

MD/MBA Futures

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

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Women and the MD/MBA

Loraine Wu, MD/MBA '07

When fifteen anxious students first congregated for their Tufts MD/MBA orientation in Boston, I took a seat and looked around at my future colleagues. Hundreds of thoughts ran through my mind, but the one that kept returning was “Where are all the women?” As far as I could recall, the Tufts MD/MBA website had shown pictures of at least three different female students from previous years, but as I looked around the room, I noted a striking gender imbalance. Women only comprised about 25% of the class—not really what I had anticipated.

Later, a few clicks on the Internet showed me that what I had perceived as an anomaly wasn’t limited to the Tufts program at all. Even my limited web research illustrated fairly clearly that gender ratio in MBA programs around the nation varied little from the one I lived everyday at Tufts, sitting through many business school classes where men greatly outnumbered women. Although gender ratios in medical and law school programs have generally evened out over the past few years, average female enrollment in MBA programs seems to have reached a plateau at around 35% of total enrollment.

In 2000, Hollenshead et al. published *Women and the MBA: Gateway to Opportunity*. Their study was designed to shed light on the environment for women in MBA programs, using data gathered from graduates of twelve of the nation’s leading business school programs. The

study suggests reasons why female enrollment in business schools has continued to stay relatively low in comparison to rising enrollment in other professional programs. When asked what participants found most rewarding about their respective MBA programs, 95% of women surveyed cited positive interactions with other students, curriculum and class size, opportunity for group work, and acquiring managerial and business skills.

Despite the positive responses to such factors, nearly one third of all the women still felt that business school culture was overly aggressive. Over half the women felt as though they could not relate to the case studies presented for discussion, and approximately 40% of women identified inadequate exposure to female professors as a shortcoming in the business school program. Most disturbing, over 20% of these women felt themselves perceived as less qualified on the basis of gender alone.

When asked why women might hesitate to join MBA programs, about half the women named factors such as lack of female role models, difficulties in meshing the demands of a business career with a balanced lifestyle, as well as lack of confidence in math skills. The Hollenshead study seemed to show that although women could participate in and enjoy the day-to-day experiences of business school, many aspects of the business culture itself still retained the feel of the traditional “old boy’s club.”

To relate these issues to the Tufts MD/MBA program, I asked a similar set of questions to the women currently enrolled in the program. Questions focused on the candidates’ experiences as women in the program, why they chose to pursue the MD/MBA over programs like the MD/MPH, and how they hoped to utilize their two degrees

in the future.

Like the women in other MBA programs, Tufts candidates didn’t seem to identify gender imbalance as having a negative impact on the day-to-day functions of business school. Anne Seidler, MD/MBA ’07, reports, “I’ve had a good experience, and I don’t believe that having more women in the program would have changed that.” Caitlin Guo, MD/MBA ’06, expressed the idea that the gender imbalance could actually help impart useful skills. She notes that there are always situations of gender imbalance, especially in fields like medicine and management, and that it is a vital skill to learn how to remain comfortable under these circumstances.

When asked about personal reasons for joining the MD/MBA program versus the predominantly female MD/MPH program, Seidler responds, “The decision on which program to enter is all based on perspective, and is somewhat a blind choice because it is im-

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Director's Message

John M. Ludden, MD, FACPE

Norman S. Stearns MD Professor of Health Management



Medicare Part D (the drug coverage program for seniors) may turn out to be financially helpful. But there can be no question that the implementation of the program has been a fiasco. Implementation has been confusing and fitful to those affected and their families. It may be that in the normal course of routine events, a delay of a few months should be expected. But when it comes to the availability of medication, "going without" for a few days may result in significant changes in health status, increased morbidity, and increased societal costs. There should be a lesson here. This fiasco should have been predictable and planning could have improved the situation.

One lesson here is that thoughtful management and planning are especially important when it comes to

the health care sector. It has been repeatedly noted that our healthcare "system" is not a system at all but a collection of contradictory policies and incompatible information sets. Thus states mandate insurance benefits that are expensive but responsive to small interest groups (e.g. infertility treatment) but exempt state employees and Medicaid. State mandates do not apply to large multi-state companies (ERISA [Employment Retirement, Income, Security Act] employers). The uninsured get no organized care. At the same time, outside of a few significant group practices, clinical information systems do not talk to one another, care among the different specialties is not coordinated and follow-up is inconsistent and therefore undependable. Prices and costs are undecipherable, opaque to both physicians and patients and inconsistent with one another.

