Advice for your medical school journey with Bobby Mukkamala, MD

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

Bobby Mukkamala, MD, an otolaryngologist in Michigan—and immediate past chair of the AMA Board of Trustees—joins today for the first of many “What I Wish I Knew in Medical School” conversations with physician leaders and medical experts. AMA Chief Experience Officer Todd Unger hosts.

We want to hear from medical students! Record and submit your questions to help inform future “What I Wish I Knew in Medical School” episodes.

Get involved in Medical Student National Advocacy Week.

Join us for AMA’s webinar "Medical Student National Advocacy Week: How to communicate effectively with Congress," Oct. 10 at 6 p.m. Eastern.

Speaker

- Bobby Mukkamala, MD, otolaryngologist; immediate past chair, AMA Board of Trustee

Transcript

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Unger: Hello, and welcome to the AMA Update video and podcast. It's Medical Student National Advocacy Week. And I'm glad to be joined today by Dr. Bobby Mukkamala, an otolaryngologist from Flint, Michigan, and immediate past chair of the AMA Board of Trustees. And he's going to be talking with us about what he wished he knew in med school. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Mukkamala, it's great to have you here today.

Dr. Mukkamala: Great to be here. Thanks, Todd. I'm excited for this conversation.

Unger: Well, you recently spoke at an AMA hosted event at Northwestern University Feinberg School of Medicine for medical students on this very topic. And in that discussion, you said that as a medical student, you wished you'd had spent a little bit more time focusing on the art of medicine in addition to the science. Why don't we just start off by talking about what you meant by that?

Dr. Mukkamala: Yeah. Everyone thinks of medical school as lectures, and hours spent in labs, and rooms, and with cadavers and microscopes—learning about the science of our bodies. Which is obviously the fundamental reason that we're paying that tuition and spending all those hours there. But we use the term "the art of medicine" mostly when talking about interaction with patients, and doing it in a way that recognizes the uniqueness of our own sort of individual humanity. Me, as a human, taking care of this person as a human. But the term also applies to the non-science part of our jobs.

And as leaders of health care in our country. And so some jokingly refer to it as not the non-science part, but the nonsense part. Which is not really true, because whether it's nonsense or not in our mind, we deal with the consequences. And so knowing that a patient suffering difficulty managing their diabetes and needs a certain drug regimen, that's the science part. But the art is knowing how to get that patient that drug in the maze of prior authorizations and cost considerations, and all this stuff.

And that's not something that I ever learned in a lecture room or in a hospital room on my rotations. And it's just not something that we need to wait until we're in that situation and practice and then realize, what do you mean I can't get this drug for this patient? And then trying to figure out that whole prior authorization process. That art is knowing about the history of insulin and how it was given away for free, but now it's cost prohibitive for many patients.

That's the art that I spoke of there at Northwestern. And at that time, when I was in those student seats, I was self-centered, internally focused, young medical student. And the universe revolved around me. And my wife, who was my girlfriend back then, would totally be nodding and agreeing with that. But that lack of awareness of other—the community that I was working within—that's what I was trying to impart on them, is to become aware of the world in which we practice.

Unger: I was really struck because I did get to see you actually make that presentation. You spent a big part of your early career coming to that conclusion. That it was not only your opportunity but
responsibility to make changes like that. And that you could do it, not by becoming a lawyer, which you talked about was one of your options, but by becoming part of organized medicine. When you advise medical students today, what do you say about how they should recognize opportunities for advocacy, and when it’s important to act on a larger scale?

**Dr. Mukkamala:** I think that that recognition comes from looking at patients that we’re taking care of and stepping up from that ground level challenge of helping them be healthier to a level that looks at the landscape that affects their health. So telling a diabetic patient to eat a certain way, and then move on to the next room and the next patient, versus stepping back and realizing that that patient lives in a community—that we would refer to as a “food desert” sometimes—where there isn’t access to healthy foods. Where everything is processed and packaged because there just isn’t anything fresh.

That stepping back and observing is when we’re often moved and motivated by something that we see. And it’s going to be different for each of us. Every medical student will have something different that either tugs at their heartstrings or tugs at their intellectual strings that makes them sort of want to dig a little deeper. Some will be moved by those social determinants of health. Some will be moved by the nature of the bureaucracy of prior authorization. Some will be moved with the cost of insulin or the cost aspects of the care that we deliver.

So whatever it is that makes our heart rate go up a little as we consider it, or that adrenaline surge, or that opportunity to advocate—that’s what we should use as motivation to look at that forest and improve the nature of that forest. And I promise you that there’s an avenue through which to channel that energy. And the AMA is primed and ready to go to help you channel that energy to be the influencer of health care, not just in the exam room, but in the country as a whole.

**Unger:** Do you think the younger Dr. Bobby Mukkamala would have thought that one day he would become board chair of the AMA?

**Dr. Mukkamala:** No way. No way. He would have looked at me and said, oh, that’s not me. That’s an identical twin that he didn’t know he had. But I would look at him and say, hey, this is naivete speaking. And I can say that to myself. I wouldn’t say that to anybody else.

But what you think is the extent of the health care universe is much bigger than that. It’s like being on earth and then realizing that there’s all these other planets in our galaxy. It’s that sort of epiphany that happens.

**Unger:** When you think about the steps that led you from where you were there as a med student and to the leader that you became, how would you advise then students today to look for, participate in leadership opportunities that enable them to make changes you’re talking about?
**Dr. Mukkamala:** I think it's the first step is just to sort of become aware of those things that will either improve your ability to take care of your patients or impede your ability to take care of your patients. Just be observant about these other forces that exist. And then start to think about, what is it? Where is it that I can apply my energy or my intellect to address those issues? And that's where you start to look for opportunities to solve problems.

