

Minutes – “Transcript”
MD Women in Medicine Subcommittee Meeting,
Maryland ACP Chapter
2/11/06

In attendance: Mary Newman, Regina Gan-Carden, Sapna Kuehl, Claudia Kroker, Nareesa Mohammed, Catherine Tsai, Ruth James, Mollie Sourwine, Marie Boursiquot, Neeta Deshpande, Milena Lolic, Edie Vargo, Mary Wright, Janae Preece, Mary Desi, Kelly Sittler, Kathleen Sterling, Tangela Anderson, Beverly Everett, Dana Sloane

Sponsor: Santarus, Joe Mack

Introduction by **Mary Newman, governor-elect of MD ACP Chapter and first female MD ACP Governor.**

New idea from **Sapna Kuehl, Co-Chair – “Sani-Tea”** support gatherings at Sapna’s, or another location if there’s a big group, which are more frequent, maybe every 6 weeks, and more casual – whoever happens to be free and wants to come. There was a very positive response from those present. Check future e-mail for more info...

New idea from **Sapna Kuehl and Nareesa Mohammed, Associate Liaison** – in order to raise money for future meetings and WIM activities, get the word out about the group, advertise to other women physicians and subspecialties who may be interested – we would sell t-shirts, camisoles, mugs, cups, etc. via café press.com where we’d come up with a logo, and saying, and we get \$5 per t-shirt sold with our logo, but that the selling is done via their website. Look for future info on this idea when we get our website up, or in future e-mails. Please E-mail Nareesa or Sapna about ideas for logos and sayings at nareesa@gmail.com, skuehl@stagnes.org.

Introduction of our newest **Associate Liaison to the WIM Subcommittee, Catherine Tsai**, currently a GI fellow at Navy, expressed enthusiasm about being involved, and the welcoming nature of our group.

Topic: Making Smart Career Choices – Sapna Kuehl, Co-Chair, WIM
Interactive discussion on different practice settings – Regina, Sapna and Claudia

Sapna spoke about how the importance of making smart career choices and planning. Due to many factors – lack of mentors, especially female, lack of guidance about which field to pick, when to have kids, how to balance different roles – as a physician and as primary caretaker of her family, cited mostly academic exposure in training, not much exposure to private practice, she liked certain things about internal medicine – time with patients, but never felt completely comfortable until the end of training when she felt she made the right choice.

Think of all the things that are important to you personally – and think how your career will impact these priorities, instead of going the path of least resistance. Make a proactive choice – what’s right for you intellectually, balancing career and family decisions, how many hours are you going to work? The more proactive you are, the happier you will be with the decision you made.

Primary care vs. fellowship - ?visa issues, where you’re living, conflicts with spouse’s career choice?

Think about what you want – 5 years from now, how do you want to spend your day?

Self – always seems to be the last piece of the picture – “time for you” – you need to consciously include yourself so you won’t feel you’re always last on the list.

Working as a hospitalist in a group with 4 other women, she was on call every other weekend (which wasn’t in the contract), her daughter was a toddler and she was getting paged all the time. Her daughter knew what the pager was and before she could even speak, her daughter always tried to pull off her pager when she came home.

This experience helped her make a decision to go into private practice, her daughter was potty-trained, and she realized the impact of her job on her family, and made a conscious decision to make a change.

Part-time worked for her to provide balance – working 80% time. She had a day to herself during the week to paint, read, grocery shop – weekends were for fun – and were worth their weight in gold!

This doesn’t mean that part-time is right all the time, but you need to know your options.

Make up your mind what’s important to you, and figure out your balance.

Look for mentors – who has done it before, and can help guide you? – People want to help!

Catherine Tsai, said she had been to some meetings at her fellowship, but liked our group because the people make it happen, we’re a supportive and friendly group, and very open.

Mary Wright, mentioned that this is good advice for medical students who are transitioning, and want to do everything, but what advice do you have for people who are already out there, and need help with figuring out what to do next.

Sapna – it’s a process, keep a journal, ask yourself where you see yourself five years from now – what will make me happy?

Claudia Kroker – not knowing what we want is a big problem. She didn’t know what she could have done and felt it would have been helpful to have been able to talk to someone about what it’s like to be in private practice. There is tremendous jealousy, especially between women, and often it seems men are more forthcoming with career advice. But men have a different approach, men/women are very different – talk differently, value different things. Women should stick together and share information, so we can help each other. Ask a lot of questions, and give back a lot of information.

Sapna – private practice – spend the day at the office, with friends. Tells residents that before they choose fellowship, to spend time in an office of a practicing specialist to see what’s the day really like.

_____? There are varied medical careers – and you can do different things at different points in your life. She thought private practice was good when she was married, thought academics would be good but didn’t like that as much. Spent 10 years in administration – we have a lot of skills we don’t realize we had.

Sapna – worked as hospitalist, in private practice, liked and disliked certain aspects of each – teaching, administration, patient interactions. Worried about primary care – everyone knows it'll get better – can make a living but are hassled by paperwork .

