



The UMB Pulse Podcast

From Medicine to Mysteries: School of Medicine Alumna Deborah Shlian, MD '72, MBA

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Show Notes Chapters **Transcript**

Charles Schelle: 0:00

Earlier this season on the UMB Pulse, we heard from a University of Maryland Baltimore alumna who wrote her autobiography retelling the story of her life and her career in the Peace Corps. Well, on this edition of the podcast, we have a writer of a different ilk.

Dana Rampolla: 0:16

Yes. Today we're talking to Dr. Deborah Shlian. She's a 1972 graduate of the University of Maryland School of Medicine where she earned her MD. She also earned an MBA from UCLA's Anderson School of Management. So she's been a medical doctor, and then we get to a part where she's a-a writer. And then there's a whole lot of in between where she had her own business. She's partnered on most of these ventures with her husband. So it will be a really great opportunity to learn about how you can change your path in life while still letting some of those things overlap.

Charles Schelle: 0:50

We will definitely dive in about Deborah's writing in both the nonfiction and fiction worlds where her specialty is the medical mystery thriller genre. Deborah has garnered multiple

literary awards, including the Florida Book Awards Gold Medal. And like Dana said, Deborah collaborates with her husband Joel on some of those novels, which includes "Rabbit in the Moon," and that book has received numerous awards.

Dana Rampolla: 1:17

And beyond fiction. Dr. Shlian has contributed to nonfiction literature, notably editing "Lessons Learned," which includes stories from women leaders in STEM. It profiles 31 women who have made significant strides in science, technology, engineering, and mathematics. Several of them are actually from University of Maryland, Baltimore.

Charles Schelle: 1:37

A woman of many, many talents. And how does she keep it all in order from one project to the next? Well, we are going to find out on this edition of The UMB Pulse.

Jena Frick: 1:51

You are listening to the heartbeat of the University of Maryland, Baltimore, the UMB Pulse.

Dana Rampolla: 2:05

Welcome Deborah.

Deborah Shlian: 2:06

Thank you so much for having me.

Dana Rampolla: 2:08

Well, we are excited to talk to you because you've spent many years being a doctor, um, in the field, but you've also spent a number of years now writing and co-authoring, um, a handful of books that as an avid reader, I'm excited to talk to you about, especially because you do cover a couple of different genres. So, let's kick it off and talk a little bit about what inspired you to choose the University of Maryland, Baltimore, for your medical education.

Deborah Shlian: 2:34

Well, first of all, I was born and raised in Baltimore. My dad is a physician. He is a proud graduate of the University of Maryland School of Medicine Class 43 December, which was uh, the year that the World War II the graduates were, um, of the med school, actually graduated six months early in order to join the Army. So I was growing up, he was my role model. Uh, almost all of his colleagues were University of Maryland School of Medicine grads. He was my, not only my role model, but he took me to, uh, um, house calls. He took me on rounds with patients. So I never thought about going to any other med school, but the University of Maryland Med School.

Charles Schelle: 3:13

We'll talk about your, your love for writing your, your books and everything in a bit, but continuing down down the path of the medical education, you have a, company or business, dealing with the medical field. Tell us a little bit about what that is and, some of the, the challenges you, you face launching your business and how it's going now.

