

Legends and Legacies Book Chapters

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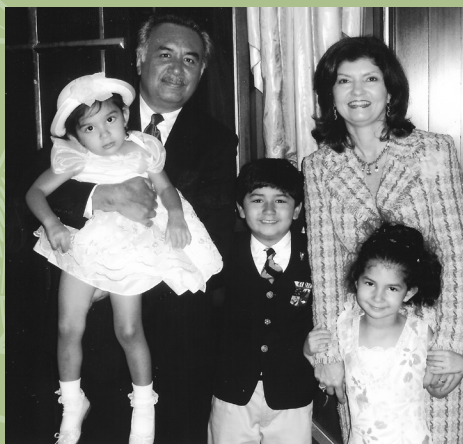
Carmen D. Escalante, M.D.



**Professor and Chair of General Internal Medicine,
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Carmen was 6 when she took her first communion in May 1966.



In May 2007, Carmen and husband Ramon celebrated the first communion of their son Damaso, shown with sisters Caroline (in Ramon's arms) and Isabella.



Opening gifts on Christmas Eve 2006 was another special time for Carmen and the three children.



s I reflect on my life and career, I silently chuckle at how unbelievable it all seems. I never planned for or dreamed of a career in academic medicine. I never thought that I was smart enough. I decided to go to medical school because I had always wanted to take care of patients. Although I do a lot less of it now than I did at the start of my career, caring for patients still gives me much satisfaction, and I believe that my work as an administrator and researcher still ultimately impacts patient care. That aspect is extremely important to me. The key to my success has been being able to identify and respond to the right opportunities.

I grew up in a small town in southern Louisiana, the oldest of six children. Neither of my parents attended college. My father received his high school equivalency while he was in the Navy, and my mother did not complete hers until I was in medical school. But my parents both valued education and made it clear to their children that we would attend college.

My mother was very influential during my childhood. I remember her continual encouragement to “do your best at whatever you do.” (I frequently hear myself repeating those “mom phrases” to my own children — and it’s rather scary to hear Mom’s words echoing in my home.) My mother was a housewife, and her focus was on maintaining our home and rearing her children. She was always caring for us, and, as the oldest sibling, I often helped her look after my brothers and sisters. (I still remember changing their cloth diapers.) We were expected to help out around the house. My sisters and I took turns drying dishes, dusting furniture and ironing clothes, and my two brothers emptied the trash and mowed the lawn. But Mom did the bulk of the work — she saw us off to school every day and did the cooking, washing and cleaning. Housekeeping, though, never appealed to me. I decided early in life that I wanted something different. I was very shy, quiet and serious as a child. I was a straight-A student and became quite upset whenever I received a B. I still remember receiving a B in math for the first quarter of seventh grade. I was very unhappy and studied extra hard to have an A the remainder of the year. I still set high standards for myself and believe it was my mother’s constant encouragement to strive for the best that instilled that drive in me.

One of my high school chemistry teachers was instrumental and a mentor in guiding me toward a medical career. I also had a high school math teacher who encouraged me. Both were women and had succeeded in education careers centered on science and math. I enjoyed chemistry and math and was very successful in these classes. I am sure some of my enjoyment was due to these two ladies and the mentorship they provided me. For me, this was when the light bulb went off. In junior high school, I decided that I wanted to be a doctor, and I never wavered from that goal

afterward. I have no regrets about my decision and am thankful that these teachers saw my potential and helped me to see it, too. Very few students in my hometown attended medical school. I graduated from high school in 1977 as class valedictorian. Never the cheerleader, the prettiest, or the most vivacious, I was known as “the smart one” by my classmates.

All of my siblings and I attended college, and five of us received our degrees. I went to a local college, Nicholls State University in Thibodaux, Louisiana, on a full academic scholarship. I worked part time as a surgical clerk at the local hospital, which not only afforded me extra money to help defray expenses but also allowed me to develop some insights into what a medical career might really be like. Finances were always a concern, especially since our family was large and my father was not highly paid. However, we were always comfortable, happy and loved. I studied hard, lived at home and continued to save money so that I could pay for medical school. I met many new friends during my undergraduate days, and several of us were accepted into the same medical school class. Although I majored in chemistry and took numerous math courses, I also really enjoyed some of my fine arts electives, especially Latin. (Later in life, when I have more time for myself, I would like to explore the humanities and arts further. Recently, while helping my son study ancient Greece for his third grade class, I realized just how interesting his homework projects are to me.)

