

# MD/MBA Futures

MD/MBA Program in Health Management, Tufts University School of Medicine

Issue 13/Fall 2006

## Reflections From a Third Year Resident

Kent Berg, MD/MBA '04

As I drove away from Beantown in May 2004, I held dear many happy memories of completing final projects with my MBA classmates. And I hoped that I made the right choice for residency. Writing these words from my dining room table on a quiet Sunday night in Gainesville, Florida, I feel lucky. First, though, I think it's important to reflect on the things that I was embarking upon at that time—a few major life changes. Transitioning from medical school to residency is a time in a person's life that is both exciting and anxious. Just in case that wasn't enough, I decided to marry the woman I'd been in a relationship with for seven years (four of them long distance) prior to starting my intern year. The summer of 2004 went by in a blur.

I chose to begin my training in the Anesthesiology Program at the University of Florida (UF), in Gainesville, home of the Gators. They say you grow quickly through trials by fire. I arrived for my first assignment in the Emergency Room, and my attending, Dr. Goldfeder, introduced us with a New Jersey accent to the rest of the staff, "Yesterday, you were medical students; today, you're doctors. Try not to kill anyone today." I gave him the benefit of the doubt that he was just trying to break the ice, but he was telling the truth. Exciting and scary. For the next six months, I floated between surgical services as part of my transitional year at UF. Looking back, it was educational to learn how to work up the general surgical patient, as well as those with specific vascular or cardiac

issues. I think I will be a better anesthesiologist for it, but it was painful at times rotating on a service that everyone knows is not your chosen specialty. Explaining to my new wife that I was last priority for the call and vacation schedules didn't exactly make the honeymoon period easy. Fortunately, she is very understanding, and, in fact, was the one person I truly leaned on during the hardest of times. For all of you reading these words right now, take a moment to thank your loved ones for supporting you. For those who are about to embark on the application process or transition to residency, remember that you are human, and that your support system is as important or more important than the reputation of your future program or your potential income. It's those people that will get you through the every-other-night on-call duties, or the unnecessarily rude attendings and chiefs you will have to deal with at some time or another. At the same time, recognize your own value and worth. You may be less experienced in the beginning, but I suggest that you demand respect from all your co-workers and lead by your own hard work.

I spent the next three months on Medicine. It makes me gasp to remember that time. It was good for my overall background, I suppose. But there was a reason I chose anesthesiology. Frankly, I just hate rounding. I mean no disrespect to readers who've chosen Medicine, but there are a limited number of ways that the same problem should be re-evaluated. When I finally reached the end of the intern year, it was like a wonderful homecoming to my own anesthesiology department.

The attendings and my senior residents were very welcoming, and I got a taste of what I was really going to do for the rest of my life. I finished out the final four months of my transitional year in operating room (OR) anesthesia at the Veteran's Affairs Hospital.

On July 1, 2005, I went across the street to the "big house," Shands Hospital, a 650-bed (or more now) tertiary care facility that had just obtained "Trauma One" status in the state of Florida. With 23 operating rooms, plus several other anesthesiology-covered areas, the UF/Shands anesthesia program trains roughly 80 residents at any given time. Despite being such a large program, I felt that I was welcome and not just a number. My program director and department chair continue to go out of their way to ask for feedback from residents and are constantly changing the curriculum. Having that support at work is very important to me, and it's important for current applicants to ask these

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## Director's Message

*John M. Ludden, MD, FACPE*

*Norman S. Stearns MD Professor of Health Management*



Wayne Gretsky famously said that it was not his goal to skate “where the puck is” but to “where the puck will be.” In both medicine and management physicians are trained in the best possible methods for caring for patients and for the institutions that provide or enable that care. We think that we know what could happen next year or next decade and we point towards those opportunities and issues. In truth, we are probably wrong.

