Give yourself time to identify your goals

“When you’re in your first or second year of medical school and don’t know what specialty to go into, I say you can’t make that decision now. In the UMass program, I saw a young man on day one of medical school who said he wanted to be an interventional radiologist. I thought, you want to pay off your loans. You need to experience medicine, go through the rotations with an open mind, and see what really calls to you. It may be something you never even thought about.”

—LYNDA YOUNG, MD; pediatrician; former president of the MMS; Chair of the MMS Committee on Publications; Chair of the AAP AMA Council on Medical Service; Chair of the AAP Committee on Federal Government Affairs

Know yourself

“I realized I was not a strong lab researcher and it was time to step out. I didn’t care if that was seen negatively. What mattered was having work that aligned with my strengths, that made a difference to my patients, and also that allowed me to be home with my children by 4:00 p.m. each day. Success would be built upon feeling competent in my work and balanced in my personal life.”

—JUSTINE CARR, MD; former chief medical officer of the Steward Health Care System; former chair of the National Committee on Vital and Health Statistics

Acknowledge the infinite routes to success

“I used to think that all the people who were successful in medicine had a fairytale career, because by the time they were successful, their snapshot biographies were perfect. I read this book when I was in college that chronicled the lives of mentors that I really have admired: David Blumenthal, Donald Berwick. They were incredibly honest biographies and interviews about their careers, and all of them took a winding path. There was another side to that story at all times. That was my first time realizing that success was never a straight path, it was always a winding road. I’ve had my share of failures.”

Help yourself and others think bigger

“When I was looking for my first job out of residency, I wanted a hybrid career focused on primary care practice and redesign. I set up a meeting with a female physician leader who I looked up to, but never met. I told her what I hoped to do, and she said, ‘That’s good, but I don’t think you’re thinking big enough. Why stop at primary care redesign? Why not think about the whole health care system?’ That 15-minute conversation changed the course of my career. Later that year, I took the position of Chief Innovation Engineer at Atrius Health, a $2 billion health system. Sometimes you need a nudge in the right direction to take the first step. As a mentor, you don’t need to know someone for five years to make an impact. If you meet someone who has potential, tell her. She might actually go out and do it.”

—YIDING YU, MD; founder and CEO of Twiage; internist at Atrius Health; 50 Healthcare Leaders Under 40 (Becker’s Hospital Review)

Prioritize purpose and meaning

“Choose something that is really meaningful to you. I do this because I’m so lucky to be able to have founded a program I believe in and want it to grow. I can feel the momentum, I feel the change happening, and it’s worth it. The key is purpose; meaningfully impacting the community and patients we serve. Academic medicine is not primarily financially motivated. In the beginning, when I realized people with more serious mental illness weren’t coming to their appointments for cancer care, I went to their hospitals and homes. No one paid me for that. To launch the program, I met with people in leadership and I was very persistent. Ultimately, it’s because I really believe in it.”

Appreciate the potential — and limitations — of mentors

“It’s helpful to build your own interdisciplinary team that gets it. Connect with female mentors, but know that people mentor you to be them—not intentionally, but that’s what we know how to do. Sometimes you have to say ‘OK’ and be appreciative, then do what you want to do.”

—KELLY IRWIN, MD; founding director, Collaborative Care and Community Engagement Program, Massachusetts General Hospital; psychiatrist, Mass General Center for Psychiatric Oncology and Behavioral Sciences; MGH “one hundred” award, 2017

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Connect with online networks

“I co-founded #ILookLikeASurgeon with Heather Logghe, MD. Early on we got noticed and supported by surgeons up and down the food chain, from medical students to senior level attendings and leaders, around the globe, and across the spectrum of medical organizations. Even the more powerful, staid organizations were embracing it, going on record promoting this positive message. The hashtag movement wasn’t formed in response to some offense or controversy, but later when those happened, the community was in place to respond and help catalyze those conversations. For example, when Tamika Cross was prevented from providing care on a flight because the crew didn’t believe she was a physician, there was a robust crossover using our hashtag and also #ThisIsWhatADoctorLooksLike.”

Get comfortable being an influencer

“Not all the skills we need are technical. To be effective as physicians and leaders, there are many skills we need to cultivate. Physicians are the go-to people in their communities. Whether or not we feel like leaders, as physicians we are. That doesn’t mean we have to become chief of staff at a hospital; it means patients are expecting us to guide them. These MMS programs [e.g., the Women’s Leadership Forum and Medical Student Mentoring Night] help us embrace that role. They broaden the classic physician archetype to show the spectrum of different people who take on this role. They help with things as granular as developing one’s executive presence and exercising leadership. Any program I take that’s going to enhance the skills I need to do my job is going to be useful. Because sometimes we ourselves are the medicine.”

—KATHRYN HUGHES, MD; acute care surgeon, Falmouth Hospital; co-founder of #ILookLikeASurgeon (Twitter)

Build a supportive team

“It would be impossible to keep my practice running without the support of the people I work with. I’ve learned the importance of teamwork and communication. In the morning, my assistant and I go over my schedule and plan the rest of the day so that I am able to complete all my charts and tasks before I leave. It’s the same at home. My nanny knows our family’s schedule very well, and she is able to make quick decisions if I’m not available. Surrounding myself with people I really trust has made it possible for me to balance life at work and at home.”

—GRACE PEREZ-LIRIO, MD; primary care physician in Needham Heights; medical director of the After Hours Clinic at Beth Israel Deaconess Needham Hospital; president of the Philippine Medical Association of New England

Cultivate nonverbal communication skills

“The best advice I’ve received was probably from my predecessor, Ruth Ellen Fitch. She told me how to study people in meetings and how to look for the nonverbal cues. When is someone paying attention or not paying attention? Who garners the most attention at a table, and what are the aspects of how they communicate that put them in that position? I’ve become much more attuned with reading a room, reading who I’m speaking to and seeing how to pivot in order to maintain or increase their engagement, and understanding how you exhibit or exert influence in various settings.”

Build complementary knowledge and skills

“Some of my decisions have been to gain a greater understanding of the business of medicine. That propelled me to go back and gain an MBA with a focus on health care, really questioning how systems were set up, and how best to put myself in a leadership position by gaining expertise in quality and the business aspects of medicine while also contributing to the effectiveness of the system. Making those decisions allowed me to move into more leadership roles, and understand how to build a network and cohort of colleagues who could either act as mentors or sponsors that enabled me to get to this level. That involved understanding what my knowledge gaps were and seeking to fill those through additional course work or joining several boards or committees.”

—MYECHIA MINTER-JORDAN, MD, MBA; president and CEO of the Dimock Center, Roxbury

Develop effective responses to others’ bias

“Starting in undergrad, I realized I would encounter people very different from me in my career. I took classes and read about interpersonal communication; how to have a difficult conversation, engage in dual perspectives, resolve conflict. Being a physician is mostly dealing with people on a variety of levels, and many are sick and vulnerable. Sometimes patients’ perceptions of me are clearly shaped because I look a certain way, speak a certain way, have a certain demeanor. There is a value judgment about my ability to provide care. My mentors taught me how to establish a bridge of communication, mutual understanding, and respect. The best way is through kindness and compassion. If a patient says can you get me this or that, mistaking me for an assistant, I say, ‘I’m happy to, but I want you to know that in this team I’m the medical student taking care of you.’ I say that as many times as necessary. Sometimes the interaction is very different at the end from how it started.”

—AURIAN GARCIA-GONZALEZ, MD/PHD candidate; UMass Medical School; president of the UMass Medical School chapter of the Latino Medical Student Association

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