What is your area of focus at Johns Hopkins?
As medical director of the simulation program at Johns Hopkins All Children’s Hospital, I am responsible for developing and growing our simulation activities. Simulation includes a range of activities that involves re-creating clinical situations, allowing clinicians to perform patient care on a mannequin (or other simulator) and receive immediate feedback on their performance. Simulation advances patient safety, increases effectiveness and improves the efficiency of health care. In addition, I am a clinical neonatologist and will soon be contributing to the prenatal consult service within the Maternal, Fetal and Neonatal Institute.

How long have you been with Johns Hopkins?
I just started at All Children’s in July 2017, but it is also a return for me, since I went to medical school at Johns Hopkins in Baltimore from 1996–2000.

Who were your role models or key influences growing up?
My family and my pediatric orthopaedic surgeon were both major influences on me. My parents and my two aunts (with whom I was very close) pushed me to go for my dreams. But I am also indebted to my childhood surgeon, Dr. Steven E. Kopits (who was the chief of pediatric orthopaedic surgery at The Johns Hopkins Hospital when I first became his patient), who devoted his career to children like me with skeletal dysplasia. I know I am alive and well today because of his dedication and expertise.

How did you decide to focus on medicine?
I decided to specialize in neonatology because I love the mix of caring for critically ill patients but still developing a close relationship with the parents, as many of our patients are in the hospital for a long duration. Additionally, I fell in love with health care simulation because I have always had a passion for education—saving lives by teaching others new ways of saving lives.

What challenges did you face along the way?
Going through medical school, residency and fellowship training are not easy for anyone. That was challenging but specifically due to my skeletal dysplasia, I had to overcome orthopaedic issues and surgeries during my training.

What does your identity as a woman add to your work?
I think being a woman helps me when talking with families and parents. I also think I may be the first female physician with skeletal dysplasia. While I do not know this for certain, the idea that I might be an inspiration to others did help push me to succeed.

What do you think are the most pressing issues that women face today?
I think maintaining balance. For those who choose to have children, there are also the daily challenges in balancing work with being a “present” parent. And, of course, there are unique difficulties in rising through the ranks of medicine as a woman interested in leadership.

What does being a woman shape your work and experiences?
I think being a woman and a woman with a disability has truly shaped how I deliver care and work with colleagues. I think it has taught me about the value of being humble, sharing compassion, but also made me very driven to overcome stereotypes and misconceptions.

What advice can you give other women pursuing medicine?
Don’t listen to the “no’s.” If you know medicine is what you want to do, don’t ever give up!