
Legends and Legacies Book Chapters

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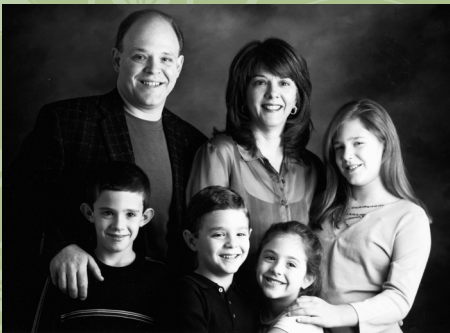
Kristen J. Price, M.D.



Professor and Chair of Critical Care



Kristen's fascination with nature and science began about age 4 when she played on the beaches along the Florida Gulf Coast.



Husband Earl Mangin and Kristen with children, from left, Eric, Ryan, Claire and Elise.



Kristen has many memories of BIOS, the University of Tampa's marine science research boat.



I was born the fifth of six children in New Orleans, Louisiana. Some of my earliest childhood memories are of those exotic vacations our family took to the Mississippi or Alabama Gulf Coast. If we were really lucky, we would actually get to load up the station wagon and drive to Pensacola, Florida. What I remember most about those vacations is not building sand castles or eating in the elaborate dining room of the Holiday Inn. Instead, what I remember best is being awestruck by the power and beauty of the waves hitting the shore. I realize now that the Gulf Coast is a bit shy of an island paradise, but to me it was just about as close to heaven as a 5-year-old kid could get! I would watch the waves for hours on end, and I now know that it was that innocent amazement regarding nature that sparked my love of science and, ultimately, led me to a career in clinical academic medicine. As with most of life's journeys, there have been many twists and turns along the way. Some have been difficult, some most wonderful, and all have been amazing. What follows is my story, and I hope some insight into what I consider the privilege of being a daughter, wife, mother, physician and administrator.

I am not sure whether it was birth order or genetics, but I was a very independent, self-sufficient child. I can remember thinking as a very young child that it was important for me to do something good with my life, and I can remember worrying that I needed to be perfect. I loved the idea of going to school, so you can imagine the agony I suffered at age 5 when we moved to a neighborhood where the Catholic school did not have a kindergarten! My mother had already taught me to read, so I spent most of that year reading anything and everything in the public library. By the time I finally was able to start school, I had become enamored with marine biology and set out on a quest to become the first "female Jacques Cousteau." That previous year in the library had paid off, as I had been fortunate to stumble upon a series of books that Cousteau had written on marine science and oceanography. I read them all!

As is the case with most children, family events in those early years helped shape my views and motivations. My mother was ever supportive, especially as she had been born to Italian immigrants who did not believe in higher education for women. I listened intently to her stories about her childhood dreams of becoming a physician — dreams that unfortunately were not supported by her parents. What a phenomenal physician my mother would have been! She was the neighborhood medic and the "go-to" mom for cuts, scrapes, impaled objects and other minor emergencies. Her influence on my life is indescribable on so many levels, and I truly believe that watching her selfless actions ultimately led me to choose a career in medicine over marine science. My father, on the other hand, influenced me in a much different way. He divorced my mother when I was 10 years old

and my younger brother was only 5. Now, nearly 20 years after his death, I ponder how a man could leave his family, and I still don't have an answer. Divorce affects children in many different ways. For a child like me, it was a heavy burden. I watched my mother struggle to single-handedly raise six children, and I felt helpless and anxious. I saw my role as "the perfect child." I was a straight-A student, the family peacemaker and the fierce protector of my younger brother, whom I believe suffered the most from my father's leaving. And so I progressed in this manner as I grew up, highly motivated and driven. I now believe that my father's actions intensified my need to lead a purposeful life and my drive for perfection.

In keeping with my quest to be "Jacqueline" Cousteau, I researched every marine biology program in the country — before I started high school! This ultimately led to four amazing years at the University of Tampa with degrees in marine science, biology and chemistry. I had a wonderful mentor there, Dr. Richard Gude. He built the university's research boat, the *Bios* (which our class got to name), and we had special "intersession" classes on that boat for a month at a time each year. It was truly an amazing experience. However, I began to have serious thoughts about becoming a doctor in my sophomore year of college. I did a lot of volunteer work then with the Catholic youth group, and found that I derived great satisfaction from helping people. So I completed the Marine Science program in Tampa but then returned to New Orleans to attend Louisiana State University School of Medicine.

Those next four years were quite different from school on the *Bios*, but my experiences as a medical student at Charity Hospital were incredible! During that time, I also met my husband (now of 23 years), Earl Mangin. In our senior year of medical school, we married, graduated and moved to Houston to do residency and fellowship training — all within a four-month period. On the first day of my internship, I was assigned to M. D. Anderson Cancer Center, and I was scared to death! However, I quickly learned what a phenomenal place it truly is, and I enjoyed every rotation I had here. After three years in an internal medicine residency, one year as chief medical resident, and three years in a pulmonary and critical care fellowship, I was hired as an assistant professor at M. D. Anderson. And so began my career in academic medicine. Earl completed his training in interventional cardiology and joined a private practice group at that same time.

