

Women in Emergency Medicine Committee

Woman of Substance: Yvette Calderon, Emergency Physician

Interviewed by Laleh Simani, MS4, edited by Marianne Haughey, MD FAAEM



Yvette Calderon, MD

Chair, Department of Emergency Medicine, Mount Sinai Beth Israel; Professor of Emergency Medicine; Past Associate Dean of Diversity Enhancement at The Albert Einstein Medical School Training; Medical School, Albert Einstein College of Medicine; Residency, Emergency Medicine at Jacobi Medical Center; MS in Clinical Research Training, Albert Einstein Medical School

Research interests and awards:

Project BRIEF: An HIV counseling, testing, and prevention intervention in the Bronx, NY

Awards: K23 from the National Institute of Child Health and Human Development to conduct HIV prevention studies engaging adolescent and young adults. Dr. Linda Laubenstein Annual HIV Clinical Excellence Award: for physicians who provide the highest quality of clinical care and compassion for people with HIV/AIDS. 2009 Nova Award from the American Hospital Association for effective collaborations that improve the public health. 2010 Safety Net Award from the National Association of Public Hospitals.

Question & Answer

1. What was your path to medicine? And emergency medicine?

I was raised in the Chelsea projects and then Hells Kitchen. I was very fortunate to have an amazing mentor, Alice Miller, who was a philanthropist. She told me “within medicine, there should be a real diversity of physicians’. Alice put together a weekend program for students to keep them off the streets. She used Columbia’s and Mount Sinai’s medical schools as two sites where the medical students would come and teach the high school students about medicine. I was always strong in science and math in school. Through Alice Miller’s mentorship in High School, I ended up going to Brown University for my undergraduate education and then Albert Einstein for medical school. That trajectory was good for me.

Where and when I grew up, was the height of the heroin, crack, and cocaine epidemic. My exposure to Alice Miller’s program really influenced me to give back to the community. I chose emergency medicine because after my first year of medical school, I met Dr. Gary Lombardi. I remember he was at the foot of the bed and there was a resuscitation being done. He was like an orchestra leader. He had the amazing ability to stay calm and make everyone feel calm around him. I thought to myself, if I can have an ounce of his knowledge and his ability to take care of patients in such a chaotic setting, I would be very fortunate. It was the sense of every patient having a different story and every patient having a different need; it was there I felt I was doing something useful.

2. What are the key challenges in emergency medicine and what are your own challenges?

The tract of woman holding academic leadership roles going from assistant to associate professor and then to professor, is difficult and you don’t see as many women going into the field as we should. I think that it is due to the lack of mentorship and the thought that everything must be done in a time sequence manner, when it really doesn’t.

Within emergency medicine, I think the biggest challenge is life-work balance. There will come a day that you will need to work the holiday that is important to you. On the contrary, emergency medicine is the best field because it opens up so many doors and so many different directions you can go into.

3. What excites you the most about the position you hold currently as chief of the emergency medicine department at Mount Sinai Beth Israel?

Faculty development is one of my biggest endeavors. I identify that they can achieve and send them to programs for advancement and really push them along because I see their talents.

The second most exciting part of my position currently is being able to implement public health programs within the emergency department. This requires persistence, but the payoff is worth it for the community and my sense of myself as an emergency physician.

4. To date, what professional achievement are you most proud of?

I have two. I am most proud of my work in HIV because that is when I realized seeing a patient individually is very important and has a critical significance for changing patterns of care and policy. Putting together programs that impact community health and patient populations is an amazing feeling. As a physician you realize that you have touched all of these people that you don’t even know.

My second biggest achievement was my position of Dean of Diversity at Albert Einstein — specifically mentoring the college students and medical students. That position allowed me to provide support to those who felt like they didn’t have a voice. The students would not hear “no” from me. My answer to them was “you try and you don’t give up.”

5. Tell me about your research in HIV prevention and Project BRIEF?

In the 80’s, the stigma around being diagnosed with HIV had many implications. To get tested, people needed an in-person counseling session. In the ED we were seeing patients coming in very late in the disease process, without having been diagnosed. I went back to Albert Einstein to receive my Master’s Degree in the Clinical Research Training Program. I



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worked collaboratively with my colleague, Dr. Jason M. Leider, MD, who was the Infectious Disease Specialist and the Director of the HIV clinic. We worked together to implement a testing program for the ED for HIV as we were seeing many patients who came to the ED without having other avenues for accessing health care.

We implemented a video consent program which was completely novel at the time. The advantages of a standardized approach to counselling, allowed patients to have an opportunity to give consent without the barriers (such as individual value judgments, language limitations, or hours of work) that are involved with requiring an employee to impart the information can't be overstated. It was that moment in my life that triggered everything else. This is how Project BRIEF started.

6. What is the importance of mentorship to you? Both being mentored and mentoring others.

Mentoring others is the best thing in the world. There are students who tell me they have a great idea and need someone to help them realize it. Sharing how I view medicine and especially the need to care for the vulnerable with students, residents, and young faculty — that means the world to me. It is renewing to see how they own that as well.

With respect to being mentored — it is critical. I've had different mentors for different aspects of my career. You need a mentor who can help you with wellness and life balance and incorporating family life priorities. You need a mentor for research, a mentor to guide you through promotions, a mentor to guide you through your clinical years. You will have about five to six mentors — maybe even more. Your mentor is not only your mentor, but also can be your friend and colleague.

7. What still keeps you in the game? What is your every day drive and motivation?

I am still in the game because I still have a lot to do. Whether it has to do with identifying and transitioning to treatment those with Hepatitis C, or approaching the opioid crisis in the ED with fruitful pathways I want to benefit my community of humanity. Every five to 10 years, I redirect myself to something different and challenging — something where I can grow.

I have to be the voice of the community — because if I am not at the table then who is going to have that voice. I think when you are an emergency medicine physician, it gives you that ability because you see humanity walk through the door every day — you see it at its worst and at its best. ●

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