In 1981, I graduated from Nicholls State *summa cum laude* and then went on to Louisiana State University Medical School in New Orleans. It took me awhile to realize that my medical school classmates were a lot smarter than the students I had known in my college days. I studied hard and focused on my goal of graduating and becoming a doctor. This was also the first time I had lived away from home, and I quickly learned how to do my own laundry and cook my own meals. I also appreciated my parents a lot more after I left home.

After graduating from medical school in 1985, I moved to Houston to complete a residency in internal medicine at The University of Texas Health Science Center. I moved here along with two good friends from my medical school class, and we all went through the same internal medicine training. (One of these friends, Dr. Kristen Price, would later join me here at M. D. Anderson, where she is now a department chair.) Having good friends then was a great way to decompress and reflect on our lives and careers. We were busy, with lots of work and very little sleep, but we enjoyed and made the most of our small bits of free time.

Although I learned a lot about taking care of patients, I was happy when I finally completed my residency. I joined M. D. Anderson in 1988, when the section of General Internal Medicine was in its infancy. At that time, the section had only two faculty members; today, there are more than 30. I

learned a lot about the importance of networking, organizational structure and lines of authority very quickly. I also learned the significance of being a good communicator, regardless of whether the communication was directly related to patient care or to other issues. I was hired to be full-time patient care, and for the first seven years of my career, I was on service 12 months a year. I was very naïve then and did not understand the concepts of tenure and promotion. No one explained to me how these things worked. I was told that I was needed to take care of patients and that if I did this, I would do very well in the institution. It was only after about seven years that I realized that with changes in the divisional leadership, I was not going to be promoted if I continued only to see patients, as I had initially been asked to do. At this point I began reengineering my career to meet the necessary requirements for promotion. Unfortunately, my supervisor and I had not planned a pathway. I have learned from my own experiences, and now, as a department chair, I have discussions with my section chiefs and faculty regarding the expectations and advanced planning for promotion of every faculty member.

A hidden opportunity came early in my career when I was asked to participate as a member of the Disaster Committee. This committee has since been renamed and melded into others, but its purpose was to prepare for internal and/or external disaster type situations. Little did I know that this committee appointment would mushroom to many others over my career. I chaired the committee for a few years and then went on to chair the Transfusion Committee, the Medical Practice Committee, the Credentialing Committee of the Medical Staff, and, currently, the Executive Committee of the Medical Staff. I really do believe my success in institutional and medical staff committee participation would never have happened if early on I had declined participation in the Disaster Committee. This was definitely an opportunity that I am glad I took advantage of years ago. Working on institutional committees involves a time commitment, but participating helped me to better understand the institution's organization and mission, network and form alliances with numerous colleagues, and develop my leadership skills. Chairing a committee of faculty is not an easy task — at times, it can be like herding cats. Listening to various viewpoints, keeping the focus on the issue at hand, and moving the agenda forward as the clock ticks are skills developed only with practice.

A major change in my career occurred in 1997, when I was given the opportunity to be the section chief of General Internal Medicine. At that time, we had perhaps five full-time physicians in the group. I had never managed anyone but accepted the challenge and learned on the job. It was a trying first year for various reasons, and I learned many things by trial and error. But I was a quick learner, and if I made a mistake, I did not repeat it.

Over the next few years our section began to grow, and a feeling of camaraderie developed. I sapped up as much knowledge as I could from anyone around who seemed to be successful. Learning by observation can be very powerful. I also learned the importance of listening, which was a difficult skill for me to master. Although it seems simple, becoming a good listener takes patience and skill. I am similar to Pooh Bear in that I am one of very little patience, although not a bear. As you can see, my analogies are based on the influence of my children. However, over the years I have become a much better listener and have learned much more from listening than from speaking.

In 2000, the Division of Internal Medicine was created, the previous sections became departments, and I became the ad interim chair of the Department of General Internal Medicine, Ambulatory Treatment and Emergency Care. I served in this role until 2005, when I was appointed the permanent department chair. During my tenure as ad interim chair, I participated in several leadership seminars, including the Faculty Leadership Academy, which gave me an opportunity to learn new skills and refine those that I had already attained. It gave me time to reflect on my personal management style and its effectiveness and also allowed comparison with others in the group sessions. I highly recommend seizing any educational opportunities for leadership growth that present themselves.