We did not have family in Houston, and we had put having children on hold during our training. But six weeks after I joined the M. D. Anderson faculty, my daughter Elise was born. Six months after that, I became the medical director of the Medical Intensive Care Unit. Our son Eric was born two years later, followed by our daughter Claire two years after that. One of the beautiful things about bringing children into the world is that such

an event forces you to reflect internally on your life. I had been the person who never had a task too big to accomplish. Now, my highly organized “superwoman” lifestyle was definitely becoming a challenge, and for the first time I felt that I couldn’t do it all. The anxiety I had over that revelation was more than anything I had experienced throughout all my childhood! When I returned to work after maternity leave, I cut back my hours to 75 percent time, but that schedule was not easy to sustain in the department I was in at the time.

Then, as often happens, an unexpected event occurred when Claire was 3 months old. All three children came down with chicken pox, which would have been manageable if I hadn’t been feeling so nauseated and fatigued in the morning. (I think you know where I am going with this!) Indeed, I was unexpectedly pregnant with our son Ryan. Obviously, infertility was never an issue for us! How many times do you think I was asked, “You’re pregnant *again?*” Or, my personal favorite, “Two doctors and you don’t know how to prevent that from happening?” As I reflect on those comments now, I think how sad it is that my own colleagues would be so overtly negative. I think the comments also struck me as negative then because I was still so conflicted over my drive to continue to run the intensive care unit (even at a reduced time commitment) *and* my desire to be with my children more. After much personal reflection, and for the first time in my life, I allowed myself to realize that some of my drive to be perfect stemmed from my childhood experiences and that it was O.K. to be honest about it. Still, I struggled.

Then, in another one of life’s little twists of fate, I met my most influential mentor, Dr. Thomas Feeley. He had just been recruited to M. D. Anderson from Stanford University to become the division head of Anesthesiology and Critical Care. One of his main initiatives was to integrate all of the adult Critical Care Services and oversee the construction of a 52-bed combined Medical/Surgical Intensive Care Unit. From the first meeting I had with him, I recognized how supportive he was of women faculty. He shared stories with me of how his colleagues at Stanford supported him when he was raising his children. He understood the conflict of being dedicated to both one’s career *and* one’s family. Not only did he support my working part-time, but he also recruited me into his division and provided me with back-up coverage so that I could reduce my hours. I remember him telling me, “It may not seem like it now, but your kids will grow up quickly, and you will work full-time again before you know it.” I thought, “Are you kidding me? I have four kids under the age of 7!” But Dr. Feeley was very successful in recruiting additional intensivists to manage the clinical load in the new ICU. So, for the next three years I worked two to three days per week doing clinical research and running the respiratory care services.

Just as Dr. Feeley predicted, my children got older and entered school,

and I gradually began to increase my hours again. I first took on a more active administrative role when I accepted the position of deputy chair of the Department of Critical Care. Although I had given up the majority of my clinical practice, I found a new niche in administration and was surprised at how much I enjoyed it. Organization and time management were always strong points for me, so I was able to help my department chair expand our clinical, administrative and academic services. And since problem solving and conflict resolution are major means of survival when you grow up with five siblings and then parent four children of your own, I found that I was well suited to the job.

Three years ago, the position of chair of the department became available. Dr. Feeley and others encouraged me to apply, but I was torn once again. I knew I could run the Critical Care department well, but I suspected that some members of the search committee (made up almost exclusively of male colleagues) would raise a collective eyebrow. Indeed, when I walked into the panel interview, the first words a senior male faculty member said to me were, “You’re right on time. It must be because you are the mother of four children and have to be organized!” Undaunted, I proceeded with the interview, answered all of their questions (including the not-so-subtle ones hinting about my previous part-time schedule and having children), and outlined my five-year strategic plan for the department. Needless to say, I got the job, and with Dr. Feeley’s support, I was promoted to full professor in 2005.

Now, as I enter my fourth year as chair, I am proud to say that Critical Care at M. D. Anderson has grown to a group of 10 outstanding faculty members dedicated to providing evidence-based clinical care for the most critically ill patients in the institution. Our department also includes nine mid-level providers and 11 administrative staff. We are currently developing a research infrastructure that will encompass basic, translational and clinical research. Although we recognize that we will never cure cancer directly, we are committed to partnering with our oncologic colleagues to improve outcomes in the Intensive Care Unit. I developed the “Intensive Care Unit Organizational Infrastructure” to systematically organize, establish and sustain evidence-based clinical, educational and research initiatives in the Intensive Care Unit. This model comprises 10 specialized committees, each charged with developing, planning and implementing processes in their specialty area. Each committee is chaired by a member of the Critical Care faculty, is co-chaired by a member of ICU nursing leadership and has members from the key multidisciplinary services who provide care in the ICU. The Best Practice Committee, which I chair, coordinates all committee initiatives that enhance best and safe patient care. This model, described in detail on our department Internet site, has scored tremendous

accomplishments in the past year. Numerous projects have flowed successfully through the infrastructure, resulting in improved patient safety. I am proud of this committee because it allows all ICU disciplines to work together for the benefit of our critically ill cancer patients.

And so, from wide-eyed little girl on the beach in Florida to wife and mother of four to department chair of Critical Care at M. D. Anderson Cancer Center, I conclude this portion of my story and look forward to the chapters to come. I am, quite frankly, one of the most fortunate women alive. I am deeply grateful to my mother, who has been my role model for my entire life, to my husband and children, who inspire me and have taught me to not take the world (and myself!) quite so seriously, to the amazing patients of this cancer center, who are an endless source of inspiration to me every day, and to Dr. Thomas Feeley, who is the type of mentor I wish every woman could have. My life and my career are rewarding beyond anything I ever could have imagined, and it is my sincere hope that I can serve as a role model for other women, especially those pursuing a career in academic medicine here at M. D. Anderson.

