

Making It in Medicine: An AACAP Past President's Reflections on a Lifetime Career

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On February 27, 2016, 140 medical students from across the country attended the Klingenstein Third Generation Foundation Medical Student Conference to learn about the field of child and adolescent psychiatry. The conference—celebrating its 10th anniversary this year—was held at the Yale School of Medicine. To open the conference, Andrés Martin, MD, MPH, editor-in-chief of the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP), invited John Schowalter, MD, Professor Emeritus of Yale's Child Study Center and AACAP Past President, to address the attendees and reflect on his accomplished and enduring career in child and adolescent psychiatry. The following piece is an adaptation of the talk he delivered. We at JAACAP Connect are excited to share with you the incredibly sage (and humorous) advice of a prominent figure in our field.

—Oliver M. Stroeh, MD, Associate Editor

My mother was born in 1890. I was her youngest child, born when she was 46 years old, during the worst depression in US history and in the midst of a crippling Wisconsin blizzard, which I was often told later made my birth in a hospital “iffy.” Obviously, my parents’ car was 1930s vintage. I understandably might have been born with a two-digit IQ. Yet, I was accepted by the University of Wisconsin Medical School at the age of 19 and was the 2014 University of Wisconsin Medical Alumnus of the Year. I am thus a poster child for the truism that being born smart is dumb luck.

One rule in life is that you should never promise more than you can deliver. This mistake is cleverly highlighted in your program by promising that in less than thirty minutes I will teach all of you how to “make it in medicine.” Please try to believe that I did not personally choose this title. This title and one later-to-be-mentioned item were requested of me.

Perhaps again it’s my age, but I firmly believe that old advice (such as clichés) is usually more valid than a “hot new thing,” whether social or scientific. Clichés sound boring, but that’s the good news. Boring means that they have been worth repeating for a very long time. Just two examples are that many composers’ best-known works are based upon hundreds-of-years-old folk music, and one literary example is that the plot for *Hamlet*, Shakespeare’s most popular play, is based upon a story first written around 1200 by the Danish monk Saxo Grammaticus. Saxo earned his last name because he could read and write. On the other hand, the relatively new Higgs Boson particle theory is still being challenged regularly by this or that new electromagnetic field finding. And, socially, my male generation’s fascination with baseball caps—visor right, left, front, or back, depending on your personal preference—has given way to the heavy tattoos of Justin Bieber, David Beckham, et al. “Tats” no doubt helped Beckham in December become *People Magazine*’s 2015 “sexiest man alive.” I’ll give you long odds, however, that by mid-century, tats will also have tumbled in popularity (all fads have a shelf-life), and grandchildren will look at their progenitors’ old, wrinkled ink with sour distaste. Fortunately for me, baseball caps were a lot easier to remove.

Since it is true that both “making it” and “medicine” have various meanings for those in this room, I will narrow my focus on what I have seen and learned as an academic child and adolescent psychiatrist.

I believe that two prime virtues for health professionals are wisdom and compassion. What is wisdom? Facts and data alone are not wisdom. Wisdom develops over time from the synthesis of both information and experience. The most important aspect of experience is that it teaches the common exceptions to the rules that we were taught in the classroom. Wisdom does not require

brilliance, but one must keep one's eyes and ears open and remember: 1) what works? 2) what doesn't work? And 3) why? Wisdom does require curiosity, and wise persons are perpetual students.

Wise people are usually good listeners and tend to be reluctant talkers. Think of the odds against learning anything new while you are the one who is speaking! Wise people are not seen waving their arms in the air to be heard, but are content to wait until less wise people speak first. They thus have more data on which to base their own words. This is almost like cheating.

Fantastic wisdom is found in six brief words carved in stone at the 5th century BCE shrine to Apollo, near Delphi: *Moderation in all things* and *Know thyself*. Never, I believe, has so much wisdom been packaged in so few words. However, wise people also keep in mind that standard wisdom might not be appropriate for non-standard situations. For example, moderation is not very helpful if somebody is trying to strangle you.