In such a situation innovation does not shorten the pathway to better care, but is often simply layered onto the usual and preexisting patterns of care. Financial pressures lead to retrenchment in services and staffing. Real economies of service delivery are swamped.

This state of affairs in American health care occurs at the same time that scientific advances in understanding disease origin and treatment are flowering with exuberance. If true quality of care is the delivery of the best science to patients, then the failure is not with science but with the delivery. Delivery of care means bringing innovation "to the market" in new products and innovations. New products can be molecules, procedures, insurance programs, financing options or communication tools. Delivery of care also means understanding patient needs, organizational designs, and clinical requirements.

At our recent Alumni seminar the spectrum of careers of those with combined MD/MBA degrees was wide and impressive. The contributions of the whole spectrum of knowledgeable management to improvements in American health care are beginning to become apparent.

A handwritten signature in black ink that reads "John M. Ludden MD".

Women and the MD/MBA

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possible to know what you're signing yourself up for until you get there...[I might have opted for an MPH] if I didn't believe the MBA coursework would allow me an understanding of health policy, systems, quality, and access that are vital components for delivering quality medicine." Of note, Seidler had the opportunity to work closely with a female role model: Dr. Barrie Cassileth at Memorial Sloan-Kettering Cancer Center, who undertook the business venture of organizing the Center's Integrative Medicine Service. Guo, who did not feel as though she had a real female role model, had different reasons for choosing the MD/MBA program, stating, "one of the most attractive options of a dual degree program is career flexibility, especially mid-career." The idea that the MD/MBA offers more career flexibility than the straight MD is interesting in light of the Hollenshead study, which described how many women felt that a business career would be incompatible with lifestyle.

Regarding utilization of the dual degree, most of the women primarily saw themselves as physicians who possessed an extra skill set they would utilize as the opportunities arose.

As a woman completing her third year of the dual degree program, I wholly agree with my colleagues' responses. The experience thus far has been very positive and I believe that an MD/MBA does offer opportunities and flexibility that would not exist with an MD alone. Hopefully, MD/MBA programs will continue to focus on countering the negative images of business held by women and address issues of work/life balance. Furthermore, as more female MD/MBAs begin to take an active part in shaping healthcare, I hope to see the talent pool expand as more women take on the challenge of pursuing an MD/MBA.

MD/MBA Alumni Panel 2006

Elizabeth Seidler, MD/MBA '09

The sixth annual MD/MBA Alumni Career Panel was held March 27, 2006. The panel included one alumna in Boston and eight alumni in New York City via video-conference. The audience of MD/MBA students found the conference to be beneficial and informative.

Although some panelists practice medicine and some work in business, there were several common messages conveyed throughout the conference. First, whether in a hospital or business setting, managing and working with people will always be a needed skill. Second, no MBA course will make the perfect manager, but will instead provide tools needed to pursue personal management style and build business experience. Finally, it is neither the MD nor the MBA alone that provide opportunities; it is the combination of MD and MBA that opens doors.

The following describes the interests, pursuits, and advice of the panelists.

Wendie Trubow (MD/MBA '00) is an attending physician in Obstetrics/Gynecology at the New England Medical Center and a member of Harvard Vanguard Medical Associates, where she is involved with management and leadership. She suggests pursuing the medical field you love and the management opportunities and financial gain will follow you.

Kirsten Emery (MD/MBA '04) is a resident in radiology and plans to integrate business into her radiology practice. She acknowledges advantages and disadvantages in medicine and in business and thinks that combining the two fields will add variety and enhance her career.

Vu Luu (MD/MBA '04) is an anesthesiology resident at New York Presbyterian Hospital-Cornell and found the decision between medicine and business



*From L to R:
Dennis McCoy, Karen Scott, Matthew Weissman, Michael Tung, Kirsten Emery*

difficult. He finds it hard to make a noticeable change in the medical field and would consider undertaking a business venture. When choosing between medicine and business, he suggests considering your threshold for risk and your desire for security.