For forty years, analysts have said that the percent of GNP devoted to health care could not keep rising without dire effects on the rest of our society. Others predicted a massive excess of physicians. Some pointed to the dire circumstances that would befall us if we didn't produce enough primary care physicians. Physicians are in short supply now. The numbers of new primary care physicians in training keeps falling. And the percent of GNP consumed by the health care industry keeps rising.

Three decades ago, it was predicted that we would soon have an effective and complete electronic medical record system. In fact, such a system has been ten years off for over thirty years. Kaiser is said to be spending \$3B on an electronic medical record and there are concerns that it is going to be late and over budget.

So, if we look at predictions for the future of medicine and management now, we need to be humble. Quality is still barely defined and measured only in a few areas of medical practice. Current medical students will practice in an environment where “accountability” will become more salient. Their practice patterns, their success rates, their patient satisfaction measures will be available to the public. That same public will come to health care with huge amounts of knowledge gained from the Internet. And they will come looking for judgment, for argument, for validation of their own conclusions.

New hopes and solutions are coming forward especially as those who've spent lifetimes in management studies begin to pay attention to health care issues. Regina Herzlinger pushes the idea of “focused factories” in health care to improve both consistent quality and efficiency. Michael Porter suggests a framework for real market-based competition in health care. Paul Krugman defines the long-term value for health care of persistent integration. Clayton Christianson proffers “destructive innovation” as means for improving whole areas of the delivery and financing of health care. Others set great store by “consumer directed health care,” wherein patients' increased financial participation in financing episodes of care delivery might cause them to become “prudent buyers” not just of health insurance but also of the specific elements of care.

By themselves, none of these are fully satisfying as “magic bullets” for our health care system. But it is clear that we cannot continue with the present disorganization, inefficiency, and disparity. For students in the Tufts MD/MBA in Health Management program, these problems are nothing but a series of opportunities.

At the same time, medical science has begun to produce truly dazzling advances in understanding biological systems, how they work, and how they go wrong. The revolution in genetics has really just begun and will come into dominance over the decades in which our students will practice. Biotech companies can take ten years to bring an idea from the lab to the market. To the extent that quality in medicine can be defined as the (consistent) delivery of science to patients, the management problems of the health care industry are going to become more complicated and more pressing, not less. The old classifications of disease will look medieval in few years and the classical medical specialty divisions will need new charters to meet these challenges.

Managing the coming changes in medical science, health care delivery and health care finance will be exciting, risky, and rewarding. That's one reason why we are working to relentlessly integrate our MBA curriculum with medicine and why we are adapting this curriculum so that it begins with real hands-on experience with our complex health care industry. As Wallace Stevens once said, it is “not ideas about the thing, but the thing itself.”

A handwritten signature in black ink that reads "John M. Ludden MD". The signature is written in a cursive, flowing style.

## Reflections From a Third Year Resident

*continued from p. 1*

hard questions on their interview trail: "Are you, Director/Chair, going to be here when I graduate?" "What kinds of services exist if a resident needs extra help in any way?" I asked these and other hard questions when I interviewed, and I was relieved to see the promises in action.

As the next several months flew by, I successfully passed my USMLE STEP 3 (take this as soon as possible), and learned more about anesthesiology than I ever thought I would in such a relatively short period of time. I still have much to learn, but I have become proficient in using advanced airway devices, placing central lines, and I'm becoming a more holistic physician in perioperative medicine. One of my mentors told me once, "A great anesthesiologist is like an airline pilot. The scariest times are usually the take-offs and landings, with a little turbulence in between, of course. Your patient will trust you to take him or her on a journey from complete consciousness, to a relaxed, physiologically near-sleep or near-death state, and then to awaken him/her in a safe and efficient manner. And at the end of the day, if you do your job well, all you want is to be forgotten, and for your patient to walk or roll out the door." A quiet gratitude is sometimes all I need.

