology is is a pretty happy place.

I I would wager to say, I mean, we absolutely do late hours sometimes, you know, as cases necessitate. We, you know, do take call. There are those, you know, really stressful transfusion reactions and those really stressful intraoperative consultations. But by and large, I think that the work life balance is really optimized to have a full and healthy career, you know, which is something that I think medical students should be thinking about when they're considering their futures. and then finally, you know, we get into medicine because we want to help people, right? I think that's like by and

the biggest draw by and large. Pathology is really cool because I don't just help the number of people that I can see in a day in clinic, you know, ten minutes apiece. I get a stack of, you know, 50 cases. And that day I get to help 50 people. I get to give 50 people an answer when they say, Hey, something's hurting, something doesn't make sense. I'm scared. I don't know what this is. So I get to give 50 people answers. And I think that we're able to help a lot of people because of the nature of our job. And I think that's really

Joanna Cermak (26:15)

were there moments where you felt like things were uncertain or the path you chose was maybe not what you thought it was gonna be?

Dr. Cougar Jimenez Jaramillo (26:24)

Yeah. So as I said, the earlier that you joined the military in your career, the fewer choices that you have. And I think for me that really came to the fore, just in terms of of the direction and the specificity of like your subspecialty or or like where you work or things like that. so you know, I was a medical student who had already self selected into pathology. That's what I wanted to do. Everyone knows about the civilian match.

Kind of a big deal, right? You get to decide where you're going to be for the next four years and become the doctor that you sort of dreamed of through residency. Before the civilian match, all military members, so all the folks at USUHS at my medical school who are already military and all folks who are HPSP, have to go through a separate match process called the military match. And that happens months earlier. And it's based off of the projected needs of the Air Force, not the availability of training spots, although that influences it a little bit. So, you know, folks who have

way more experience and are at a way higher experience level in pay grade than I am. Sort of look at the needs of the Air Force, what accessions we've gotten, how many people have decided to leave the military, et cetera. And they make an estimate of how many pathologists we need and how many surgeons we need and how many emergency doctors we need. And that's released as a list that's some acronym that I no longer remember called the H-PERB. I told you so many acronyms. And

Joanna Cermak (27:44)

Ha ha

Dr. Cougar Jimenez Jaramillo (27:44)

it and it gives you a sense of like how many spots there are to select into. From those spots, they can say,

We only have military spots available. We have some civilian spots, but you'll have to, you know, add extra time onto your contract the time that you owe, or we're just going to cut you loose and you're going to do a civilian spot and then you're going to come back to the force. So those are kind of the three options. Historically, pathology in the Air Force always had a lot of spots relative to the number of applicants, which is somewhat similar to the civilian match system. I mean, some places are obviously more competitive than others, just based on, you know, institutional experience and types of cases or location or what have you.

and the military somewhat mirrored that, but was a little bit more competitive in terms of spots-to-folks ratio. When I was doing my audition rotation at BAMC, my fourth year, so it's Brooke Army Medical Center, where I wound up doing my residency, the HPERB came, and there were two spots in pathology. And there were already more than two rotators. So yeah, I was nervous. And it seemed like several of them already had some military experience. The military rewards

slightly different things, a lot of the same things, but slightly different things than the civilian world rewards. you can max out on their like points matrix. They try to be as objective as possible on research pretty fast. and you know, grades are what they are. And then there's a leadership capacity and then there's prior service. Leadership capacity is kind of, you know, whatever you show in like your your history and then your in-person rotations that demonstrates you're gonna be a good military leader and then experience, it is what it is, right? At the time that you apply, I was

I had been a reservist essentially for three years, but that was all that I had to say for myself. And there were other folks who had done basically rotations as general medical officers for a year, who already had done an internship in the military, things like that. So I was pretty sure I wasn't going to get a spot, which was rough. I had folks at that institution even say, Hey, if you want to apply for a second specialty outside of pathology, we won't take any points away from your matrix for that, but we want to make sure that you have a spot where you can train and become a doctor.

If you want to subspecialize. So like if you're interested in radiology or something else like that, like you should go do that. And that's really rough to hear when you've, you know, spent four years of undergrad, four years of medical school, and like all of your time and energy trying to become this thing. And I had to sit there and and ask myself, Am I here because I just want to be an MD and being a doctor is is you know the end goal and it doesn't kind of matter what I'm becoming, or am I here because I want to become a pathologist? And I I do want to put this into perspective. Some folks,

Like take gap years, they take time off, they make sure they're they really have those decisions made. I shouldn't feel like I raced through the first half of my life. I did high school in three years, I went straight through undergrad, I didn't take gap years, went straight through med school. So I was, you know, sitting there. And worst case scenario, I didn't get a spot in pathology. If I didn't put a second specialty, I would do an internship year. If I tried again, I didn't get a spot, I would be turned into a general medical officer, which is called a flight surgeon in the Air Force, and I would serve as a general medical officer for a year. If I didn't get in again,

That's another year, that's another year, that's another year. So I was adding it And worst case scenario, I was going to spend five years of my life as a doctor and not as a pathologist. And I had to ask myself, was I okay with that? Would I rather do something else? And you know, it was actually a really like affirming moment to decide, no, I'm here because I want to be a pathologist. and to double down on that. Because, you know, every like residency isn't easy. No residency is easy, but every moment when I was there late.