Deborah Shlian: 3:35

I think I need to give you a little bit of background. After my residency, my husband Joel and I, and by the way, Joel was a graduate of this school also a year. He was a year ahead of me. We went out to Los Angeles and we became partners at Kaiser Permanente, which was an integrated group model, HMO, and, um, one of the first managed care organizations in the United States in the 1970s. And after, um, 10 years of working as a clinician at Kaiser, I was recruited to run student health service. I became the medical director for, uh, UCLA Student Health Service, which was the primary care facility for all 33,000 students on campus. And in that role, my boss decided that I needed to get an MBA. Um, he felt I needed to get more involved in administration. And so I, uh, actually finished that degree in 1988 with my husband. And as a result of that degree, I became part of the senior management team, which allowed me to attend policy meetings that here too far, I hadn't been invited to because there were only non positions that came to those meetings. But at the same time, I was getting calls from recruiters about other opportunities in, um, medical management in California. Um, what they said was, you know, after almost 20 years of being a clinician and along with this MBA, um, and I'm working in managed two managed care settings that I was a strong candidate for a number of opportunities in, in, uh, both Southern and Northern California. So even though I was happy at UCLA, I was curious, I wanted to explore a couple of these options. So I had never worked with recruiters before, so I had no idea what to expect. Someone would call my office and they would tell me about an opportunity. Um, they actually asked me if I wanted to be considered as a candidate. And by the way, if I didn't know, if I wasn't interested, did I know somebody else who might be interested? What was surprising what these recruiters often had very little information about the organization. They asked few relevant questions, um, they really weren't interested in, in my background that much. I mean, other than, you know, was I right for that particular job? They really asked me nothing about my interests or my career goals, so that when I did interview, I often found the opportunity was totally different from the recruiter's description. And as a result of these disappointing searches, I realized that there was an unfulfilled niche of full service, what I call a full service, comprehensive search consulting in the managed care market.'cause there were a lot of people out there that called themselves recruiters, but no other firm in that specific market had somebody with my credentials. So I, I thought I could bring a unique perspective to searches and the other, what I call value added was my willingness to develop long-term relationships with physicians, to actually guide them through the whole process. Um, even putting'em on the managed care career path and mentoring them along the way. And, um, as I said, I had, I had really had no experience

with anyone in the search industry who was gonna invest any time in my career. And I didn't think that anybody would, had my hands on experience of, uh, our understanding of what the, um, what the talent pool was out there. While I was at UCLA, I started a organization called, that was part of the LA uh, business school and the School of Public Health. And what we did is we met once a week, once a month rather, we had, uh, speakers and we had, um, talks about leadership. So I knew that there was a big pool of potential candidates. I guess to answer your question but despite the sense that I, I thought I could do it better, it took months of soul searching before I actually took that leap to make the transition from physician manager to medical management search consultant, because my professors at UCLA told me that most businesses fail more than succeed, uh, especially consulting firms. They said that maybe one in five actually makes it. And so if I really wanted to be an entrepreneur, I had to be willing to take that risk. That really wasn't something I was thinking about before, but my husband really encouraged me. And so starting in 1993, I began to very slowly build a firm that initially concentrated only on physician executive searches. I worked with doctors one-on-one and I actually, uh, spent a lot of time evaluating the career goals, their life priorities, their networking. I, uh, net reworking their resumes. I developed a better interview techniques for some of them, and when I did make a placement, I actually helped to come to, negotiate their contract That was very successful. And, uh, by word of mouth, I started to expand my client base and they actually started working outside of managed care to work with academic institutions and, uh, research organizations, um, even some other consulting firms. And in 1994, um, my husband Joel joined me as president of the company. And then in 1998, we incorporated as Shlian and Associates, we moved our main, uh, base of operations to Florida because both sets of parents had very significant healthcare issues and we really felt that we needed to be there to help with, with, uh, with their care. I mean, we were flying back and forth between California and, uh, Florida at the time. Now a lot of small business owners feel they have to expand in order to demonstrate their success. However, and I always remember this, that there was a, uh, Dun and Bradstreet, uh, study that said it's longevity rather than growth is, that's the real measure of achievement. Companies that last three years or more are more likely to make it. And here's a quote and I'm gonna have to read it'cause I can't remember it. But "If you begin a company to capitalize on the wisdom and personal service of a key individual, namely you, big is bad. So adding staff and projects can spread the core value of your firm so thinly that customers are dissatisfied. In the knowledge based service firm, there's no economies of scale." So basically one of the biggest decisions that we had to make early on was how to, um, position ourselves. And Joel was pretty, um, I would say ion in saying that, that if we maintained ourselves as a petite business, that we would have an advantage. We actually, uh, had an opportunity to join a large national recruiting company at one point, but instead what we did was we developed, um, affiliations with over a dozen associates that had offices across the country. All of them had very significant healthcare backgrounds, so we