What about for those of you who will choose psychiatry? You choose a profession that is particularly emotionally taxing. A friend of mine was once asked why she went into psychiatry. Her tongue-in-cheek answer was that surgery was not invasive enough. To be effective, we immerse ourselves in people's confusion, despair, violence, and pain. Immersion is often necessary for empathy, and empathy is usually necessary for us to be effective. For example, studies that compare computerized to live-therapist cognitive-behavioral therapies (CBT), at least to date, declare live therapists the CBT winners.

However, for us live therapists, it is just as crucial that we maintain the emotional distance necessary to gain a therapeutic perspective. How, when we immerse ourselves, we can be neither Teflon nor Velcro is a struggle that thoughtful psychiatrists face throughout their careers. As long as you are willing and able to learn, I can assure you that this skill becomes easier with time. You learn the most from your mistakes, but only if you are willing to acknowledge them—at least to yourself. Of course, if you have defense mechanisms

that force you to repress or deny your bad judgements, you will continue to repeat them.

What are personal barriers to clinical wisdom? Too much narcissism renders the clinician lacking in the empathy needed to learn about the needs of patients and the interest to truly care about the patient. In a 1927 *JAMA* article, Francis Peabody famously wrote that “the secret of the care of the patient is caring for the patient.” No one said it better before or since. Wise people are often humble because they see life in a broader picture than a selfie. I've already mentioned that being born smart is dumb luck, but some who were born intellectually on third base forever preen about it as though they had personally hit a triple while still in the womb. An absence of humility, since you believe you already know everything, can construct a powerful barrier against learning anything new.

Caring conveys important advantages to a clinician. I'll just mention two examples. First, patients are less likely to conceal worrying and embarrassing data, and this will make you more effective. Second, they are much less likely to sue you. As every insurance company knows, a large percentage of malpractice suits are due to patients' real or perceived interpersonal problems with their physicians. A smaller number is due to egregious physician error. When patients believe that you care about them, it's no surprise that they are more likely to care about you.

Along this same line, it is clear that being likeable is a great advantage in life. One huge skillset for likeability are the words “thank you.” Even moderately well-brought-up persons say “please” when they want something from you. Much rarer, and thus better remembered, are those who actually return after the fact to say “thank you.” “Thank you” is also often the first opportunity to make a positive impression on someone who can help you. Keep in mind that you never get a second chance to make a first impression, and first impressions are the most indelible. For young professionals from all professions, the gift of likeability is a great asset for finding a good mentor, and a good mentor is arguably the largest boon possible to help launch a successful career. By

the way, some advice for those of us who are mentors comes from Coach John Wooden: “A coach is someone who can give correction without giving resentment.” Wooden was coach when UCLA won a record 10 NCAA national basketball championships in 12 years! That feat has never been duplicated. He also knew how to teach teachers. Additionally, for us older folk, perhaps the easiest way to be remembered after death is to be a mentor.

Another sure thing is that anger is a wipe-out of likeability. Avoid it if you are able. Anger can become addictive and is seldom a good approach to life. As the Buddha, who lived until the age of 80 in present-day Nepal, again during the 5th century BCE, preached: “Anger is a poison that some people drink in the belief that it will kill someone else.” In our current time, cardiologists all agree with the Buddha.

Mentioning to medical students and residents the importance of being even-tempered, caring, and liked may sound no different from what your mother told you before your first day of elementary school. But, I do believe the possession of both IQ and social skills is also linked to “making it in medicine.” You need the former to get onto the bus and the latter to reach the destination that you desire. I remember a concern I had about getting to board that bus. In a pre-med anatomy class, the instructor told me that my sketch of a frog looked like a turtle. For a few nights, I worried by thinking: “OMG, I’ll never get into med school because my frog looks like a turtle, and this is so embarrassing.” I did make the bus, but that was a bad feeling.

The usual sequence of events is that high grades at college are correlated with high MCATs and getting into medical school. Which school we attended will be noted by residency directors, but so will our poise and personality. At least in clinical specialties, how well one does in residency and thereafter is increasingly based on how well one does with people. Please let me stress that earlier high GPAs and test scores are not inversely correlated with later ratings of success, only less correlated. I assume all of us searched to find personal

clinicians for ourselves who have both a high IQ and high social skills.

