

The Physician-Administrator

Jess Mandel, MD

When I left for college, I expected that there would be a single person who simply was “The Dean” (probably a man in his sixties with male pattern baldness and an unnatural fondness for bowties). I had no idea that most institutions field a veritable platoon of deans, and no idea or plans that I would ever become one.

My decision to pursue a career in academic medicine was not a conscious one. By the time I graduated from medical school, I assumed that academic medicine was the place for me: it seemed to offer the most interesting patients, the most interesting colleagues, the most interesting trainees, and the most interesting mix of challenges and rewards. As a resident at Beth Israel Hospital in Boston, I was exposed to terrific mentors such as Steve Weinberger and Rich Schwartzstein, who played a major role in my selection of pulmonary/critical care medicine as a subspecialty.

I was later asked to serve as Chief Medical Resident at Beth Israel. Until I began in this position, I had never been comfortable speaking in front of groups, had little experience in teaching, and my only administrative experience was serving as Head Lifeguard at Rosewood Beach in Highland Park, IL before my junior year of college. As Chief Resident, I found that I loved the intellectual engagement that teaching fostered, and was somewhat surprised to find that I also enjoyed the challenges of building, improving, and helping to run an educational program, in this case the Internal Medicine residency at Beth Israel.

After I completed my Pulmonary/Critical Care fellowship at the Brigham and Women's/ Beth Israel /Mass General program, I was asked to return to the recently merged Beth Israel Deaconess Medical Center to serve as Program Director of the Internal Medicine residency. With great mentorship from Steve Weinberger (who had shifted from Chief of the Pulmonary Division to Vice-Chair of Medicine for Education) as

well as Tony Hollenberg (the outgoing Program Director) and Bob Moellering (the Chief of Medicine), I was able to get my feet on the ground in this role. Running the residency program provided many opportunities for working directly with and helping trainees, as well as for making a positive impact on the clinical and educational environment of many residents and medical students. In addition to this position, I also remained active clinically and developed the pulmonary hypertension program at Beth Israel Deaconess. Finally, I also worked with Bud Rose and Steve Weinberger to help develop the pulmonary section of *UpToDate*. Because *UpToDate* was an official educational program of ATS, I ended up getting involved with the ATS Education Committee, which was chaired by Mike Peterson from the University of Iowa.

Several years later, Mike arranged for me to give a talk in Hanover, Germany along with him and several other Iowa faculty members. They then invited me to come to Iowa and give a talk, which I did with some reluctance, given that I was quite happy in Boston. However, it became clear that Iowa could offer a terrific combination of clinical opportunities and opportunities for leadership in medical education at the medical school level that was hard to resist. I accepted the position at Iowa, served as Director of the Pulmonary Hypertension Program, and was appointed Director of the Human Organ Systems course (an integrated Physiology and Histology block for first-year medical students.) Because of my involvement with students and medical education, shortly thereafter I was appointed Assistant Dean for Student Affairs and Curriculum. The transition from graduate medical education to undergraduate medical education was intentional, as I felt that there was less conflict between education and service responsibilities, and hence greater opportunities for creativity.

By this time, I had held a number of different posts at two different institutions. The common theme, however, was that I was doing what I liked doing: seeing patients and being involved in medical education in both a teaching and a program-building capacity. I made the decision that titles may come and go, but I wanted my career to continue to operate on the basic principle that I wanted to do the things that I like to do, and do them with people with whom I enjoy working.

I anticipated staying at Iowa for many years, but was made aware that UCSD was seeking a new Associate Dean of Curriculum in 2005. There were many appealing things about the position, not the least of which was that while Iowa was in a period of relative curricular stability, UCSD appeared to require more significant change. I had decided that at least once in my life, I wanted to take on the challenge of a major curriculum revision at a top medical school. Since my daughter was in 6th grade and my son in 2nd, it seemed that if I passed on this opportunity, I would not be willing to move for many more years, probably not until my son graduated from high school in 2016.

My current position as Associate Dean carries a number of responsibilities. These include coordination of the medical school curriculum and provision of central oversight and input for faculty members involved in this mission; coordination of residency planning, including the dean's letter process; academic advising, tutorial services, and assisting and dealing with students in academic and personal difficulty; program evaluation; standardized patients and other aspects of medical simulation; and oversight of the teaching laboratories and the willed body program. Currently, much of my time and energy is devoted to redesign of the medical school curriculum at UCSD, which is both rewarding and intimidating at times. This is only a partial list, and one of the things that makes the job fun is that no two days are alike in terms of the structure, the issues involved, or the individuals with whom I interact.

In preparing this essay, I was asked "what do you wish you had known in the beginning and what advice do you have for someone interested in a similar path?" One of the first things is that there is no clear "path." When I look at my fellow deans, a remarkable aspect is their diversity of training and interests, and no two pursued the same path before assuming their current posts. As opposed to the clear (but very challenging) grant ladder, opportunities for leadership in medical education are unpredictable and highly dictated by local circumstances. It is critical to be respected by one's peers for both clinical, teaching, and/or research abilities to be competitive for leadership positions. Like other pathways in academia, publications and national visibility on educational issues is also important.

It has now been approximately 18 months since I started at UCSD. Mixing my pulmonary duties with my Dean's Office position has been very enjoyable, and I look forward to many more years of this mix. Regardless of the exact titles and roles in the years to come, I will continue to organize my career around seeing patients and involvement in medical education.

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