Jen Lai (MD/MBA '05) is an intern at Columbia Presbyterian Medical Center in a program for leaders in the Department of Medicine. She enjoys managing people but finds it hard to “move mountains” in clinical medicine. She suggests defining your “mountain” and pursuing a field in which you can work toward achieving that goal.

Mike Tung (MD/MBA '01) is Vice President at Galleon Hedge Fund. He finds the business world stressful, but enjoys the challenge of business. Business keeps him on his toes and pushes his limits in ways that are different from medicine. The excitement of business keeps him motivated and driven.

Matthew Weissman (MD/MBA '01) recently began working at a community hospital in Westchester after completing his residency in pediatrics and internal medicine at Mount Sinai Hospital. The MBA probably helped him land his job, but experience has enabled him to gain practical business knowledge. MBA

classes about managing people were of most use to him, especially now at the community hospital where he runs a nursing home and community outreach programs.

Karen Scott (MD/MBA '01) is a neonatology fellow at New York Presbyterian Hospital-Columbia. Her MBA was most helpful when she was chief resident and had to manage schedules, personal lives and balance resident and attending physician needs.

Dennis McCoy (MD/MBA '00) works for Hambrecht & Quist Capital Management LLC. He is a biotech entrepreneur and a medical device venture capitalist. He enjoys being involved in clinical medicine by playing an interactive role in the invention of new medical products and investing in companies when they are on the verge of bankruptcy.

Yaron Werber (MD/MBA '00) is a senior biotechnology analyst at Citigroup Investment Research and enjoys working with the development of new drugs and changes in the medical field. He suggests students use the MD/MBA alumni network to pursue their interests and gain experience.

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Visit the MD/MBA website:
www.tufts.edu/med/mdmba

MD/MBA 2006 Residencies

Pavandeep Bagga, Anesthesiology, Albert Einstein Medical Center, Philadelphia, PA

William Cheuk, Family Medicine, Stamford Hospital/Columbia, Stamford, CT

Anand Dash, Anesthesiology, McGaw Northwestern Medical Center, Chicago, IL

Keith Ganesh, Internal Medicine, McGaw Northwestern Medical Center, Chicago, IL

Caitlin Guo, Internal Medicine, New York Presbyterian Hospital-Cornell, New York, NY

Jay Kher, Anesthesiology, Tufts-New England Medical Center, Boston, MA

Albert Ko, Emergency Medicine, Kern Medical Center, Bakersfield, CA

Naveen Kankanala, Diagnostic Radiology, Lahey Clinic, Burlington, MA

Shaun Loh, Diagnostic Radiology, University of California-Davis, Sacramento, CA

Devin Minior, Emergency Medicine, Albany, Medical Center, Albany, NY

Darshan Shaw, Anesthesiology, Baylor College of Medicine, Houston, TX

Brian Weiss, Diagnostic Radiology, Yale-New Haven Medical Center, New Haven, CT

Nicole Williamson, Internal Medicine, Madigan Army Medical Center, Tacoma, WA

Alumni Milestones

Holly Khachadorian MD/MBA '02 holds a Harvard appointment as Instructor in Obstetrics, Gynecology and Reproductive Biology. In mid-July she begins a position as Assistant in Gynecology and Obstetrics at Massachusetts General Hospital.

Chad Krilich, MD/MBA '01 is lead physician in a family practice community health center in Tacoma, WA. He also serves on the finance committee for the community clinics in the Pierce County area.

Rob Kwok, MD/MBA '01 plans to start a private practice upon completing his Pain Fellowship at UCLA.

Lisa Bard Levine MD/MBA '05 and Wilton Levine joyfully announce the birth of Joshua Bard Levine on October 8, 2005.

Pamela (Strumpf) Norden MD/MBA '02 married Andrew Norden in May of 2005. After completing her residency in June, she will join the faculty at New England Medical Center part-time as an Assistant Professor in the Department of Dermatology and as Director of Medical Student Education. She will spend the remainder of her time at Krauss Dermatology in Wellesley, MA.

Rahul Sharma MD/MBA '01 is a faculty member at New York Presbyterian Hospital/Weill Cornell Medical Center in NYC, where he works as an attending physician.

Wendie Trubow MD/MBA '00 is in her second year of OB/GYN practice at Harvard Vanguard Medical Associates in Wellesley, MA. She and her husband are expecting their second child in June, and have a daughter, Gabriella, 20 months old.

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