We, by nature of the fact that we're going into health care, are doing it to solve problems. I do otolaryngology to solve the problem of hearing loss. It's just my second nature. So then when I see something about—OK, the solution to the hearing loss is this, but so-and-so is stopping me from doing it because of something like prior authorization or the cost, then I want to also solve that problem.

And so that's what I would say is—don't let that be a barrier, see it as another opportunity to learn a skill to address that problem also. Not the problem that exists within my exam room, but the problem that exists between what I ask for in my exam room and what the patient gets when they're at home. There's a whole lot of in-between steps there that we're not aware of early on in our training. And that's the purpose of conversations like this is to make us aware of the nature of that forest.

**Unger:** We're hearing a lot from medical students these days. Real concern about how to distinguish themselves as candidates for residency positions, especially given changes to the USMLE Step 1 and COMLEX going to pass/fail. So the idea and opportunity to use leadership positions, say, in organized medicine is taking on, I think, some greater importance. It's what we're hearing.

You have the chance to interview students for University of Michigan Medical School and residencies. How do you take into account past leadership experience when you evaluate someone? Why is that so important?

**Dr. Mukkamala:** I mean, that experience means a lot to me and to the University of Michigan. So every Saturday in the fall, we go to our Michigan football games down the road in Ann Arbor, and we sing, "Hail to The Victors." And in "Hail to The Victors," there's a line that talks about the leaders and the best. So at the University of Michigan, they take leadership very seriously. It's something we look for in our applicants.

Our country needs all types of doctors. We need those people that are in smaller communities taking care of their communities and being that critical safety net. But we also need people in places like DC and our state capitals advocating for those physicians to be able to provide that care in the least impeded way by hassle factors and stuff like that. And so what we look for in applicants at the University of Michigan are for those people that are going to also fill those leadership roles.

And we should be aware of what that skill set is and then look for that in our application process. And that's something that can be cultivated within an organization like the American Medical Association, where you know the organic chemistry. You know the biology, and that's why you got an MCAT score.
But now is that gets to be pass/fail, and USMLE becomes pass/fail. And so the ability to get into residency is measured by something more than just book knowledge.

It's the leadership skills. It's those soft skills I think that can be developed in an organization like the AMA, and refine where you can demonstrate that not only do I know the science enough to be able to take care of my patient, but I know the universe of health care enough that I can truly be an advocate for them. And be a leader within that universe. And that's something that really appeals to us when we interview.

**Unger:** Well, given that it's Medical Student National Advocacy Week, it's a perfect time to talk about why it's so important for medical students to get involved and have their voice heard on the issues that are important in medicine right now. Sometimes we hear, though, from students—issues around, let's say, prior authorization or telehealth or Medicare payment. They're not top of mind. They're busy trying to succeed in medical school. What do you say to someone—and said, listen, there are issues out there that you should care about even though they might not be affecting you right at this moment.

**Dr. Mukkamala:** I guess what I would say is, I'm midway through my career. So the things that I was passionate about 22 years ago when I first started my practice, they still motivate me. But naturally, that fire is probably a little dimmer and burns a little bit cooler than it did back then. And so outside our circles, it's important to convey that the lawmakers that we're meeting with have an enormous ability to affect the careers of the youngest among us—our medical students the most.

And so who better to carry that message than the people that it affects the most? The decisions that we make now have the biggest impact on them. Just for example, private equity. There's a huge influence of private equity on health care right now, as far as acquiring practices. And it has a huge differential impact on early career physicians versus late near retirement career physicians.

And if the only people that are driving that conversation are the ones that are late career that gain the most from that influence of private equity, and then the younger voices are missing from that table because they just don't feel adept at sitting at the table and having that conversation—they haven't been in that environment—then they're really suffering for that. And we don't want that to happen. I don't want that to happen. I don't want to just protect health care for a certain segment of the physician population.

I want to make sure that all voices are represented when those decisions are being made. And that's why it's critical for early career physicians to be adept at having those conversations. There's a little bit of a skill set required. And that's what can be gained by interacting with folks at the American Medical Association.

**Unger:** Well, just in closing, what's one thing that you would want medical students, and even those who advise medical students, to hear today?
Dr. Mukkamala: Health care is so much more than, again, as we said, knowing the science and working with our patients in our own exam rooms, offices and operating rooms. And we make a major investment of time, of effort, of financial resources to get to the point where we can take care of our patients in those rooms. But when we finally get to the point where we're taking care of them, and only then to realize all these other forces and influence that make it harder to provide that care, that's pretty late in the game.

And so what I would say to them—the one thing is realize and familiarize yourself with the resources that will help you in this entire universe of health care to be a better doctor, instead of just focusing on the interaction you're having with one patient at a time in the exam room. That's the foundation. But we need to build on that by awareness of the overall landscape of health care. And that's where the American Medical Association has a critical role to play to help you be that advocate for your patient outside the exam room.

Unger: Well, thank you so much, Dr. Mukkamala, for all your advice. And medical students out there, I urge you to find out how the AMA is supporting you today as medical students and protecting your future as a physician. And you know what? We want to hear from you. If you've got questions, you'll find a link in the description of this episode where you can record and send them to us. And we'll use them to inform future episodes of our What I Wish I Knew In Medical School episodes.

You'll also find a link to learn more about how you get involved in Medical Student National Advocacy Week. So lots to do. That's homework for this week. In the meantime, you can find all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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