

An Interview with the First Female Chief of Staff at The Ottawa Hospital: Dr. Virginia Roth

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ABSTRACT

Dr. Virginia Roth, an infectious disease physician, was appointed as the first woman Chief of Staff at The Ottawa Hospital in 2018. An alumnus of the University of Ottawa Faculty of Medicine, Dr. Roth has previously worked as an Epidemic Intelligence Service Officer at the U.S. Centers for Disease Control and Prevention and as Director of Infection Control at The Ottawa Hospital. She also holds an Executive MBA from the Telfer School of Management. We sat down with Dr. Roth in late-September to learn more about her career path, professional roles, and the ongoing COVID-19 pandemic, as well as seek advice for medical students on how to navigate their own education and careers.

RÉSUMÉ

Dr. Virginia Roth, médecin spécialiste en maladies infectieuses, a été nommée première femme Chef du Personnel à l'Hôpital d'Ottawa en 2018. Graduada de la Facultad de Medicina de l'Université d'Ottawa, Dr. Roth a travaillé auparavant comme agente du service de renseignements sur les épidémies au Centre de Contrôle et Prévention des Maladies des États-Unis et comme Directrice du Contrôle des Infections à l'Hôpital d'Ottawa. Elle est également titulaire d'un MBA exécutif de l'École de Gestion Telfer. Nous avons rencontré Dr. Roth à la fin du mois de Septembre pour en savoir plus sur son parcours professionnel, ses rôles professionnels, ainsi que pour discuter de la pandémie COVID-19 actuellement en cours. Nous lui avons aussi demandé des conseils pour les étudiants en médecine sur la manière de naviguer lors de leurs propres études et carrières médicales.

Can you tell us briefly about your academic background and professional roles?

I actually completed my medical school here at the University of Ottawa. It's a great place to go to medical school. It's not so big that you get lost in the crowd, but

it's big enough that you can get a lot of diverse clinical experiences after medical school. I stayed in Ottawa to do my internal medicine and infectious diseases training, and I really became interested in international health. From there, I went to the Centers for Disease Control (CDC) in Atlanta to become an Epidemic Intelligence Service Officer.

Working at the CDC, I was deployed across the U.S. and internationally to respond to outbreaks. I developed a passion for managing hospital-acquired infections and outbreaks and keeping patients safe in hospitals. That was a great experience. After my position at the CDC, I was recruited back here in Ottawa to become the Director of Infection Control, a role I maintained for over 10 years before becoming Chief of Staff.

For students who may not be aware of a Chief of Staff's role in the hospital, do you mind elaborating more about what your day-to-day job is like?

The role of the Chief of Staff is overseeing physicians. At The Ottawa Hospital (TOH), we have over 1400 physicians and fellows. In Canada, and in every province that I'm aware of, physicians have a unique relationship with the hospital. They're not employees, but rather they're independent practitioners appointed to the hospital. And so, the Board of Governors recruit a Chief of Staff who reports directly to our Board around any medical or quality of care issues, and provides guidance to our physicians. However, to me, the most important role of being Chief of Staff is supporting and engaging the medical staff. I have the privilege of doing everything I can to make TOH a place where our highly trained physicians can perform at their best. So, it's kind of that link or interface between the hospital administration and the medical piece.

What do you believe is the most rewarding and the most difficult aspect of your job as Chief of Staff?

Those could both be very long lists. I think the most rewarding piece, to me, is recruiting amazing physicians. And by amazing, I mean skills and clinical competency, but I also mean personalities. Recruiting people who are collaborative and whose top priority is patient care and providing a great experience. My job is to try and make this hospital an environment where they can thrive or feel supported and engaged. I take great satisfaction in that since it impacts our community well beyond our hospital. I also take great satisfaction from the physicians in our hospital. In fact, I'm very proud of them.

The most difficult part of the job is a hard question to answer. For me, it's really about individual physicians who find themselves in trouble. Whether it be questions about their practice, behavioural issues that keep them

from being effective as a physician, or legal trouble. I think shepherding and guiding physicians in trouble is a challenge. It's a privilege, but it's a challenge both because I have a responsibility to ensure that patients receive safe and high-quality care while also being respectful to that individual physician.

Do you mind elaborating a little bit more for students who might not be aware of the CDC and what that job entails?

The CDC has been in the news a lot, obviously because of the COVID-19 outbreak. It's a paramilitary organization, and they have a program by which they train epidemiologists in what we call "shoe leather epidemiology." It's not so much sitting at a desk doing statistics, but rather it's really about being deployed, being out there, and being on the site of an outbreak. The CDC responds to the state health departments, but also to international requests for assistance in investigating and controlling outbreaks.

COVID-19 has been on a lot of our minds lately, and it's really transformed our day-to-day living. How did the staff have to adapt to address the challenges of COVID-19?