would call on them for specific searches. And I guess the bottom line is that, being your own boss is definitely not for the faint of heart. You know, the fact that we were successful has really been very sweet. And I would say that for me, um, the shift from a management position and a, and what was a highly bureaucratic and hierarchical organization to becoming the CEO of my own, uh, company, has been probably the most exciting and positive experience in my professional life. Now, when Covid began and staffing, you know, started to decrease, uh, companies, uh, weren't sure what was gonna happen in the future. We actually decided to what I call retire. We still continue to advise some of our associates, but we're now concentrating on other interests. I went back to writing both fiction and nonfiction and actually, uh, Joel is helping me with a nonfiction project that we're working on right now. And then for Joel, it's been photography. So I guess that's a long, a long way to answer your question The whole idea of starting my own company was definitely not something that I ever thought I would do.

Dana Rampolla: 10:45

Were there ever times where you looked back and you thought, geez, how did I wind up here? What type of medicine did you practice and were there periods or times when you missed that?

Deborah Shlian: 10:55

Well, we always, uh, we practice family medicine. We have boards in family medicine, and I, I actually, when we moved to Florida, we did get our licenses, so we were doing some volunteer work. I, I've always felt that I'm a doctor, you know, that is my, part of my main identity. And so whether I'm doing consulting or whether I'm doing, uh, actually taking care of patients one-on-one, I feel that's who I am. And I have to say that, to give a plug to the University of Maryland School of Medicine, I think that they, when we went to school, their clinical program was fabulous. And I, um, to this day I'm told that, I teach, uh, sometimes I've taught, um, uh, hands-on clinical diagnosis and that, you know, people have always impressed. I have to thank the school for that.

Dana Rampolla: 11:40

You've started to mention the writing. I know that you write sometimes with your husband, as you pointed out. How has your experience as a physician influenced your writing, particularly in crafting your medical thrillers?

Deborah Shlian: 11:53

I've always loved to write, I mean, when I was a kid, I, I had my own little newspaper called The Chatterbox. Oh, fun High School. I, I worked for the newspaper and, uh, in camp I did plays and, um. Um, at the end of the senior year of high school, I wrote, um, I, I skit that was called "Those Were the Years that Were," which was based on David Frost "That was the Week That Was." I don't, I'm sure I'm too old for a lot of people to remember that. But anyway, that was a big hit. So I always like to write, but my father said to me. Writing may

not be a career that is necessarily gonna pay the bills. And since you say you wanna be a doctor, that if you're a physician, you can always write. So the truth is the matter that when I was, uh, especially when I was really full-time practicing, I did a lot of clinical research projects. I wrote, uh, non-fiction articles and, uh, articles and books and nonfiction. But, um. And I say this sometimes when I give a book talk is, you know, you can't, and this is really true, you can't live in Los Angeles very long without getting hit by the Hollywood bug because everybody means is something else on the side. You know, your dentist is a producer, your lawyer is a, is an agent, and every waiter and waitress is an actor. It wasn't really until I read Robin Cook's book "Coma," you know, he's an ophthalmologist and I thought. That was one of the best, uh, I think, medical thrillers that has ever been written. Um, I thought, gee, if he can do that, maybe I can do that too. So, you know, it's not surprising that because I'm a physician that, um, you know, they say, write what you know. So obviously, um, I, I have to say that, having, uh, the experience of, of the opportunity to get to know so many different individuals over the years to learn about their lives from a kind of intimate perspective as a doctor, I. Um, that's I think, quite unique and that's given me a breadth of, of experiences and, and, um, uh, for which to draw my characters and situations. Now, Joel and I, as you said, uh, collaborated on two successfully published medical mysteries while we were still living in Los Angeles. One was with Simon and Schuster and one was Berkeley Books. But, um, we had an agent at the time and she insist she wanted us to quit medicine and, and that was not my intent of, you know, I, I loved writing, but I, I certainly didn't want to give up medicine. So it wasn't really until we moved to Florida that we actually, I. Finished a book that we had been working on for a number of years, which was, uh, called Rabbit in the Moon. It's actually a medical mystery thriller, but it's international. It's based in China. And, uh, that book became, um, uh, a bestseller and it was published by Ocean View Publishing, which was a small paperback, a publishing firm that, uh, focuses on mysteries and thrillers. It's won a number of literary awards, including the gold medal for the, uh, Florida Book Award. We got to meet the governor, which is really fun. The audio book version even won an honorable mention, uh, at the Hollywood Book, uh, Festival. So encouraged by those successes. I've written, uh, five new medical mystery thrillers. Uh, four are in a series that I've co-written with, um, a colleague from UCLA, Linda Reed, and, uh, one of them I wrote myself called "Silent Survivor." I wrote that a couple of years ago. I would say one thing that the most important lesson that, that I've learned from, uh, from these endeavors is that physicians should develop outside interests, um, outside of medicine. Even if you combine them with medicine so that you know when you transition to retirement, you don't completely lose your identity because I, I have a lot of colleagues who, uh, you know, have got, have actually sunk into depression the moment that they're no longer called doctors.

