

Dream

The magazine of possibilities

Chris Johnson's
eight-year battle
with a brain tumor

Plus

Why do doctors choose academic medicine?
Advanced fetal care: diagnosing hope



Children's Hospital Boston

Laurie Armsby, MD
Interventional cardiologist



“If I lost an arm tomorrow, I could do other things that would keep my interest, but they wouldn’t be as much fun. I wouldn’t wake up every day and say, ‘Hey, let’s go to work!’”

“Being a parent has definitely changed the kind of doctor that I am. Before becoming a mother, I focused on the fact that most children get better, that they are incredibly resilient and often seem unfazed by significant illness. But since having kids, the impact of a sick child and the changes the family goes through are much more clear to me.”



Heung Bae Kim, MD
Pediatric general surgeon

Shari Nethersole, MD
Primary care pediatrician



“The thing I didn’t recognize before medical school is that medicine is a lifelong learning process. I figured I would learn a body of knowledge and be done. But I learn something new every day, all the time.”



THE DOCTOR IS IN TRAINING

Four Children's Hospital Boston physicians talk about why they chose a career in academic medicine.

Why did you choose academic medicine?

Dr. Nethersole I like the professional lifestyle and the opportunity to do many different things. In my current role I see patients (many of whom are from the surrounding communities, and are people I've taken care of for 15 years). I also supervise residents in the Pediatric Health Associates and help coordinate the activities of the medical students who come to Children's.

Dr. Kim Besides having the chance to operate on patients, I wanted the opportunity to do research and to teach. They both give you the chance to constantly think of new ways to do things.

Dr. Armsby It's where the most complex children are referred, where you have access to experts in all specialties, where you have the resources to engage in research to answer a question raised by a patient interaction, and where you can turn around and teach someone coming up the ropes behind you.

Dr. Lovejoy Ultimately there were four reasons I was attracted to [academic medicine](#). The first was the excitement, privilege and satisfaction of caring for the very sick patients more often found in the academic setting. The second was the opportunity to contribute to the creation of new knowledge, in my case, general pediatrics, toxicology and medical education. The third was the intellectual stimulation involved in teaching residents and students. The fourth was the opportunity to do multiple things over a lifetime. I couldn't see myself doing just care, or just research, or just education.

What are the professional benefits of working at an academic medical center?

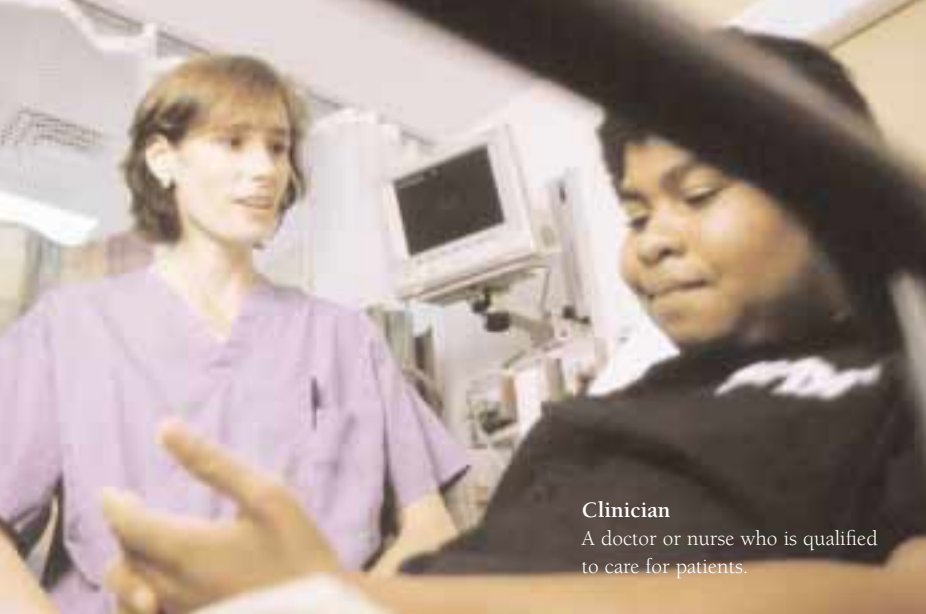
Dr. Lovejoy Everyone tries to be the best they can, and pediatric medicine benefits from this. The doctors here are not just smart, they are also tremendously dedicated to their patients. They work

Academic medicine

Practiced in medical schools and their affiliated teaching hospitals. It traditionally includes three missions: clinical care, research and education, but many academic medical centers have added community outreach to their mission. In a teaching hospital, interns, residents and fellows learn from more senior physicians.