Again, “making it in medicine” covers an extremely broad vista, from a solo practitioner, to members of a group practice, to department chairs, medical school deans, national organization CEOs, etc. In fact, a few years back I attended a small one-day discussion led by four general psychiatrists who had “made it” in terms of having been department chairs and then medical school deans. They enjoyed their “making it” to varying degrees, but all four emphasized an ever-increasing demand for social skills. You may, for example, become a department chair because of your prowess in obtaining lab research grants or because of your national fame from clinical research publications, but suddenly you are also, in a way, responsible for every one of your department’s subsections. Then, as dean, your responsibilities include knowing whom to hire to help you to oversee this or that part of the medical school’s responsibilities to the university’s president, the mayor, the governor, political connections in Washington, DC, etc., etc. You might also have to travel around the country: first to sweet talk potential endowment donors for dermatology, two months later to help obtain pharma funding for a clinical trial, and on and on. All of these very intelligent psychiatrist deans admitted that they had not known, or had chosen to ignore, just how broad a social skillset is required to be a really successful dean.

A while back I read an article that discussed the fact that even in the tech industry the highest paid CEOs seldom have a tech background. Companies that do have one tend to be bought out. The leaders of the largest firms are, however, very expert in arranging for the tech-savvy staff to work together productively. It was also mentioned that this synergy was there from the industry’s very beginning. This sounds like another Buddha anecdote but really isn’t. Steve Jobs and Steve Wozniak became friends as teens. Jobs never finished college, but at age 19 dropped out to travel to India and study Buddhism. Wozniak spent his time inventing what was to become the Apple I computer. At age 21, drop-out Jobs joined with inventor Wozniak to become a corpo-

rate combination that made them both multi-billionaires. To most of the world, however, the main man at Apple Computer was drop-out spokesman Steve Jobs, not the computer wizard Steve Wozniac.

As I am sure you have noticed, my emphasis for how you, or anyone, “makes it in medicine” has been shifting from what you were and toward who you are. It began with the importance of those youthful talents that are easily measured, such as IQs, GPAs, and MCATs. These are necessary to get onto the medical bus. Then, increasingly, at least in most of medicine, caring, wisdom, and a variety of social skills enter the picture and are also crucial to determine where your bus will go and how long your trip will be to get there.

It is also a fact that everyone’s “Bus to Making It” needs periodic checkups and repairs. “Burn out” sometimes occurs in medicine, just as it does in every other profession. Some of us know what our goals are early in life, others go passively with the flow of opportunities (or disappointments), and a few of us seem not to worry about it at all. Our post-graduate years typically sort out who we are, what we can do, and what we want to do. Keep in mind that the most important definition for success comes with finding your “rightness of fit.” So, as carved in stone 26 centuries ago, “Know Thyself” is usually the best deterrent against wasted time and career disappointment. Unfortunately, these two words are more easily carved in stone than in our being. Most of us have to continually work at them.

There is no universal formula for how to balance one’s professional and personal lives. One first step is to know the quality and quantity of stressors that we can and cannot tolerate. Find out what relaxes you. “Family First” is all species’ number 1 rule for survival. If you have a family, never get so busy that you ignore them, because you thereby also ignore a rule that has truly been around forever. Other effective outlets might include friends, pets, sports, hobbies, the arts, or something completely different. Finding out what rejuvenates you is worthy of the same study as knowing what is healthy for your patients.

Mentioning the family gives me the chance for a “shout out” for working with children and families. After all, I do represent the Yale Child Study Center, which has been caring for children and families for 105 years! Other than a few years away, I’ve worked here for the past 55 years.

Are you mostly nice, borderline nice, or mostly not nice? You may know, but I won’t ask for a show of hands. Unless you are mostly nice, I suggest for your own good and for your patients that you avoid entering specialties that begin with “ped” or “child.” Even more than adults, children do better with nice caregivers, even children who are not so nice themselves. I don’t have hard data, but my guess is that medical students self-sort on this. I did my residency here and upon finishing in 1965, I was drafted into the Army Medical Corp. At that time, the US was fighting the very messy and unpopular Vietnam War. The Child Study Center had offered me a faculty appointment when I was discharged. The point of this anecdote about “nice” is that upon returning, Dr. Sally Provence, a full-professor-level developmental pediatrician in charge of our section for infants and young children, gave me a hug and said “welcome home.” She never hugged me again, but I now regularly hug or am hugged by some consenting faculty and staff. That atmosphere of “nice” seems natural for many in our field. Again, I don’t know, but my guess is there are more consenting hugs expressed within specialties that begin with “child” and “ped.”