When I was waiting for a specimen to come down from the OR so I could pre-gross it, or I was working up a transfusion reaction on a weekend, I remembered I'm here because I chose to be here. There is nowhere I would rather be. So that was actually a really cool thing that came out of that. The other half of that was just understanding and taking the ego out of it that when you sign your name on the line and you decide you're going to serve, that means that the needs of the Air

Force are always going to supersede the needs of the individual. That's just part of what it means to serve. The Air Force has

Three core values, integrity first, service before self, excellence in all we do. And I must have said those like a hundred times in officer training, but this was the first time it was really becoming clear to me what service before self meant. and I had to be okay with that. And I think I I took time and I made myself okay with it and realized, you know, I wanted to give back to my country. I wanted to serve. If this is the capacity that they need me to serve in, I'm okay with that too. So I think having both of those sort of decided, even before I got off the ground onto active duty.

really made everything else that came after so much easier. Because if you're clear about your non-negotiables and what's important, like a clear sense of purpose makes up for a lot. So that was probably the roughest moment in my education. Good news is I got the military match through the military system and then I matched into the civilian system. So it all worked out at the end, but it was rough there for a minute.

Joanna Cermak (32:28)

and if you you could go back and kinda talk to yourself at the beginning of this journey, what would you tell yourself?

Dr. Cougar Jimenez Jaramillo (32:38)

Yeah. it's funny. I I go through this exercise a fair amount because I do work with medical students and I do work with residents at Walter Reed. And I think trying to understand like what do you need to hear in this moment that's actually gonna help you is like a worthy exercise as like an attendant and someone who's like trying to be a good mentor. you know, a lot of medical students will ask me, What resources should I use? Which and does change so quickly in terms of like what's relevant, what's useful. I try to stay away from that. I think particularly in military medicine.

what people need to hear and what I probably needed to hear was that you know before you put your first step on this kind of unconventional unconventional path, really articulate to yourself what your non-negotiables are. And that may be like what I chose, that may be the subspecialty that you want to work in. That may be the environment or the unit that you want to work in. That may just be something like making your relationship work, right? Like all of those are worthy goals but just being upfront with yourself about what matters to you and what's going to be at the forefront of your mind when you're making your decisions is really important.

And then you know, as you start off on that path, anytime there's a fork in the road, anytime you're in the process of choosing between multiple options, just make the best decision you can with the information you have at hand, keeping those important non-negotiables at the forefront of your mind. If you can do that, you probably won't get everything that you want because it's life. You probably won't do everything that you expect because it's life. But if you can do it with an open mind and a willingness to just embrace opportunity.

You'll wind up doing some really incredible things. You'll meet some really incredible people, and then looking back, you will have no regrets. And I think that's that's probably what I needed to hear.

Joanna Cermak (34:14)

I think that's great advice for anyone listening as well, even if it medical school or medical profession and military is not just that advice in general, I'm taking that in as well. So

Dr. Cougar Jimenez Jaramillo (34:25)

Ha ha

Joanna Cermak (34:26)

thank you for that.

Joanna Cermak (34:27)

Your experiences can shape your path in ways you never expected. That's my favorite takeaway from today's conversation. Dr. Jimenez Jaramillo's journey reminds us that the experiences we have along the way, including those outside of medicine, can become an important part of who we are as physicians and how we approach our careers. Her experience in the military has helped shape her perspective, build skills, and influence the way she shows up. Whether you're coming from the military, another career, a completely different field.

Or simply taking a path that looks different from the people around you, you don't have to leave those experiences behind. They can become part of what makes your perspective unique and what you bring to the field. If you'd like to find the resources mentioned in today's episode, be sure to check out the show notes. And if you'd like to learn more about opportunities like the Clinical Science Investigator Award or other grants and awards available, visit foundation.cap.org. Don't forget to follow us on the

on social media, and be sure to like and subscribe wherever you get your podcasts so you never miss an episode. Until next time, I'm Joanna. Thank you so much for listening. Keep making connections, keep making an impact, and remember, every experience has the potential to shape the path ahead. We'll see you next time.