To the Nth Degree—Three AAN Members with Multiple Professional Designations

If one advanced degree is good, are two better? A growing number of AAN members can tackle that question, having themselves attained more than one degree beyond college. For most, that means an MD plus a masters, PhD, or another professional designation. If you’re wondering what would compel someone to take on the study and expense of additional training, read on for perspectives from three doctors who made that choice.

GREGORY ESPER, MD, MBA

For Gregory Esper, MD, MBA, the decision to pursue a business education germinated during his post-doctoral training in neurology at Washington University (St. Louis) and Harvard University. “As a resident and fellow, I developed an interest in the business operations of a clinic,” he says. “I wanted to know, How does a clinic run? How do doctors make money? How do clinics make money?” When a general neurology position came open at Emory University in 2005, Esper applied with a specific goal in mind: “To develop a patient-friendly, efficient service model at the highest quality level for patients who would come to an academic neurology center.” Six months after being hired, he was promoted to medical director of Emory’s outpatient neurology clinics, landing with both feet in a situation where he soon realized he needed more training in order to realize his vision. As he recalls now, “I didn’t know how to change the operations, how to work with an administrator, or how to lead in that regard. I thought the MBA would help me do that.”

To accommodate his busy schedule as a practitioner and administrator, Esper chose the 16-month weekend MBA through Emory’s Goizueta Business School. Adding 15 hours to his weekly schedule for study and classes was no small trick, particularly since he was also juggling parenting duties. Etched in his memory are mornings that started at 4 a.m. with his newborn daughter’s first bottle, followed by reading business cases before starting his workday. When he finished the program in 2009, Esper had another hurdle to manage: Applying what he’d learned. He remembers talking with Donna Hyland, CEO and president of Children’s Healthcare in Atlanta, and telling her, “I am a doctor. I now have an MBA. How do I use it?” He says she gave good advice when she replied, ‘Did you know how to be a neurologist when you were in residency? You need to use your medical directorship as a residency. You need to really engage in the finances and operations and work with your administrator and be a servant leader.’”

Esper took Hyland’s advice, using his 2010 promotion to vice chairman of clinical affairs of Emory neurology and his assignment as director of New Care Models (2012) as platforms for strengthening his health care business acumen. In the New Care role, Esper is charged with helping Emory’s leadership navigate healthcare reform and move from volume- to value-based care. To do that, he and his team develop pilot programs to determine whether certain care models are viable in a small setting, and to establish processes for scaling the successful models into the system as a whole. In reflecting on his journey from neurology resident to MD/MBA and the support he has received from his chairman (Allan Levey) and others, Esper is happy with his decision to pursue business training. “I cannot tell you how the leadership role in neurology has been transformative for my career,” he says. “(Pursuing the MBA) was burdensome on my family and on my practice. But it paid off in spades.”

DOUGLAS LANSKA, MD, MS, MSPH

Multiple degrees needn’t always be a sequential affair, as Douglas Lanska, MD, MS, MSPH, can attest. When he and his wife, Mary Jo Lanska, MD, MS, were medical students together at the Medical College of Wisconsin in Milwaukee, they each took the opportunity to complete a master’s degree simultaneous with their medical degrees.

Lanska, who was working his way through school as a computer programmer, says he wanted to extend his orientation as a “numbers guy” in his studies. “I was looking at the master’s program as a way to continue that interest, and to develop a broader reach in healthcare, instead of one patient at time,” he says. He chose a
degree in biostatistics and clinical epidemiology, a natural segue between his programming work and his soon-to-be-launched career as an academic, researcher, and practitioner. In 1984, Lanska was awarded his MS and his MD, having earned both degrees without extending his time in medical school.

Now, as staff neurologist and former chief of staff for the Tomah, WI, VA Medical Center, Lanska can speak to how each degree—and the MS in public health he earned in 1996 (University of Kentucky)—has helped shape his career over the past 30 years. “The two degrees (beyond the MD) support each other,” he notes. The biostatistics/clinical epidemiology has been essential during my entire career when I am doing research, and it improves my reputation with card-carrying statisticians.” The master’s in public health gave Lanska more knowledge of health policy and economics while helping him pursue a health management position. As he says, “There are different ways to pursue leadership and management, but having a master’s in public health can be very helpful. It opened doors to national committees. Just having that additional degree and knowledge helped give me position as chief of staff at a VA hospital.”

