

OB/GYN and Women's Health

An Interview with Sharmila Makhija, M.D., M.B.A., Professor and Chair, Obstetrics & Gynecology and Women's Health, Montefiore Health System and Albert Einstein College of Medicine

EDITORS' NOTE *Dr. Sharmila Makhija* received her medical education from University of Alabama at Birmingham and completed her residency at University of Louisville Hospital. She did her fellowship at Memorial Sloan Kettering Cancer Center.

INSTITUTION BRIEF *As the academic health system and University Hospital for Albert Einstein College of Medicine, Montefiore Health System (montefiore. org) is nationally recognized for clinical excellence – breaking new ground*

in research, training the next generation of healthcare leaders, and delivering science-driven, patientcentered care. Montefiore is ranked among the top hospitals nationally and regionally by U.S. News & World Report. For more than 100 years, Montefiore has been innovating new treatments, new procedures, and new approaches to patient care, producing stellar outcomes, and raising the bar for health systems in the region and around the world.

What has been the secret to the success of Montefiore?

I was attracted to working at Montefiore because of the leadership. Our CEO, Dr. Steven Safyer, is an M.D. who specialized in social medicine, focusing on population health. Dr. Safyer understands the social aspects of healthcare and is committed to providing the same quality care to residents in the Bronx that he would want for his own family members, too. I have seen this dedication firsthand in the way he treats both his clinical leaders and each staff member. Dr. Safyer values our input, a unique quality to find in such a large healthcare system.

Montefiore's mission is to take care of our community. As a leader myself, I appreciate having my leader support this mindset and the programs put in place to see our mission come to life.

Will you touch on your areas of focus?

I'm a a gyn oncologist by training. Within Montefiore's Department of OB/GYN and Women's Health, we have nine divisions, which encompass all of the subspecialties known within women's health; thus, general Ob/Gyn care is just one component of our department. Because of our specialties, we can provide care for women throughout their lifetime – a service that few Ob/Gyn departments across the country offer.

There's a national initiative to better understand the increasing rates of maternal complications



for women with complex situations and receive unwavering support from our leadership, Dr. Safyer and Dr. Ozuah, our COO.

Are obstetrics and gynecology areas where there has been advancement in treatment and procedures?

Within our nine specialties, each has seen advancements in the clinical care we deliver.

In maternal care, we have a simulation program where our doctors, nurses, fellows, residents and medical students can all be safely trained in acutely urgent scenarios within a low-risk, safe environment.

We've spent time developing our simulation techniques as well as creating protocol bundles with checklists that are now part of the Safe Motherhood Initiative, a national program committed to establishing standards for common pregnancy emergencies.

Generally, the goal of these simulation training programs is to improve how we deliver our care, communicate and work as a team.

How critical is it that the diversity of your patient base is mirrored within your workforce?

We believe in maintaining a diverse staff and faculty because we serve a diverse population and strive to communicate better with our patients and be respectful of their cultural traditions and needs. Of course, our first priority is to determine who is best qualified. However, our diverse patient population continues to attract a diverse staff and faculty.

What is being done to improve access to quality care and how is Montefiore leading in this regard?

Montefiore has stayed on top of the rapid evolution of medicine. We're a pioneer accountable care organization and very focused on population health – a quality that differs from many healthcare systems nationwide.

We look at social aspects when creating new healthcare programs, including social determinates of health, because if patients can't address their basic life necessities, then they're not going to come in for preventative care. We need to address their basic needs by providing access to social care, too.

This approach has helped us improve how we deliver quality care. We look, for instance, at how healthcare teams are formed and communicate with each other and with patients. Many of our team members are part of national organizations tasked with creating improvements in clinical care paradigms. We utilize these paradigms to make sure that we're delivering the most up-to-date care for our patients and training our residents and fellows to create these types of functional healthcare teams, an equally important role because they are the next generation of healthcare leaders and need to be empowered with knowledge and have firsthand experience.

Are advances in technology enabling more time for the doctor/patient relationship?

There are always good and not so good aspects of things that are "new." It takes time to learn a new system, such as our electronic medical records (EMR) system that physicians across the country are learning. We're now able to enter everything into the EMR immediately, which has led to a perception that less time is being spent with the patient. In fact, our healthcare teams are spending more time before and after patient visits to complete charts, thus, adding more work to their already busy schedules. Incorporating new technology may take time, but with more experience I believe technology is enabling us to provide better care for patients while continuing to spend quality time with them.

The benefits outweigh the learning curve – we can now access our patients' information in real time, allowing us to deliver better care.

What advice do you give young people who are interested in a career in medicine?

I encourage young people to shadow doctors, both in their offices and on inpatient rounds. Going into a physician's office for just one day won't reflect the full doctor experience. Shadowing a doctor for one month would provide insight into many aspects of being a physician. This is the best way to get a sense of the profession.

Most of us go into this field because we want to help others and we're empowered to be a partner in someone's care – this is a great motivation for us.

I ask young people to make sure they understand that being a physician is a lifelong commitment and to truly see it as an honor to care for someone else. \bullet



Sharmila Makhija