

What it's like in urologic oncology: Shadowing Dr. Mirza

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As a medical student, do you ever wonder what it's like to specialize in urologic oncology? Meet Moben Mirza, MD, a urologic oncologist and a featured physician in the AMA "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in urologic oncology might be a good fit for you.



"Shadowing" Dr. Mirza

Specialty: Urologic oncology.

Practice setting: Large academic center.

Employment type: University hospital.

Years in practice: Eight.

A typical day and week in my practice: As a urologist who works at a very large academic university hospital, there are several facets to my day. These include inpatient care, surgery, outpatient clinic, education, research and hospital leadership roles.

My Mondays start when I get to the hospital around 6 a.m. and meet with my first patient who will undergo surgery. I meet the family, communicate with the operating room staff, and then see my patients who are admitted in the hospital (rounding).

Then, generally, I have a meeting that starts at 6:30 a.m. These meetings are related to hospital functions. For example, I serve as chair of our perioperative governance committee, which oversees and drives all functions surrounding the operating room. Alternatively, I am at our urology teaching conferences, which occur on Monday, Tuesday and Friday at 7 a.m.

On Mondays and Thursdays, I am in the operating room all day starting from 7:15 a.m. onwards. I do two to three major surgeries, or several minor surgeries, daily. My practice focuses on urologic oncology and I routinely perform surgeries like robotic prostatectomy, robotic partial nephrectomy, radical cystectomy with urinary diversions like neobladders, radical nephrectomy with or without caval thrombectomy, and other oncological procedures. My practice is a very nice combination of minimally invasive surgeries—which are performed endoscopically, laparoscopically or robotically—as well as major open surgeries.

Between surgeries, I will find time to talk to patient families, complete administrative tasks, attend meetings, as well as round on patients for updates, consults, and eat. Every day, I am engaged in teaching and mentoring students from high school students to medical school students to residents as well as fellows. I am usually done with my surgeries around 5 p.m. and headed home around that time to get my kids to baseball practice (or whatever is in season) and coach their team.

On Tuesday, I do a full day of clinic that starts at 8 a.m. after rounding, meetings and resident conferences. I see about 35–40 patients in a full day with focus again on urologic cancers. There is a lunch break from noon–1 p.m. and usually book meetings at this time, which are mainly geared toward my academic and research missions. Clinic finishes around 4 p.m. and everyone knows they will not find me after that time in the hospital as I take my kids to our mosque for lessons and also have office hours as a community leader.

Wednesday is a unique day as I drive to a rural community hospital, which is an hour away. I spend half a day doing surgeries starting at 7:30 a.m. and the other half in clinic with rounding and consultations interspersed. Here my practice is more general urology dealing with kidney stones, voiding complaints, incontinence, benign prostate problems, as well as urologic malignancies. I am home by 5 p.m. and can listen to my kids play the piano.

Thursday looks like Monday except we do jujitsu instead of baseball. Every other Friday is my research and administrative day. I serve as our program's residency director and the bulk of this day is spent performing essential functions of this role. I also use Friday to catch up on patient calls, charting, meetings and my research efforts. My research work is trial and outcomes based so I don't spend any time in the laboratory. Fridays are flexible for me and give me a nice relief to what would have been an

amazingly busy week.

Urology is a demanding surgical specialty, but there are many lifestyles within these so urologists can choose to be as busy as they like. But they have to be able to balance inpatient work, surgeries, consults and outpatient work all in the span of one day. We generally don't dedicate ourselves to one activity or another, but have to multitask efficiently in all patient care settings.

The most challenging and rewarding aspects of urologic oncology: The most challenging part of urologic oncology and urology in general is that diseases and treatments have a tremendous impact on quality of life. Urological diseases and treatment affect very intimate parts of our lives such as urinary and sexual function.

The challenge in caring for patients is balancing the impact of the disease with impact of the treatment when it comes to quality and quantity of life. Patients rely on us to help them make very serious decisions and perform complex surgical interventions. It's challenging to educate your patient to the extent that she or he is able to make a shared and informed decision.

The most rewarding part of my job is to educate my patients about their disease, share a treatment plan, and see that treatment to success in a way to help them be more satisfied with their lives. My patients are routinely giving me hugs and smiles—that is the most rewarding.

Three adjectives to describe the typical urologic oncologist: Funny, balanced, technically skilled.

How my lifestyle matches, or differs from, what I had envisioned: I don't think medical school is designed to help us envision the very real challenges of being a physician. It is designed to make us excellent physician-scientists. We have other roles like parent, spouse, son, daughter, coach, teacher, community leader, runner, etc. These roles are taught at home, by mentors and by parents. I think I am living the life I expected to live.

I modeled my career after excellent mentors and role models. I saw how they lived a balanced and happy life. I was able to learn from them, build expectations and make career choices accordingly. It doesn't mean we don't have to make sacrifices. I've had to balance my life and prioritize what I think is most important. We have to constantly make choices where we will not compromise and then we make choices where we can be flexible. We have to learn the business aspect of our work and make a good living without making the business our work.

The other shift is a higher level of ownership and responsibility toward our patients, which is a constant stress on the life part of work-life balance. Physician burnout is a very important and real phenomenon. I am very grateful to God that I don't experience this.

I have a very busy career life, a very active family life and a very engaged community life. I wake up happy and recharged every day to continue to enhance the lives of the people around me—my family, patients, colleagues, residents, neighbors and my community.

My goal is to leave this world better than I found it. I stay grounded and driven by my faith and belief that God is watching me and I should see Him in my intent, my words and my actions. That leaves little time for inaction. I find great enjoyment in my life and am eternally grateful to God.

Skills every urologist should have but won't be tested for on the board exam: Urologists need to have the basic caring that makes up all physicians who are dedicated to their patients. Additionally, they have to be technically sound with good hand-eye coordination, manual dexterity and spatial recognition.

Urologists have to be able to multitask. And urologists have to be able to process and respond to patients who are making them privy to aspects of their lives that they don't share with anyone else, often not even their partners.

One question physicians in training should ask themselves before pursuing urologic oncology: Am I ready to balance and multitask? Am I passionate about treating urological diseases?

Books every medical student interested in urologic oncology should be reading: Any book that teaches and demonstrates how to be a servant to our patients, show gratitude toward our teachers and empathize with others is a good book for medicine or urology as a specialty.

The online resource students interested in urologic oncology should follow: American Urological Association and Urology Match.

Quick insights I would give students who are considering urologic oncology: Find a mentor. Start early. Maintain excellence in academic performance. Urology is a very competitive specialty with about a high unmatched rate. Candidates need to be excellent students, have excellent board scores, have good research experiences, and excellent letters of recommendation.

Be honest with yourself about your manual dexterity and ability to deal with stress, especially surgical stress, time-sensitive minute-to-minute responsibility and dealing with emergencies. Be sure as possible that you are really interested in the field for the right reasons, whether those are personal reasons or fascination with the patient type, clinical subject matter or scientific issues at play.

A specialty must excite you most of the time, if not all the time. Vocation, passion and desire to champion a cause or causes—potentially for the rest of your professional life—will sustain the lifelong learning and service to others.

Mantra or song to describe life in urologic oncology: The right answer is whatever is best for the patient.

More about your specialty options

- Read more profiles in AMA Wire's "Shadow Me" Specialty Series to learn additional insights from physicians in such specialties as infectious disease medicine, adolescent medicine, physical medicine and rehabilitation, radiology and orthopedic surgery, among others.
- Check out more information from the AMA on choosing a medical specialty.
- Be sure to avoid these five common mistakes students make when choosing a specialty.