Charles Schelle: 15:32

Yeah, absolutely. I think, as Dana could probably tell you, we have a tremendous amount of physicians and scientists and people from all sorts of corners of UMB who have other talents, whether their artwork is published in 1807, or they play the piano, organ, or, uh, you know, or President Jarrell and, and his, uh, blacksmithing and, and iron work that, that he does, where, um, he's been selected into, uh, juried art shows. But it all takes a bunch of different types of creative energy and some can be, um, more effortless than others. And so you're both in fiction and nonfiction and sounds like the, the, the fiction is, is weighing heavily in your kind of priorities right now, but do you feel like one is, you can get into the mood or, or the, mindset to, to start writing and, and the words come more easily than, than the other?

Deborah Shlian: 16:32

You mean fiction versus nonfiction? Yeah,

Charles Schelle: 16:34

Fiction versus nonfiction.

Deborah Shlian: 16:35

It depends on the project that I'm working on. I right now, I, I actually had had, uh, straddled two projects, one nonfiction, one fiction. The fiction, uh, is the last, in this last book so far on the series, um, about a radio talk show host who solves, uh, a murder mystery. I think in general, I would say that for me, fiction is more challenging because, you know, I really believe that I always do a lot of, a lot of research when I'm writing fiction. With nonfiction, you kind of have your, your, uh. You know, you're working for already, but for fiction, um, for example, the book that we did about China, we spent almost five years researching Chinese history because the book takes place in 1989 during the very short student democracy movement that ended at Tiananmen Square. And, uh, we wanted to make sure that every detail as far as, uh, the situations that even the people that were there were accurate in a book I did called "Silent Survivor," which is about, uh, um, part of this plot is about military sexual assault. I actually interviewed a number of women who had experienced, uh, that and because I wanted to make sure again, that that was realistic. But the last book that we did, which is called "Dirty Deeds," which takes place in New York. I hadn't spent much time in New York, so I had to do a lot of research about the place, because it takes place in Queens. And of course, and it also takes place in 2008. Uh, we have one issue with hacking. So I had to know what was available technologically at the time, you know, that kind of thing. Um, so I guess, you know, to answer your question, I would say I'm more challenged by fiction. I spend a lot more time before I write a, a novel thinking about the the characters and the plot before I actually sit down and write it. With nonfiction, we pretty much can start right away.

Charles Schelle: 18:27

Which makes so much sense because you're, you're creating a story, but it has to be based in reality. And you, you wanna make sure that reality is as true to life as possible to make the made up story believable. Right. I understand you have two of your novels been optioned for screenplays, and, and I know from talking with, um, authors and, and producers before, sometimes that translation from book to, to the film to the screen, all that research may be adjusted for, for that, that medium. And maybe you get away from reality a little bit more. Can you share, uh, any updates, on the progress of, of those screenplays and, how you're involved in the adaptation?