Fred Lovejoy, MD
Associate chief of Medicine

"Wise people say the goal of academic medicine is to replace yourself with those who are brighter and more capable. You rapidly learn that the people under you may not have as much experience, but they have been exposed to the new knowledge and are tremendously intelligent; they have high ideals and integrity; and most important, they truly care."



Clinician
A doctor or nurse who is qualified to care for patients.

Dr. Lovejoy We are all apprenticing to the person above us. **Intern to senior resident**, senior resident to **fellow**, fellow to **faculty member**. What makes an academic medical center such a safe place is that there are multiple people looking at a problem together. The greatest challenge is when you have to take care of patients alone, because you have no one else feeding into what you're thinking. I spent two years in the Navy after my **residency** and was the only pediatrician on a base in Morocco. I used to wake up at night worrying about them because I had no one else to talk to. Making decisions in isolation is never as good as when you have others to talk to.



very hard to fully understand disease so they can teach it to someone else. If a child has a serious illness, this is a wonderful place to come because there are people who are constantly trying to understand it as fully as possible.

Resident
A physician who has recently graduated from medical school and is pursuing advanced, supervised training in a specialty such as pediatrics or internal medicine.

Dr. Kim You can get instant expert second opinions on any complex patient. We even do intraoperative second opinions. If I find something strange, I'll call someone during surgery. Some of the most senior surgeons in the world are here, and we get to take advantage of that experience.

Dr. Nethersole For serious problems where there's no clear data, you can talk to someone doing research in that field and find out what they think. I think it's also nice for the **researchers** to have exposure to **clinicians** and see who their research is ultimately working to help.

Dr. Armsby I like the fact that you're never—especially early in your career—limited by the boundaries of your experience. At a place like Children's you can draw on the experience of people who have been instrumental in defining the field. Since the goal is to provide the best patient care possible, it's empowering to know that you can so easily discuss complex patients with others in your field or other specialties. It's a great feeling to know that the care here is the best available. You never feel like the patients can do better if you refer them somewhere else.

Dr. Armsby I really enjoy teaching residents because they bring an intellectual curiosity that's inspiring, and they constantly challenge you by asking questions so you have to explain the foundations of your knowledge. You can't just say what you've always heard because they'll ask you why. It forces you to really understand what you're teaching.

Dr. Nethersole Residents grow and change phenomenally in three years. There is such a difference between a first year intern and senior resident. I don't know another time, besides infancy, when there's that much change in such a short time.

Is there a time when you stop learning and start teaching?

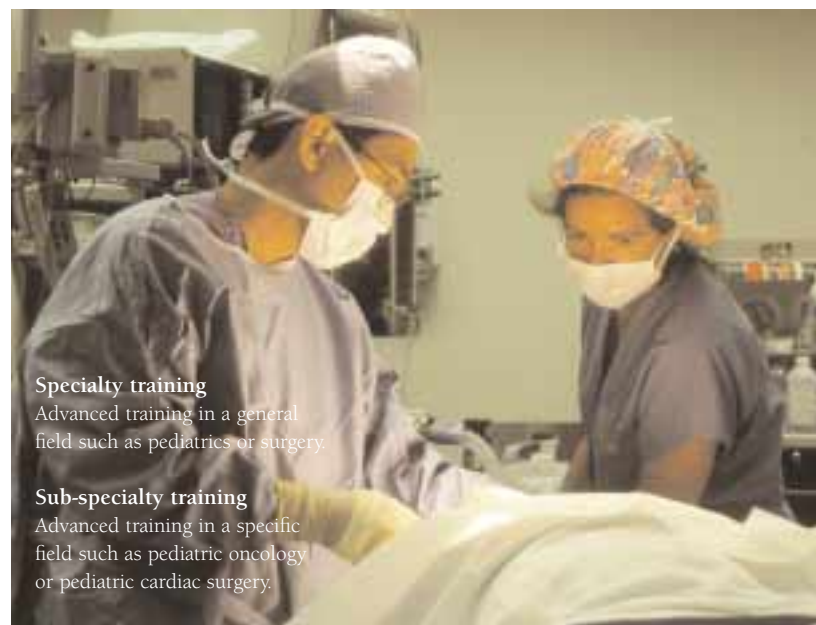
Dr. Lovejoy We never stop learning. We learn from parents, from our patients, and from each other. I attend **senior rounds** every morning, where faculty and senior residents review complex cases together. I try never to miss them because I learn so much. I ask myself what I would have done, and learn whether my decision would have been correct and wise. On the other hand, we are

Intern
A resident in the first year of training.