I obviously believe that physicians who work with young people are special, even beyond being caring and nice. In medicine, as in most areas of life, you can do more good when you detect and fix problems early. This is what our specialty does within the mental health field. It is why I am also very involved in AACAP, or the American Academy of Child and Adolescent Psychiatry. AACAP supports all aspects of our field. I was its president, and I chaired AACAP’s endeavors to change its name from “Child” to “Child and Adolescent,” which was an easy 98% vote. However, to change our specialty’s official name, through the Accreditation Council for Graduate Medical Education, or ACGME, was difficult, combative, and took a few years. I also

formed a committee to mobilize the 1,100 oldest AACAP members into a separate group, newly named the Owls, who have in less than five years raised over \$240,000 for medical student and resident travel grants, as well as other endeavors. The energy of AACAP's oldest generation's enthusiasm and generosity has surprised everyone, including me! By the way, AACAP's Annual Meeting is the largest of its kind in the world and is truly international. I encourage you to consider attending this year's October meeting in New York City to take advantage of excellent mentorship opportunities designed for medical students and residents.

My time is getting short, so I will mention that second request I was given, besides this talk's title. I was urged to make my talk "funny as hell." Since neither religious nor most non-religious people think of hell as hilarious, I believe I was given a low-bar challenge as compensation for the toughness of the title task. I do, however, advise you to never try to be funny on demand. It is next to impossible. I've been caught a few times, and the worst was when I was elected to the Benjamin Rush Society. The BRS is named after the only physician who signed the US Declaration of Independence, and the group considers itself very exclusive. It began with 13 members (after our country's original 13 colonies—get it?), and after more than 40 years has raised its limit to no more than 39 members nationally—that's three times 13. I was number 28. When introduced at my first meeting, I was told by the president that I was voted in because a few members said I was funny. He then added, "So, say something funny!" I failed miserably. Fortunately, they had no impeachment process, and I did eventually become the BRS presi-

dent. I also enjoy taking solace from the famous words of Shakespearean actor Edmund Kean. In Shakespeare's day, comedies were generally defined as plays in which a young couple overcomes obstacles and marries, while tragedies end with the protagonist's death. A friend came to try to comfort Kean on Kean's deathbed. The friend later wrote that in order to comfort the comforter, Kean had tried to reassure *him* by saying that "Dying is easy. It's comedy that's hard." Although from my presentation it may not seem that working in child and adolescent psychiatry is very funny, I do hope I made clear that it can be fun.

My final point might fulfill my talk's title after all. And, it may no longer come to you as a big surprise. It is that wise persons realize that the most important judge of whether or not you have made it is you. If you and those you care for feel satisfaction in what you have done, you have made it. Perhaps a better title for this talk would have been, "How to Make It as Me." As the Irish playwright Oscar Wilde once counseled: "Be yourself. Everyone else is taken."

Take Home Summary

One starts out in life with various bits of good luck and bad luck. While these biopsychosocial factors are powerful, we should try not to be so brash as to take credit for the positives, and we should learn stratagems to lessen our negatives. For physicians, I stress the power of obtaining wisdom, compassion, and insight.

About the Author

John Schowalter, MD, graduated from the University of Wisconsin School of Medicine and received its 2014 Distinguished Alumnus Award. His child psychiatry training and career were at the Yale Child Study Center where he was residency training director for 27 years, specialized in the care for adolescents, was the first Albert J. Solnit Professor, and served as the department's Interim Chair. He was president of five national organizations, and for AACAP led its efforts to change the specialty's name from "child" to "child and adolescent" psychiatry, obtain the ACGME's approval for a combined 5-year residency in pediatrics, psychiatry, and child psychiatry, and formed an active group for the AACAP Life Members.

Disclosure: Dr. Schowalter reports no biomedical financial interests or potential conflicts of interest.