This article would be incomplete if I didn't mention how my MBA education has been helpful. As an anesthesiologist in training, I already realize how much of an impact I can have as a physician with a management background. There is always financial incentive to increase OR volume, as this is a major source of the hospital's revenue. As an additional perk, if I get through my assigned cases faster, I usually get to go home earlier. With both external and internal pressure to improve OR throughput and decrease OR turnaround times, it is critical to balance these forces with patient safety when completing transfers of care

(TOC). One of my anesthesia classmates and I have developed and are currently implementing a new communication tool called SBAR (Situation, Background, Assessment, Recommendations), which is intended to enhance TOC among anesthesia providers in the OR, and from OR anesthesia personnel to other anesthesia, critical care and nursing staff members in the Post Anesthesia Care Unit (PACU), Surgical Intensive Care Unit (SICU), and Pediatric Intensive Care Unit (PICU). The SBAR tool is part of a multi-disciplinary TOC project, intended to highlight quality patient care and maintain patient safety at a critical time in a patient's hospital experience, during and immediately after surgery. We also created surveys for anesthesia residents and all RNs in the PACU, SICU, and PICU, intended to evaluate current TOC practices and evaluate the SBAR tool's impact on qualitative and quantitative data. The TOC project has become a great application of many skills taught in the MBA curriculum at Tufts University School of Medicine. Testing out different styles of leadership, team-building, and learning how to obtain hospital IRB approval, have all been invaluable at this early stage of my career. I have already learned that implementing a new initiative or even a simple behavior change can be very difficult. In the end, I think it will be worth it.

It's been a long time since the cap and gown ceremony, almost two-and-a-half years since graduation, and I'm happy. That's all I really wanted. But I realize that it's a balance between family, friends, spirituality, exercise, eating right, and work that truly allows me to be happy. From Gainesville, FL, I wish you all well.

## Class of '09 Practica



*From L to R: Grace Mitchell, Joseph Bornstein, Bassan Allen*

**Daniel Adams**, Dixie Regional Medical Center, UT. *Preceptor*, Steven Lewis, MD, Medical Director.

**Rocky Adams**, Baystate Medical Practices, MA. *Preceptor*, Gordon Josephson, MD, MPH, FACEP, Chief Operating Officer.

**Bassan Allen**, Harvard Combined Orthopedic Residency Program, MA. *Preceptor*, James Herndon, MD, MBA, Director.

**Joseph Bornstein**, Lenox Hill Hospital, NY. *Preceptor*, Gladys George, JD, Chief Executive Officer.

**Joel Braman**, Boston Medical Center, MA. *Preceptor*, Erwin Hirsch, MD, Chief, Trauma Surgery.

**Zachary Fisk**, Angels Healthcare, MA. *Preceptor*, Geoff Maletta, MBA, Director.

**Benjamin Krantz**, Pharmena North America, Inc., CA. *Preceptor*, Allen Krantz, Founder.

**Grace Mitchell**, Urogynecology Associates of Colorado, CO. *Preceptor*, Oscar Aguirre, MD, Director.

**Jonathan Moran**, Brigham and Women's Hospital, Department of Physiologic Research, MA. *Preceptor*, Norman Hollenburg, MD, PhD, Director.

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# Networking: A Key to Success

*Bassan Allen, MD/MBA '09  
& Joseph Bornstein, MD/MBA '09*

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Networking is the art of building mutually beneficial relationships for the purposes of sharing information. As such, it is also the key to accessing the “hidden” job market. The 80-20 rule says that nearly 80% of all jobs exist outside of the realm of public channels—newspapers, the Internet, etc. Yet, only 20% of job seekers rely on networking to help them access new opportunities.

In the medical field, physicians and students alike can utilize networking skills to realize their goals in research, patient care, medical education and entrepreneurship. Networking can also help current as well as future physicians improve their access to valuable information resources. Medical school provides a plethora of opportunities to begin building a strong network.