Currently, our department is composed of five sections that include some 100 faculty (including vacant positions and consultants) and nearly 60 staff. I have developed and implemented new programs that have been successful in integrating internists in various necessary functions throughout M. D. Anderson (for example, perioperative assessments, hospitalist program, and the Suspicion of Cancer Clinic), and I have recently realized that I really enjoy this administrative work. I am also working to build a stellar research component in our department to complement the top-notch clinical program we have already built. Hiring faculty with a similar vision, enthusiasm and motivation is essential and allows me to delegate tasks without having to worry about doing everything myself. Delegation takes some practice. Initially, it was difficult for me to hand projects over to others because I was used to doing everything myself, and I felt that I could do it better than anyone else. I also suspect that I was somewhat insecure in handing off something that was my responsibility. But once I started delegating certain tasks to very capable individuals, I soon learned how it benefited all of us: I had more time to focus on the things that really needed my full attention, and the people following my directions were able to grow in their own leadership capabilities by leading projects of their own.

I enjoy helping our faculty plan their career paths, whether for the short- or long-term. To be successful, young faculty must recognize that developing

their interests and integrating these interests with the department's goals will lead to promotion and/or tenure. I have a significant number of faculty in my department who are women. I have always chosen the best candidate for a job, irrespective of gender; however, many of the best candidates have been women. Perhaps women are attracted to opportunities in settings where there are more successful and happy women, and so perhaps we have been able to grow our numbers due to this influence.

Reflecting on my career nearly 20 years after I first started as an instructor of medicine, I believe that things could have been easier. I really never had a specific mentor, a sage I could always turn to for advice. I have modeled myself after numerous people, and many of them probably never knew that they helped script my success. I am like a sponge, and I absorbed from others the good things that I thought were working.

In 1994, I married a wonderful man who has added balance to my life and has frequently been a great sounding board. He has also been exceptionally supportive of my career and has encouraged me to take on new challenges. An attorney with past banking experience, he founded a building company, so our two busy careers have continued in parallel.

Our first child, a son, was born in 1999. I had never appreciated all of the complexities of being a parent until I became one myself. For me, being a mother is a lot harder than being a physician, but I love it and have never regretted it. It took some time to learn how to balance being a doctor, wife and mother, but it is not an impossible task. The art of multitasking is essential to being successful. I took 10 weeks of leave for my first child and was a nervous wreck when I returned to work. I suppose I was not totally confident that a nanny would take care of my son as well as I could. With time, however, this fear has been put to rest. I had two more children, daughters born in 2001 and 2004, and took leave to spend time with each of them after they were born. I would definitely encourage taking some needed time away when children are born. It is a special time, often hectic with transitions. I have learned that work goes on regardless, but this family time is irretrievable and will be gobbled up if not rightly preserved. When I returned to work following each leave, I felt ready and somewhat refreshed despite those early morning feedings.

With the addition of each of our children, our lives became a little more complicated, but my husband and I became more relaxed as parents. In addition to hiring a full-time nanny/housekeeper, I initially had a part-time cleaning lady to help with major cleaning, especially when the children were very young and not yet in school. My husband and I juggle our careers and divide the childcare tasks between us. He often comes home from his office to help with baths and then goes back to finish up work once they are in bed. I have become more relaxed about things — sometimes everything is not in

its perfect place, but that is O.K. It is a trade-off that is sometimes necessary to enjoy our family *and* have a successful career.

This year my children are all in school. The two older children go a full day, while my youngest daughter is in an early childhood program that lasts until lunchtime. My husband and I have learned how to delegate tasks and trust a little more, and my nanny picks up my youngest daughter from school. I take my children to school in the morning, and my husband picks up the older two, helps them get started on homework, and then goes back to his office. I am a planner at heart, and I carefully organize my day so that I can be home by 6 p.m. and my nanny can leave. Finding a good nanny/housekeeper is an essential survival skill and will make you feel so happy and carefree. I have learned that I will never be able to finish everything in a day and must prioritize those things that are most important. This not only applies to my work schedule but also to home activities. I know that I would not be as good a mother or as happy a person if I gave up my career to be at home.

Frequently, my husband will give me advice if I have a particularly difficult issue, but we try not to discuss work; we'd much rather spend our scarce time focusing on our children. Often, we end up talking about which of us will attend the next school function or soccer game or about how we will get the three of them to their various activities. As a two-career family, having a full-time chauffeur at our disposal would be an ultimate dream.

At this time in my life, my hobbies are my husband and children. They are my passion, and I find extreme pleasure in spending time with them. For example, when I return home each evening, my children run to the door to tell me about their school day. This is a wonderful way to recharge for the evening. When the children are older and need less of my attention, I may refocus my hobbies, but for now there is no time and I readily accept this. I have two full-time jobs: my career as a physician and my job as a mom and wife. Both are non-stop, and both are exceptionally challenging, but both are also very satisfying.

I am very pleased with the path my career has taken. I enjoy my job and look forward to work every day. I never anticipated that my career would take this turn, but I am quite delighted with the results.