Deborah Shlian: 19:10

Well, actually the, the two books that were optioned were optioned, were our first two novels, and, um, we actually got as far as getting articles in, in, Variety and, and, uh, Hollywood Reporter. So we thought, for sure these were gonna get made. But typically lots of books get optioned. They don't necessarily get made. We even optioned, uh, "Wednesday's Child," which was our second novel twice, and it, and it didn't get made. But at that time, there were very few opportunities to even get involved in the writing. They said if you're a novelist, you stay in your lane. You're not, you're not gonna write the screenplay. I think some of that is different now because I do see some authors who are allowed to at least get involved in screenwriting. Because I've been so busy with my recruiting business and now with, um, some of these non-fiction projects that I've been working on, I haven't gone back to actually see if there's an opportunity. I think my series would make a great series for. Some of the, streaming, opportunities out there, like Netflix and so on. So Linda and I are looking at some of that, but right now, nothing is being done. It's basically, I have, I have the rights to all of my books, so if anybody out there is, uh, producer or director, feel free to gimme a call.

Dana Rampolla: 20:18

Well, maybe our podcast will help get the word out for you. That would be terrific. Let's go, uh, flip to the other side and talk a little bit about your, um, your "Lessons Learned" series and how it spotlighted women in STEM fields such as physicians and, um. Some, actually some people from here at UMB faculty, students and recent retirees. Um, that series heard from Donna L. Parker, professor of medicine and senior associate dean for undergraduate medical education. And then Kathleen Neuzil. Dr. Neuzil has been a professor and a researcher here at UMB for many years. So can you give us a little bit of information about the current climate of scientists and physicians, um, in not only maybe some of those people that you've written about, if you've kept in touch with them or if there's any other, um, maybe books that you are thinking about writing that covers some of those same areas or any of the other true to life areas that you referred to.

Deborah Shlian: 21:19

Oh, the, the, um, idea of writing those two books were contracted actually by the American Association for Physician Leadership. They were the publisher and they came to

me to, um, ask me about actually updating a monograph that I had written in the nineties about where women were in terms of leadership, because as a member of that organization, I was not that happy to see. So few women in leadership roles, and I felt that, you know, we needed to find out what were the reasons. Um, so with the, the, actually the lessons learned stories from women physician leaders was the third update of the nineties book because in 2012 I did a second version, and then right before Covid, they asked me to do the book, this book yet again. That in that book I identified about 33 women, including, and I was trying very hard to find women from University of Maryland med school and was lucky to find, uh, as you said, Donna, um, and uh, I'm trying to think who was the other person now.

Dana Rampolla: 22:18

Dr. Neuzil, she was the director for the Center of Vaccine Development and Global Health.

Deborah Shlian: 22:23

I have kept up with all of them as a matter of fact, but what I did is instead of my interviewing them, what I, I thought that it would be much more compelling to, because I like to write fiction and I know that people like stories. I had them write their own stories to really tell how their career paths, what were the obstacles and the challenges that they faced. We did several iterations. I was the editor and I actually had my chapter in there as well. But, um, what was very interesting was, was, uh, so many of the obstacles and challenges were, were so similar to all of them, and yet these women were so successful and it finally made it to more senior roles, um, with the book on. So that, that book was very successful. And the next year they asked me to write a book about women leaders in stem. Again, I look to the University of Maryland. Um, Ronna Hertzano is in that book. Uh, she's now within, I, she, I hope she's still with NIH, but she was, she had moved to NIH. She's an ear, nose and throat, and also a PhD. So these are all women who are PhDs. Some have MDs as well as PhDs. Claire, Fraser, who was the outgoing head of the Institute for Genomic Sciences is in that book. Um, Rita Calwell, who is a, um a, she's 87 I think now. She was one of the first heads of the National First Women Head of the National Science Foundation. Again, I had these women write their own stories. I edited those. And, um, they're amazing stories. If anybody's read the fiction "Lessons in Chemistry," uh, I don't know if it's a, the, that became a, uh, a series on television. Um, but it's a, it's a fictional version of what. A woman named Emily is, uh, what is her name? Um, her last name is Za. Um, she, what she has to go through to become a PhD and to become a, a scientist. Well, these women are just like her, only their real life scientists who had to go through all kinds of hoops to make it as, as senior leaders in, in, uh, in STEM. So, so those two books, I'm hoping those will act as role models and mentors for young women who are interested in, in medicine and stem. Um, there are a lot of, I know there are a lot of medical students now who are thinking about dual credential, you know, having MDs and PhDs so that they can find lots of women in both books who look like them and who are,