Relationship-building is essential to successful networking. Initially, relationships are formed through the discovery of shared interests. Once a relationship is forged, successful networking will also depend on your ability to show others your strengths and attributes. Experts in the field of organizational behavior have long argued that academics and performance are associated with early career success, while the ability to network and work well with others is associated with late career success. This is especially true in medicine where physicians excel in medical school and later gain the trust and respect of their patients as practicing physicians. This active relationship-building between patient and doctor works to expand the physician’s network of contacts through the refer-

als generated between his or her patients and others the patients know.

Setting personal goals and objectives are fundamental to developing a set of tools to optimize your network. These goals and objectives should help you define the kind of contacts and relationships you want to establish. Having a structured plan on how to approach contacts can be beneficial as is keeping an organized list of contacts, which includes the place where you met the contact, how you met the contact and other people that he/she may know within your network. Mapping your network can provide you with important information such as discovering which of your contacts has introduced you to the most people. Additionally, when growing your network, it is more important to develop quality relationships than to simply increase the number of contacts. If expanding your network is the current goal, however, there are many available opportunities.

Meeting new people can be difficult. Attending events held by formal organizations is often useful for meeting new contacts who share similar interests. If there is someone specifically you would like to contact, don’t hesitate to pick up the phone and call. While this first step can be frightening, especially for students fearing rejection, our experience has shown that most medical practitioners and physician executives are willing to interact with and assist students as much as possible. These relationships could eventually be the catalyst for many major career moves.

As you begin building your network, it is essential to stay in touch with your contacts and nurture your relation-

ships. Strive to build rapport that is based on trust and mutual respect. In this way, your contacts can feel assured of your character and confident referring you to someone they know inside their respective networks. Depending on the size and diversity of your network, you can employ different strategies to maintain communication. You may wish to send your contacts (how about your former professors?) yearly holiday cards with a short note about your recent activities. And, e-mail is a quick and easy way to exchange information and update your contacts about your status and discuss mutual interests. No matter what strategy you choose, always keep in mind that interactions should be purposeful and meaningful for both parties.

Remember, nearly eighty percent of opportunities are found through networking. Networking allows the development of relationships that are mutually beneficial and can help create a fulfilling career and social life. Diversifying your activities, meeting new people, and mapping your current network are good places to start.

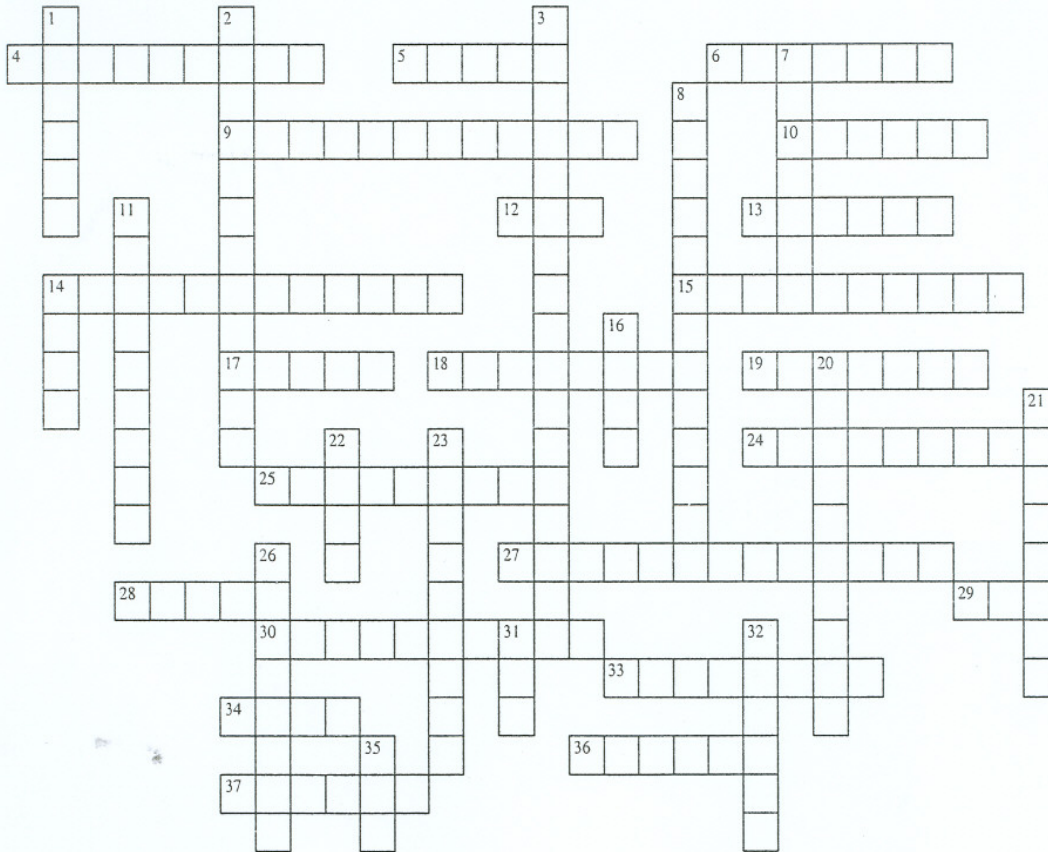
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*Nearly 80% of  
opportunities are  
found through  
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# Health Matters