It has impacted our staff in almost every way you can imagine, similar to students. First off, working in hospitals, we've all had to take additional precautions to protect ourselves and our patients. This includes wearing more protective equipment and being screened every time we come to work to make sure we don't have any symptoms and have not been exposed in the community. I think there's been a real concern about the risk of taking an infection from the hospital to our homes and families. It's also changed the way we deliver care in that we see patients virtually a lot more now and have less in-person visits. There are pros and cons, but I would say that the way care is delivered now looks very different than it did six months ago. It also means that we have to keep a closer track of our patients that are waiting for care, whether it be surgery, an MRI, or an endoscopy, since a lot of those services have been delayed. If a patient's condition changes, we have to know that, and we have to be able to bump them up the queue to get them in. It's been a massive change, and it's not over yet. Our cases have been climbing, and it's really about making sure our staff have the tools and the supplies that they need to keep safe, but also to worry about their wellness. When we're in a sustained pandemic

like this, I think it wears on people, and we have to ensure that our staff is well-supported and cared for.

You have experience advising on other outbreaks like the 2002–2004 SARS outbreak and H1N1. In what ways has COVID-19 been similar and different compared to previous outbreaks from the perspective of physicians and the senior hospital leadership?

I think most of us in infectious diseases feel like we've done our share of outbreaks for a lifetime, but here we go again. These outbreaks are all caused by new viruses that we've never encountered before. So, as an infectious disease physician, you're really facing the unknown. How is it spread? How infectious is the virus? Who's more vulnerable? And, maybe most importantly, what treatments will help and what will do more harm? They're all learning experiences. On the clinical and population health front, all of these viruses had difficult trade-offs between the health and economic impacts of public health measures. The main difference with COVID-19 is just how long it's been lasting. With SARS and H1N1, people felt they could get their lives back to normal after a couple of months. However, we can't let our guard down. We have to make sure that we adhere to public health measures until we either have a vaccine or an effective treatment, because otherwise there's no end in sight. It's been a slog. I think we have to recognize that this is not a sprint, where we'll hang on for a few weeks or months. This is a marathon, until we get an effective vaccine.

You have published in topics such as infection control and health leadership. Can you tell us more about how you developed an interest in research, your research interests, and whether you consider research to be an integral part of your career?

To me, today's research is tomorrow's answer, treatment, or cure. My research is mainly focused on healthcare-acquired infections and making healthcare safer. Health economics, which involves saving dollars by providing safer care and reinvesting into the healthcare system, is something else that is interesting. I am passionate about research because there's really unlimited potential in terms of addressing the challenges in healthcare and our health system.

Ottawa is a great place to work as a researcher because we've attracted, in my opinion, some of the top talent in terms of researchers. We can see the benefits it has to our community and how it impacts the care we deliver at TOH and in our day-to-day lives. Not everyone considers themselves a researcher, but I think we can all be curious, we can all ask questions, and we can all contribute to new knowledge and new learning.

For students who are on the fence, do you have any advice on how they can choose between the different specialties of internal medicine?

That is a really tough question. I absolutely faced that myself, and that's why I went into internal medicine. I figured with internal medicine, you can pretty much pick anything. After three years of internal medicine, I think it helps to focus, but keep your career options open. We talked a bit about leadership, and I think that, for me, clinical medicine is a big piece of it, but it's not your life. Regardless of your specialty, there are a lot of skills you learn as a physician that you can apply more broadly. For example, leadership skills as well as how to engage with patients. A lot of physicians also do encore careers. A few people regret their choices. I think most people go through the training and realize they can sub-specialize or they can branch out into other areas of medicine. Research is another great opportunity. I know that it can be an agonizing choice, I've been there. Just be confident in your choice and realize that your life isn't going to be defined by that one decision.

Do you have any advice for students who are interested in pursuing a career in internal medicine and specifically infectious diseases?

I would say you can be assured of a career that's always exciting and always in great demand. COVID-19 is showing us that the world is a small and interconnected place. Work in infectious diseases spans from public health to international health and from microbiology to epidemiology. It touches acute care medicine in every discipline. Even many chronic diseases, we now know, are infectious diseases. I would say, if you've got varied interests, infectious diseases touch all of those and it's a great way to tie all of that together.

We noticed you had completed an Executive MBA. Do you have any advice for medical trainees who are looking for an additional degree either during their training or as an attending physician?

Those three letters mean a huge amount of time and financial commitment. What I would say is that leadership training is always valuable, but to me leadership is 90% experience and 10% formal training. Not that I don't value formal training, but I think to get the most out of it, it's good to have a bit of experience, so that you can apply it immediately to a leadership role you're in. Whether that is in your professional life or your personal life, I think the same principles apply. With respect to doing an MBA, it's a big commitment. Usually, I advise physicians and trainees to start with shorter leadership courses like a weekend or week-long course to better define your goals. If your goal is to get three letters behind your name, then go for the MBA. If you're trying to get something practical to further your own development, then you can best guide where you're going to put your time and money to achieve those goals.