Claudia – private practice means more flexibility – bring your friends in. But you need to be a businesswoman – when you cancel patients, -- that's decreased income, and you have to learn how to bill effectively. The most important thing is with whom you are in the office. If you have two or three partners, it's like you're married. Check into things like how flexible they are to switch calls, provide coverage and vice versa, etc.

Mary Wright – How do you do that ahead of time? Do you just go with your gut feeling that things aren't right?

Claudia – The money may be good, but what's more important about spending 20 to 40 years in the same office with another physician is you are partly sharing your patients – Do you like the way they treat your patients?

Mary Wright – How does it work when you join a practice?

Claudia – it depends – the first two years, you're considered negative and don't make enough money to support yourself – whoever hires you pays the rest. Buy-in calculated assets, number of patients in the practice, how many patients you bring in, how much they paid in to your \$50,000 to \$100,000, you're supposed to pay in (can take a lower share, or give money every 2 years)

Mary Newman – medical students and residents have a lot of debt. If a group is big enough, they can hire you at a salary that's not as high as a hospitalist at first, but you can go higher in the future. In our practice, salary is offered. Think of it as the first 15 days of the month, you're paying for your overhead, and the second 15 days, you're working for your takehome pay. That can be difficult to work out if working part-time, but it can be done. For example, two people job-sharing and sharing overhead. What doesn't work – committing 1%, 2% or 3% to partners Forever... it's not done anymore.

Claudia – regarding overhead – think of 5 partners and 5 partner's wives (think of it as their wives getting a salary). That's double the life insurance and overhead, and higher if they're older.

Sapna – Always have a lawyer look over your contract, and don't sign anything until you do!

Quality Assurance and Peer review, hospital administration – huge fields, patient safety – we've done a poor job of policing ourselves and you could develop policies to better police the profession as examples of practice settings and fields you may not have thought of.

Neeta Deshpande – shared her experience having had a lot of jobs, didn't know what to do when she first graduated residency, came from an era in medicine where patient care comes first and you come last, worked at Cook County as faculty, but when became a single parent, she came to Baltimore and worked at an HMO which was the worst job – no friends, seeing 25 to 30 patients a day, no other contact, then went to Franklin Square as faculty which worked well with my daughter's schedule and age, then her mom fell ill and she transitioned to hospitalist at GBMC which allowed her time to travel to see her mother in India. Call two times a week, work one week, then off one week, but when you're on, it's 24-hour call (get all the admissions – anywhere from 6 to 15 patients). It's a good group, and you can pass on patients, where some groups don't allow that. You're not required to physically be there on call and you see the patients the next day. Some programs require you to be on-site for calls. It's very general internal medicine – consults, efficiency with testing – but if you like the weekends off, it may not work for you since they require weekend calls.

Claudia – over the weekend call is different in private practice vs. hospitalist. – it’s a different call schedule. For the one she’s currently in, there are 3 or 4 days of 9 to 5 work, then 2 to 3 days of working 12 to 9, every 5th weekend call, night call – it’s complicated. Hospitalists have very different arrangements. If you checkout hospitalist programs, many are frustrated. You feel like a resident and even the “boss” can tell you what to do. Some hospitalists stay until 10pm

Neeta – echoed sentiments of feeling like a “resident.”

Sapna – it may be good for those coming out of residency. All hospitalist programs are different with different reputations. Some have an older program, choice of shifts, job sharing opportunities; some are flexible and can negotiate what you want to do.

Regina – hospitalist programs with a lot of turnover probably aren’t a good idea, and if you’re thinking of children, ask about maternity leave, or what happens if a colleague goes on maternity leave – will everyone else have to work more to cover, or will they hire someone temporarily?

Claudia – private practice vs. hospitalist – hospitalist is like a revolving door and you have no control over the patients you care for and the patient population is sicker, acute care. For private practice, you can care for patients better.

Mary Newman – there’s a concern about making a split between hospitalist and primary care – threatened by the rise in hospitalists. Start a hospitalist committee – there’s plenty of room for lots of things to be dropped when patients transition from hospital to home, or nursing home, etc. Before, you were allowed to admit patients for diagnostic workups, but now there’s this whole trend towards shorter, sicker hospital stays. Rounding at 6:30am, and hospitalists impact quality and cost of care. If palliate the elderly, you need to know the goals of care. I’ve done private practice internal medicine since 1984, had my children in the 80’s, worked shorter hours then. It’s been wonderful in primary care – these people are my friends! No, the younger working patients you’ll rarely see frequently enough to build a friendship, but the people who are chronically ill, require frequent visits, these people have been dear to me and interesting to watch over the years she’s been caring for them. So, be clear about what you want “for this year.”

_____? – Men are clear about what they want, they just change their mind every year. If you don’t set goals, then you won’t accomplish anything.

Beverly Everett, Medical Director CCIP, Health Support, just moved to the area, worked for Cigna for 10 years in multiple positions, has a business and global background, currently exploring why insurance companies do what they do and the direction of the industry, and this was her first meeting, and reiterated the importance of networking for women in medicine.

Ideas for future meetings, to be on the mailing list, please e-mail regina.gan-carden@medstar.net

Sorry for the spam from the yahoo WIM website – We’re transitioning to acponline.org, but it’s taking some time.