## ACROSS

- 4 Blood in the urine
- 5 Also called heartbeat
- 6 In medicine, to finish training
- 9 The science and art of promoting health, preventing disease and prolonging life through organized efforts of society
- 10 One of the four "pillars" of health care policy (and law)
- 12 Hospital group (abbrev.)
- 13 From the Latin "Docere" meaning to teach
- 14 The study of drugs
- 15 What the following quote refers to: "This affair must be unravelled from within.' He tapped his forehead. These little grey cells. It is "up to them"-as you say over here."
- 17 Latin word meaning both shinbone and flute
- 18 Study of cells like those in blood, muscle and skin
- 19 He developed the germ theory
- 24 The opposite of dominant
- 25 Fear of bees
- 27 The application of the principles of engineering and technology to the life sciences
- 28 1996 law designed to address the problem of growing number of uninsured
- 29 Physician group that opposed health insurance for patients throughout first half of 20th cent. (abbrev.)
- 30 Sleeping disease
- 33 Measures of the effectiveness of particular kinds of medical treatment
- 34 One of the four "pillars" of health care policy (and law)
- 36 An individual who discovered the double helical structure of DNA in 1953
- 37 All of the hereditary material possessed by an organism

## DOWN

- 1 The general condition of body and mind
- 2 Remedy that prevents or slows the course of an illness or disease
- 3 Provide functions that support and document patient care
- 7 The human body
- 8 High blood sugar levels
- 11 Last name of the first woman doctor in the United States
- 14 Slang for the muscles of the "anterior chest"
- 16 Enthoven's medical myth #6: \_\_\_ medical care is better than less care
- 20 "\_\_\_ medicine": what the AMA thought health insurance might lead to
- 21 A federal program of medical care benefits created in 1965 designed for those over age 65 or permanently disabled
- 22 A deficiency of \_\_\_ is associated with short stature
- 23 A list of medications that a managed care company encourages or requires physicians to prescribe as necessary in order to reduce costs
- 26 Another word for "Spanish headache"
- 31 Derivative of HMO, this type of managed care org. enrolled 52% of covered employees by 2002 (abbrev.)
- 32 Short collarless gown that ties in the back often leaving one's backside exposed
- 35 Organization responsible for financing and delivery of comprehensive health services to enrolled population for a prepaid, fixed fee (abbrev.)