Can you tell us a bit about how you became Chief of Staff? Are there any advice or words of wisdom you would definitely give to students who would like to pursue a leadership role?

For me, becoming a Chief of Staff was never a career goal. In fact, I don't know many people who would go into medical school because they want to become administrators. Most of us are driven by wanting to care for patients. But what I would say is that we need to be aware, as we go through medical school and as we become physicians, that we are leaders, whether we recognize that or not. We are seen by the community and by our patients as leaders. So, I think that self-awareness is important. In my case, I attribute a lot of my career path to our last CEO Dr. Jack Kitts who saw potential in me and really acted as a mentor and encouraged me to see myself as a leader. It is important to seek out mentors, get honest feedback, understand yourself, and really start defining your values. Seek out mentors that guide you and see things in you that you don't see in yourself. The other thing I would say is to embrace opportunities. In medicine, I find that you can't simply sit there and define your dream job or the steps you want to take to become a leader. I don't see it as a linear process or climbing a ladder in medicine. To me, it's more

that you zigzag between opportunities and experiences that over time will strengthen your leadership skills. And just be prepared because you don't know what opportunity will come along. My advice would be to conduct yourself as if you were the next Chief of Staff or the next Dean of Medicine. It might not happen tomorrow, but just be prepared, be aware of how others perceive you, and remember that things don't always happen as we plan. I think it's hard to do leadership career planning in medicine, rather, seize opportunities when they come.

Because you mentioned mentorship, do you have any advice on how to initiate a relationship or foster a good mentoring relationship?

To me, it's not about "a" mentor but about multiple mentors. They can just be a single meeting, or they can be ongoing, spanning months to years. And all of that is valuable. It is important to look for diversity in mentorship, as in picking multiple people for different goals or different things you see in them. Don't be afraid to ask. I think the one thing about medicine is that we all feel that we've benefited from mentors, so we also want to give back as a general rule. So, I would say, don't be afraid to ask and don't limit yourself to certain constructs of mentorship. Be very broad about what pieces you can take or learn from different people.

As Chief of Staff, your schedule must be even more packed. As medical students, we're always stressed for time. Do you have any advice for students in terms of time management?

I would say to take charge of your life. I know it sounds easy, and maybe a bit flippant. But no one else is going to look out for you, so you have to put yourself first. You have to take care of yourself and your basic needs. We talk about how eating, sleeping, exercise, and even personal hygiene slips if you're really busy. And, when that happens, I would say it's a warning sign. Often as physicians and medical students, we are so busy thinking about others, we don't take care of ourselves. So, take care of yourself, and take charge of your schedule. Be prepared to be very clear on what you're not going to do and what things won't get done, so you have time for the things that are really important to you. And by important, I don't mean just in a professional sense, but also in a personal sense as well.

As the first female Chief of Staff at TOH, do you have any

advice for other female trainees who want to be involved in leadership roles in healthcare? Especially since we often discuss how there's a gap in female leaders, and so we would also like to hear your perspective on why this may be the case.

That gap in female leaders in medicine is a tenacious problem, and I wish I had a snappy, instant solution to that. I think there are two pieces to this. One is how we approach leadership as women, and the other is how we as leaders of organizations approach it. I think, as women, it starts with us asking ourselves some really tough questions. And to me, it's about being honest with ourselves and asking, "What is my purpose here? How am I contributing to the greater good? How could others benefit if I stepped up?". Often women are also reluctant to put themselves forward. I would say if you're reluctant, ask yourself, "What are others losing out on because I'm not stepping up into a role?". But I would also say that neither women nor men should put a lot of pressure on themselves. Don't be constrained by others' expectations. You need to be honest with yourself. If the role is not right or the timing is not right for you, feel free to say "no" or say, "not now, maybe later", and that's okay. We often want to please, and I think we need to be honest about what really is best. Also, since women are often hesitant to put themselves forward, unless they're asked, those of us who are leaders, whether it be in healthcare or academia, need to seek out the best talent. Because the best talent doesn't always present itself or show up and say, "I'm here. I'm available". It includes women. It includes men. It includes minorities. I think there is great talent, but people will often exclude themselves. If you want an organization to succeed, you have to actively seek out that talent.

Are there any last words of wisdom you would like to give to our current medical cohorts?

I would say to embrace your time in Ottawa. This is a great place to do medical school. Learn what you can, and it's not just about clinical learning. It's learning about life, learning about people, and realizing that you've got a lot of opportunities ahead of you for your career.