

## Valeria Makeeva

New York Institute of Technology College of Osteopathic Medicine

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## Dr. Marjorie Lee White

Over a burger and coke the afternoon of my second Friday on leave from medical school, Anthony Patterson, Senior VP of Inpatient Services at Birmingham's University Hospital, addressed my unspoken question: Should I apply for residency?

Twenty-four years old, I had just completed 6 months of clinical rotations. I decided to take a year off the weekend before starting my internal medicine rotation. The easy reason is I wasn't prepared to choose a specialty. The more difficult reason requires reflection.

I arrived at the University of Alabama School of Medicine a fervent first year, passionate about learning, ready for a challenge, and cautiously planning to pursue a career as an infectious disease specialist. Although I came from a family of engineers, I chose medicine because it was my spiritual calling.

As a Yale undergrad, I single-mindedly pursued medically-related activities from working as a Russian interpreter at the local hospital to testing 621 patients for HIV in South Africa. I had always lived within the boundaries of my medically-centered comfort zone. But in medical school, I consciously made the decision to pursue projects I normally wouldn't. My off-the-cuff decision ushered in one of the most significant periods of personal growth I'd yet experienced.

I learned that I'm patient and persistent in my approach to achieving my goals. If there isn't a pre-set path, I enjoy creating a new one. In my first year, I saw a need for student teaching assistants in the anatomy lab. Anatomy TA programs had been implemented in the past but didn't succeed due to low upperclassman enrollment. My initial conversation with the anatomy director ended with "This wouldn't work." But persistently, I organized a focus group of anatomy faculty, students, and administrators. We increased course flexibility and achieved full enrollment of 24 TA's in our program's pilot year.

I also learned that I want to leave whatever I'm a part of better than how I found it, and when I accept challenges, I accept them seriously. Founding UAB's fencing club in our current economy was a challenge. Equipment cost \$500/set and our medical school's budget allowed for just \$200/semester. Instead of pursuing the medical school budget, I lobbied UAB's undergraduate sports division to raise \$2,500. I've since trained two student-instructors to take over after my graduation.

On my journey to medicine, I found an interest in personal relations and organizing people.

I took a year out from medical school not only to choose a specialty, but also to explore a career in management. Shortly before my leave started,

Will Ferniany, CEO of UAB Health System, helped me design an informal 6-month management “rotation” where after spending time with different UAB administrators, I would select a long-term project to own.

This is what led me to that lunch with Anthony Patterson. He was my first management mentor, and his advice was that an MD gives me credibility in administration. I found myself playing the role of someone truly considering foregoing residency for an MBA. Then, I realized I wasn’t playing a role.

In the weeks that followed, I saw a parallel universe in which administration satisfied my drive for innovation. I felt the thrill of brainstorming the combination of technology and policy to best enforce physician hand-washing and procedures to minimize quality variance in ambulatory clinics.

I went beyond shadowing key leaders and scrutinized the literature including Effective Leadership Communication and RVUs: Applications for Medical Practice Success. I registered for newsletters from Advisory Board Daily Briefing, Modern Healthcare, and Becker’s Hospital Review. I registered for a course in Strategic Management through the School of Public Health and joined the local Young Professionals Group for MSHA students.

People are multifaceted, and career interests often can’t be reduced to one direction. I still believed in the spiritual importance of the doctor-patient relationship, but I also believed I could help more people by implementing policy reducing the hospital’s standardized mortality ratio.

Dr. Marjorie Lee White, Vice President of Clinical Simulation and the only practicing physi-

cian on my rotation schedule, was my last management mentor. Before the day started, I remember thinking, “I’ve done simulation a hundred times. This won’t be any different.” Except this time, I found myself on the other side of things, initiating a mock code with Dr. White on the hospital floor.

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I played “granddaughter” to simulated “grandpa Josh” who I knew would go into pulseless electrical activity within 1 minute of code initiation. Nursing was first on site, and then the room filled in <1 minute. Until that day, I never understood the profound discomfort of standing in a room of at least 15 frenzied people, not knowing their roles, and feeling simultaneously in the way and needing attention.

Seminal moments are rarely expected. They often aren’t accompanied by fireworks or a momentous accomplishment. Grandpa Josh drove home the point that doctoring, unlike management, is not about measurable value, but about immeasurable good – the comfort offered by touching a patient’s shoulder or sitting with a family member.

When I spoke about the experience with Dr. White, she shared her own career journey starting as a history major, finding herself in medical school, and falling in love with pediatric emergency medicine. She too had a drive for innovation and obtained her masters in management. She believed both in the doctor-patient relationship and in helping physicians achieve better outcomes through simulation. The ER takes 25% of her workweek and

simulation the other 75%. When I told her about my career dilemma, she said, “What dilemma? Do both.”

My time with Dr. White helped me decide to become a doctor. Again.

Although I don't have physicians in my family, I have Dr. White. Her impressive degree of self-awareness, determination, and insight in crafting her career inspired me to realize I can achieve duality in mine. After medical school, I plan to complete a residency and afterwards, an MBA. By internalizing skills in both management and medicine, I hope to contribute both value and good to the patients I serve.