What is it like to learn and teach in this environment?

Dr. Kim Surgery is essentially an apprenticeship. What you learn about operating, you learn from just a few people. Whenever I'm in the operating room, I think back to when I learned it and who taught me. I developed a strong bond with the people who trained me. I spent two years with them, including very long days and many nights.

Senior resident
A resident in the last year of training.



Specialty training
Advanced training in a general field such as pediatrics or surgery.

Sub-specialty training
Advanced training in a specific field such as pediatric oncology or pediatric cardiac surgery.



Faculty member

A physician (often called a staff physician) who works in a medical school or affiliated teaching hospital, and holds an academic appointment at a medical school or university.

always teaching too; one-on-one, at the bedside, in the classroom. That's what makes it such a stimulating place to work, and makes me want to come to work every day.

Is it difficult to balance your work and family lives?

Dr. Nethersole It can be hard to raise a family. If you have a lot of support, including good caregivers for your children, then it's a bit easier, but the emotional part of raising a family is still there. It's really challenging if both parents have jobs that tend to be more than full time as my husband and I do. After our first child, I came back to work 80 percent of full time. That meant less money, and trying to do 80 percent of this job is challenging. But today's residents are coming into an atmosphere where it's more common for them or their wives to become pregnant. They have different expectations about what their lives will be like.

Dr. Armsby It's definitely a challenge to balance work and family life, but my department has been incredibly supportive. Most important, my husband, who is also a physician, is a very engaged father, somehow balancing his career and our kids more successfully than I.

Dr. Kim My wife is a doctor too, and I think it's easier having two doctors in the family because she understands what it's like. People whose spouses are not in medicine don't understand why you come home at midnight when you said you'd be home at seven. During my training, my wife resigned herself to never seeing me. Then when I did come home it was a bonus.

What sacrifices have you made for your career?

Dr. Nethersole If anything, I've made sacrifices on the professional side, in terms of slower career advancement. I think I've been available to my kids a lot, and can participate in their school and sporting events. My house is

often a mess though, and I don't make as much money, so I guess it's more of the material things we've sacrificed.

Dr. Lovejoy Doctors are generally not the ones who make the sacrifices. We receive so much by knowing we make a difference in the lives of our patients. Our own families are the ones who make the sacrifices because we're away a lot, or at the hospital late, and we may not have as much energy for our spouse or children as we should. Medicine can be a tough taskmaster.

Dr. Kim My wife is the one who has made the sacrifices. She has basically raised the children alone while also being a doctor. I don't know how she's managed that. My son is 4 and is just starting to ask why daddy never comes home, so I finished my training at the right time. During the two years of the fellowship, work was the priority. If a family emergency came up that would take precedence, but if everything was okay there, I was just going to work like a dog for two years. I missed a lot of family events, but that wasn't the priority. The priority was to train and take care of patients, so I stayed as long as it took. Part of surgery is learning continuity of care. If you don't take care of patients continuously, it's hard to learn how to take care of them well.

Dr. Armsby I'm still trying to work out the balance between work and family. I spend a lot of time at the hospital and definitely feel that I'm missing some of the precious moments of raising my children. Part of the challenge is that the beginning of your professional career often coincides with having young children, and one could argue that both require the majority of your time and efforts. I have a feeling I'll be spending the next 20 years trying to figure out how to allot a majority of my time to two things.

—Matthew Cyr

Fellow

A physician who has completed residency training and is now pursuing further training (generally for 3 years) in a pediatric subspecialty.

Researcher

An academic professional who seeks to answer broad medical questions through scientific investigation. Research methods can be basic (in the laboratory), translational (involving patients or animals), outcomes-oriented (involving larger numbers of patients), or focused on disease prevention or health advocacy.



Senior rounds

An opportunity for senior residents and faculty members to meet on a regular basis to discuss the care of patients.