Answers on p.7

**Shirley Huang, MD/MBA'04** is in her third year of internal medicine residency at UMDNJ-Robert Wood Johnson in New Brunswick, NJ. She recently accepted a one-year geriatric fellowship position at North Shore University Hospital in Manhasset, Long Island, NY to start in July 2007. She writes, "Again my MD/MBA degree intrigued program directors in the interview process, as it did when I interviewed for residency. They always ask about what I intend to do with the dual degree. Personally, my answer is as first priority, to become a knowledgeable practicing clinician. But I intend to continue my involvement in professional medical societies as an advocate for patients and our profession and serve on hospital committees, as I am now. And, eventually launch my administrative career managing a health care system, using my frontline experience to make informed management decisions."

Currently, Shirley and **Amay Parikh, MD/MBA'05**, who is in his second year of residency at UMDNJ are co-investigators on a multifaceted research project comparing complication rates, readmission, lengths of stay, and cost analysis in the pre- vs. post-implementation of the Leapfrog ICU hospital in Princeton, NJ. They have College of Physicians and American at the national conferences next year. development of the Business of

## Alumni Whereabouts

for their residents and fellows at UMDNJ-RWJMS. Shirley is arranging a speaker to discuss what clinicians need to know about the Medicare Part D prescription drug benefit. "As you see, there ARE opportunities to stay involved in Health Management during residency. You may need to do some searching or create your own experience, but it is all possible, even within the 80-hour work week!"

After spending a year in Beverly Hills, most of it in his surgical internship at Cedars Sinai, **Lawrence Genen, MD/MBA'05** is now working for Cowen and Company as a healthcare banker in corporate finance, where he specializes in the life sciences. He writes, "I traded in patients in the trauma bay for a totally different cadre of patients--management teams of tomorrow's emerging biotech and medical device companies." If you're currently an MD/MBA student interested in a career and life outside of clinical residency, feel free to email him at [lawrence.genen@cowen.com](mailto:lawrence.genen@cowen.com).

**Joshua Riff, MD/MBA'02** is a practicing ER physician in Tuscon, Az. He is on a partnership tract and is surprised at how much he is enjoying practicing medicine. Joshua is continuing to race triathlons competitively and recently qualified for two world championship events (however, his season ended early after a car broke his leg). He and his wife, Jen, are expecting a baby boy in the spring. On the MBA side of life since being sidelined from triathlons Josh has started two entrepreneurial ventures, one dealing with overstock in a retail to consumer venture, and the other with alternative patient revenue generation.

**Karen Scott, MD/MBA'01** is in her 2nd year of a Neonatology fellowship at the Morgan Stanley Children's Hospital of New York Presbyterian (aka Columbia). She is recently engaged (to Steven Ebert).

**Wendie Trubow, MD/MBA'00** continues to practice OBGYN at Harvard Vanguard Medical Associates in Wellesley, MA. Lately, she has been focusing more energy on alternative therapies including bioidentical hormone replacement therapy and nutritional supplements. She had her second child in June, Arianna Levitan, who is now four months old.

**Matthew Weissman, MD/MBA'01** finished his combined Internal Medicine and Pediatrics residency at the Mount Sinai Medical Center in Manhattan. He is currently practicing primary care med-peds at Valentine Lane Family Practice, a multi-specialty group, in Yonkers, NY. He is also on the faculty at Mount Sinai.

**Lisa Bard Levine, MD/MBA'05** completed her internship at Newton Wellesley Hospital and has started the Anesthesia residency at MGH. She and her partner had a son, Joshua, nearly a year ago. "He is quite the character."

