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Were do I Fit? - Final

Where do I fit?

David L Howard MD, PhD

Las Vegas Minimally Invasive Surgery/Women's Pelvic Health Center

Research Director, Minimally Invasive Gynecologic Surgery

9260 Sunset Rd. Suite 200

Las Vegas, NV 89148

Phone: 702-304-5800

Fax: 702-795-1065

dhoward@wellhealthqc.com

I had always wanted to be doctor, but once I stepped onto the campus of Johns Hopkins as a freshman, I was immediately captivated by research. While I was never thrilled by bench research, I fell in love with statistics. During a summer research program at the University of Pennsylvania, my advisor suggested that I consider applying for a combined MD-PhD program, since I appeared committed to both. I wanted to do something more clinical and less bench work, so I applied to MD-PhD programs where I would be able to do my PhD in Epidemiology.

Throughout medical school, one question recurred to me: was I an academically-oriented clinician, or was I more of a clinically-oriented scientist? Throughout my eight-year program, this was the constant tug of war within myself. Eventually it became clear to me that I was more of a clinically-oriented scientist, but the world I entered upon graduation was a very different world from eight years prior. National Institute of Health (NIH) funding was at an historic low, meaning there was no way I could transition straight from graduation to being an independent scientist. I chose to apply in Obstetrics and Gynecology (OBGYN) for my residency, but once on the interview trail, I learned quickly that many program directors weren't necessarily fond of MD-PhD candidates applying in OBGYN. *Ten years ago*, a program director bluntly informed me, *was the last time an MD-PhD had been in this program*. It was not a promising conversation.

As I finished residency and applied for academic positions, which seemed like the natural thing to do, again I was confronted with reality. Quite simply, the business of medicine had changed. Many of the places I looked at, despite being university-based hospitals, were not going to be able to give me academic time. They wanted a full time clinician.

I ended up choosing to join the military after they made me a competitive financial offer. Pretty quickly, however, it became clear that my research aspirations would never be fulfilled as an active duty physician. After eight years of an MD-PhD program, four years of an OBGYN residency, and three years in the military, I still struggled with the same basic question: "Where do I fit?"

Lately I have found myself asking this question even more regularly. I am young. I am Black. I am male. I completed both an MD and a PhD in medical school. *And* I decided to pursue a residency in OBGYN, which has one of the lowest percentages of MD-PhDs of any residency subspecialty in America. So, plainly put, where do I fit?

I am young.

It is no secret that young physicians today are entering a dramatically different world from our forebears. Some studies suggest that young physicians are more dissatisfied with their career choices of medicine relative to older physicians. One cross-sectional survey of over 7,000 physicians at various stages in their careers found that early career physicians (defined as being in practice 10 years or less) had the lowest satisfaction with their overall career choices of being physicians¹.

In terms of OBGYN, specifically, one major change is that surgical volume has decreased over time. In 2012, residents graduating from OBGYN programs completed an average of only 38 laparoscopic hysterectomies, even though the learning curve is estimated to be between 30 and

80. Many residents are now relying on fellowship programs, such as Minimally Invasive Gynecologic Surgery, to essentially “complete” their residency training. Dr. Javier Magrina, a national leader in the field, wrote an editorial arguing that based on the above data, the average graduating OBGYN resident does not graduate with the ability to perform a laparoscopic hysterectomy safely without additional training². His subsequent question was, “Isn’t it time to separate the O from the G?” This spurred my own question: What does the future hold for me as a young OBGYN?

I am Black.

As a young Black physician, the statistics on the ethnic makeup of America’s doctors are not lost on me. In 2012, there were 688,468 practicing physicians in the United States, yet only 3.8% were Black³. Three years later in 2015, there were over 120,000 young physicians in graduate medical education programs in the United States, but only 5.7% were Black⁴. Neither statistic presents a promising picture of ethnic diversity for Black doctors in America.

One study of Medicare beneficiaries showed that there were significant differences between primary care physicians treating Black versus White patients. One key difference was that, compared to physicians treating White patients, physicians treating Black patients were more likely to report that they could not provide high quality care to all their patients⁵. In another study using direct audiotape recording of physician visits, race-concordant visits were found to be longer and characterized by more patient-positive affect⁶. More critically, this association between physician-patient race concordance and higher patient rating of care was found to be independent of patient-centered communication. The authors thus concluded that increasing the

ethnic diversity among physicians may be the most direct strategy that improves health care experiences for members of ethnic minority groups⁶. Considering these findings, as a young, Black physician in America, where do I fit?

I am male.

In OBGYN, 83% of current residents are female⁴, and no other graduate medical education program has a female to male ratio that large. Anecdotally, there are also many examples of private practices in OBGYN specifically advertising the fact that all the providers are female. As a young, Black, male OBGYN, where do I fit?

I completed both an MD and PhD.

I still remember to this day, as an MD-PhD candidate at Johns Hopkins, the time one of the most famous cancer researchers in this country gave us a talk. This researcher had completed an MD, but he had gone straight into research, never did a residency, and never practiced clinically. He told us candidly that he did not think someone could do both clinical practice and scientific research equally well. In his opinion, you could be a great clinician or you could be a great researcher, but you could not be great at both. Based on what it takes to be a great clinician, and based on what it takes to be a great research scientist, was this professor correct?

Statistically, the professor seemed to perhaps be onto something. In 2016, of all the medical students who matched in OBGYN, only 2% had a PhD⁷. In Pathology and Radiation Oncology, the equivalent percentages were 22.4% and 24.8%, respectively, with Neurological Surgery dropping to 9.5%. In terms of NIH funding, in 2011, only 18% of R01 grant applications

undergoing peer review were funded. Because I graduated from medical school in 2009 and started applying for jobs in the last year of residency between 2012 and 2013, my medical education coincided with this period of historically low rates of success for obtaining NIH funding. The ability of a physician scientist, in today's world, to go straight from medical school or residency into being an independently funded investigator is extremely difficult. And so, once again, my question remains, where do I fit as a young, Black, male, OBGYN who completed an MD-PhD program?

I am here.

When remembering the younger version of myself who fell in love with research and statistics, I am reminded why, despite my many questions about fitting, I continue to do what I do. My passion for research has always been the underlying force sustaining me throughout the trajectory of my career and its many twists, turns, and deviations that have culminated in who I am today. However, even with my passion, the reality of the answer to my question could simply be that I might not easily fit anywhere. But that is okay.

While I have been trying to answer where I fit in relation to existing labels and characteristics of the medical field, perhaps where I fit is not as simple a solution as situating myself within what already exists. Instead, perhaps these labels and assumptions are as limited as they are helpful in attempting to determine my identity. If that is the case, then maybe the question I should be asking is not "where do I fit?" but "how do I fit?" Only slightly different semantically, the second question shifts focus away from the "where" that implies an existing location. Instead, "how" requires me to illustrate my relationship with existing labels and systems, rather than

within them, allowing a multitude of answers to my question of “how do I fit?” In short, for better or worse, it is up to me to create the space in which I belong, in which I can do the work I love, and in which I can pursue my research interests. Despite the challenges and realities of the medical field today, I fit wherever *and* however I can, actively shaping my space and resisting the assumptions that first prompted me to ask where I fit. To finally answer my question: *I don't fit, but I am here anyway.*

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