you know, have been very successful and hopefully, um, that will not only. Encourage them to become scientists, but also to become leaders in science.

Charles Schelle: 25:03

With the current environment where, leaders of all types are, are put in, uh, extraordinary circumstances with pulling of funding. I was wondering if you could foresee maybe a, a sequel or a follow up to some of these leaders about the, the new challenges they're facing that are unprecedented. Um, because Kathy Neuzil actually has been in the, the news this week, uh, according to Science Magazine, she's been working with the Fogarty, Center, with NIH, but she's been put in this position where it's either accept a position at Indian Health Services or resign, and she told, um, the news outlet that she'll make her decision, over, over the weekend. So, People who've fought to get in these great positions are, are now, almost powerless. And I was wondering maybe what your perspective on that is or, or just of what you would want to kind of maybe follow up on some of these leaders to, to hear what they're going through that they could maybe share some of that wisdom to, um, future, um, STEM leaders.

Deborah Shlian: 26:01

I'm certainly, I, I actually have on my list call Kathy next week. I just didn't wanna bother 'cause I had read about that. I'm, I'm very upset about what's happening in, in, in terms of, of, um, science and the fact that so many of my colleagues have either lost grants. Or you know, or concerned that they may lose grants. And I've talked to a number of young people who are, you know, considering whether they even want to go to medical school or become PhDs. So I don't know that this would be a necessarily follow up book, but I think we need to talk about it more. And I'm actually going to be attending a meeting with the American Association for Advancement of Science. They're doing a, a Zoom to just to discuss this issue because I don't, I don't, I'm not sure what we can do right now, except to speak up.

Dana Rampolla: 26:44

Deborah, I wanted to talk a little bit about the, maybe the disparity between men and women who make up, um, either medical school classes or take leadership roles, are able to take leadership roles in healthcare. It seems to be still a very male dominated profession. What do you see as the biggest barriers for women advancing in these positions?

Deborah Shlian: 27:05

So when I went to medical school, there were less than 10% of the class were women. Today, I think the University of Maryland School of Medicine classes as much as 60%. But in terms of leadership, we're not even maybe 16% across the healthcare spectrum. And I see that as, as a big problem because we have so many talented women now who are, as my books have shown, are, are, uh, have all the expertise that you need to be in these

roles. So what are some of the obstacles? Well, some of them are personal. There still is this imposter syndrome that unfortunately more women than men seem to, uh, possess. And these are maybe highly, um, achieving women who just feel that they're not. Qualified enough for a particular role in, in a leadership role. When I was doing recruiting, I found that, um, if I had a, a job that I felt was perfect for a particular woman candidate, I vetted her. I check to see that she was a perfect, uh, fit for this particular organization. I send her her, um, a job description, and then I'd literally count the seconds until she would tell me what, what specific skill, or for whatever reason, she maybe wasn't quite right for the job. But if I sent that same job description to a male candidate. Not a second pass before they were, and they were not necessarily as qualified. They had the confidence to say that they could do the job. So that's something that we have to overcome personally in terms of, uh, what I would say institutionally, there still is gender bias. There still is, um, the sense of what, you know, what makes a good leader. You know, what, what, what gender makes a good leader, which, which is not, you know, has not been born out in terms of, of studies. Um, there is still the issue about work-life balance. Um, unfortunately even the younger women that I've talked to tell me that, you know, when they, uh, have, uh, to make a decision about having a family, how do they balance that, that, that they're taking on more of the caregiving roles than, than the, than the guys are. I mean, some are, are, you know, are helping more for sure, but it's, it's still not 50-50. So that becomes, uh, a problem. And then the other thing is that there haven't been enough mentors and role models, and that's again, what my hope my books are providing is, is at least some, you know, uh, some way for people to see that there really are people out there that, that you can, um, you can identify with as, as, um, as a mentor or as a role model.