Lanska also counts benefits from the public health degree coming from classes he had not anticipated taking, such as diplomacy, health care economics, and industrial hygiene. When he couples that training with the ongoing travel he and his wife have engaged in—to hospitals in places like India, England, and Jamaica—he says he has gained perspective on “how health care is done, how people are treated, the problems they face in different places. That is extremely valuable. I would recommend that approach to many more doctors in training. It helps give them a better feel for health care dynamics.” On the other hand, Lanska doesn’t recommend multiple degrees to doctors who are not focused on management roles or other work outside their practices. “For private practice neurologists,” he says, “they’d be better off doing a fellowship in a sub-discipline such as EMG or EEG. Financially and practically, that would impact their day-to-day work more, would help them the most in their practice, and would help them the most in securing an ideal job as a clinician.”

STEPHEN WARING, DVM, MS, PHD

As a DVM (Doctor of Veterinary Medicine), Stephen Waring, DVM, MS, PhD, stands out in meetings of AAN members. Identifying himself professionally as an epidemiologist, the senior research scientist for Essentia Institute of Rural Health in Duluth, MN, came to neurology later in his career, as part of his PhD in epidemiology from the University of Texas School of Public Health (1994). “I was going to pursue Lyme’s Disease,” he recalls, “but the funding wasn’t there. That’s when I transitioned to neuroscience and saw how an epidemiologist could have a place at that table.” While still pursuing his PhD, Waring was invited to join the Mayo Clinic in Rochester as a researcher and adjunct professor working primarily at the University of Guam. “One thing led to another,” he says, “and I worked with a virtual Who’s Who of neuroscience.

At Mayo Clinic I was hired by Leonard Kurland, who is the father of neuroepidemiology, and that opened all kinds of doors. I was then hired to stay on with Mayo working on funded research for Alzheimer’s disease and that really is what launched my career in neurology.”

Growing up as the son of a Texas veterinarian and dreaming of being a marine biologist, Waring could not have envisioned the path his career would take—a point he likes to make when advising others. All he knew initially was that he did not want to be a veterinarian like his father, having had more than enough of mucking out kennels and dealing with the grittier side of the business. Never say never. Just before entering the military on a commission, Waring found himself employed at MD Anderson Cancer Center in Houston in the experimental animals department. There, he worked under five veterinarians and saw the research side of the profession. “I knew I wasn’t going to be in the military very long,” he says now. “It kind of clicked for me that this was what I wanted to go into when I went back to school.” Following what he calls some of the best advice he’s received, Waring went for a master’s degree while waiting to see if he’d be accepted into veterinary training. With an MS in epidemiology to fall back on, he had his bases covered even before earning his DVM from Texas A&M in 1980.

Ironically, Waring did end up working as a veterinarian after graduation, operating his own practice for eight years before shifting to work in epidemiology and pursuing his PhD. It’s an experience he appreciates, in light of his current profession. “What you learn in veterinary medicine overlaps with human medicine,” he explains. “If anything, there’s a broader base of knowledge. You have to know different pathways and different pharmacologies. I think that pays dividends in some of the work I’ve done. Certainly when we talk about translational research, much of what we do goes from the bench to the bedside.” This personal experience informs
Waring’s advice to professionals who are considering additional training. “We don’t know what’s going to make you more relevant 10 years down the road,” he says. “I think that people with a broader base might be better off than people with a narrow base. It allows them to shift on the fly. You can say, ‘I have these tools in my toolkit and now I can use them over here instead of where I thought I’d be applying them.’”

Waring is also bullish on starting early if doctors know additional training is in the cards. As he says, “The further on you go, the busier you get with parenting and other responsibilities. It’s going to be tough at any time, but I encourage them to try to make it work earlier on. There are so many options out there to accommodate a busy schedule, including online courses, weekend courses, going one week at a time. Once you’re committed to doing it, you’ll find a way to complete it.”