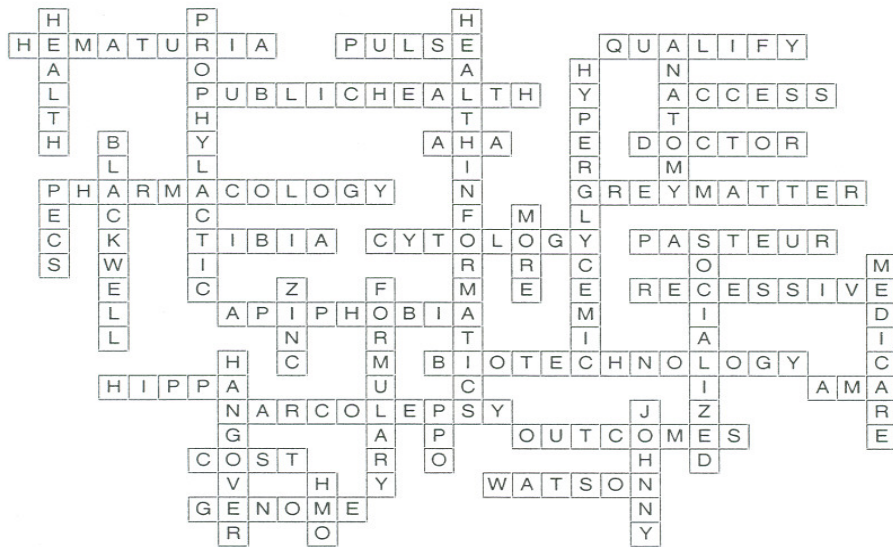
**Jen Lai, MD/MBA'05** is a second year resident in Internal Medicine at Columbia. She was recently married. Jen writes, "I'd love to hear from any 3rd or 4th year med students interested in coming to Columbia for Medicine, so please contact me!"

**Marina Feldman MD/MBA'05** is in her 1st year Radiology residency at Maimonides Medical Center, in Brooklyn, NY.

**Chad Krilich, MD/MBA'01** continues to work for Community Health Care in Tacoma, WA. He uses his MBA assisting the organization in finance, chart auditing, and JCAHO compliance, and he is also responsible for managing a four provider clinic. Chad also provides full spectrum family medicine including delivering babies, and taking care of adults and children. He and his wife have a son and daughter, Drew and Allison, ages 2 and 6 months, as of October. He writes, "My education at Tufts has served me well, and my student loan principle just dropped below \$100,000 barrier." Chad is on the faculty at the University of Washington as a Clinical Instructor of Family

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# Health Matters Crossword Answers



Puzzle on p. 5

## Class of '09 Practica

*continued from p. 3*

**Ethan Rowin**, Tufts-New England Medical Center, MA. *Preceptor*, Deeb Salem, MD, Chair, Department of Medicine.

**Elizabeth Seidler**, Praxis Health Collaborative, MA. *Preceptor*, Jeannie Seidler, MSW, Founder.

**Emmanuil Smorodinsky**, Children's Hospital, MA. *Preceptor*, James Mandell, MD, Chief Executive Officer, Urology.

**Jeffrey Thomas**, Harbor-UCLA Medical Center, CA. *Preceptor*, Robert Hockberger, MD, Director.

**Mark Toyer**, New England Eye Center, MA. *Preceptor*, Diane Thompson, Clinical Manager.

**Michael Ward**, Newton Wellesley Hospital, MA. *Preceptor*, Christopher Parisi, MBA, Senior Program Manager, HIS Department.

**Jonathan Waldstreicher**, Zafgen and Great Point Ventures, MA. *Preceptor*, Brian Freeman, MD, Vice President, Business Development.

## MD/MBA Futures

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## Alumni Whereabouts

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Medicine. He is also teaching courses in Advanced Life Support in Obstetrics (ALSO) for providers interested in sharpening their skills in obstetrics.

Having graduated from the NYU/Bellevue Hospital Emergency Medicine Residency in June, 2005, **Rahul Sharma, MD/MBA '01** is now working as a Board Certified Attending Physician at New York Presbyterian Hospital-Weill Cornell Medical Center in New York City. He is on the academic faculty for the Emergency Medicine Residency Program and has an appointment at Weill Medical College of Cornell University. Rahul has also had the opportunity to lecture internationally in Jordan and India on various topics related to Emergency Medicine, and has taken on some administrative projects in which he routinely uses the skills he acquired during his business school training at Tufts.

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