Charles Schelle: 29:34

I remember you had one UMB student who's actually still, I believe still here, um, completing her program, Aishwarya Iyer, she was a student of the, the year in, in 2022. She served as a, mentor for the,, UMB Cure Scholars, which helps, students in West Baltimore pursue those fields. So we have our very own UMB students trying to help that next generation, um, find a path. So it's great to hear, and I'm glad you highlighted her too.

Deborah Shlian: 30:01

Yeah, well, I, she and I talked a lot about that because I was very, very happy to see that now that University of Maryland med school has provided that opportunity, um, because I, I think that's so critical.

Charles Schelle: 30:14

We've covered a lot and you mentioned that you have some projects on your plate right now that you're focusing on. So what's next for you? What's grabbing your attention right now?

Deborah Shlian: 30:25

I have a contract that with my husband to write a book about dual physician marriages. The American, uh, Association of Physician Leadership said that there is only one book that they could find out there that was about medical marriages, and it was basically written in the nineties, and it was written by a therapist about male physicians married to, you know, to women who were not doctors, and most of them were in therapy and not very happy. So what we have done is we've found, we've identified over 30 couples, several of whom are from the University of Maryland Med School, and, um. They are happily married couples. I want to say we, we specifically picked, uh, people who've been married and not necessarily a long time. Some are early in their career, in their marriages, and some are actually retired like Joel and me. But, um, we wanna, this is gonna be another kind of "Lessons Learned." So what are the lessons that, uh, that these, uh, couples have learned in terms of what's made the relationship work over, you know, with the, with various obstacles that we all have to face in a, in a relationship? And so that's been a lot of fun because I, I'm really getting some great stories. And we are the editors for that book as well as providing a chapter of our own.

Dana Rampolla: 31:36

That's just a great idea for a book and you guys certainly seem to be the perfect pair to be, to be managing and leading it. So you, because you both were, so you were in med school at the same time, then you were physicians at the same time, then your business together now writing together, you guys must really like each other a lot.

Deborah Shlian: 31:56

We have been teased a lot about being together so much, but I would say that, um, that's been a real positive for us, for our relationship. Even were in the Army Medical Corps during Vietnam because my husband had to join the Medical Corps in order to have his residency. You know, so they wouldn't get drafted during Vietnam. And so I ended up joining as well. And so we did that together.

Dana Rampolla: 32:17

Really are the, the duo pair. You talked a little bit before about how you think it's important for any medical person. To have some sort of other outlet and that could be creative or maybe it's something totally different. Maybe it's being a marathon runner, but what is your advice for aspiring physicians who are also interested in writing? Is it, you know, anything they should be focusing on or maybe an area to start in or things to do just to kind of get themselves in a writing zone?

Deborah Shlian: 32:48

No, I think the only thing you do is face the empty page. Uh, one thing I would advise is maybe to keep a diary of some of your patients, you know, your stories. Uh, obviously you're not gonna put the names of the patients in the book, but. But, you know, but to basically kind of write about your experiences, I think that's very helpful. But other than

that, I would say, you know, there's no, there aren't any obstacles now to physicians writing. I mean, when I was, uh, my first novel, I remember I met Michael Crichton, who was a physician, and he told me, don't tell them you're a doctor because you know, again, they want you to stay in your lane. You're a doctor or you're a writer. And so interesting. Um, so we didn't put MD on our, you know. By Deborah Shlian, MD. But, um, today, there really aren't those obstacles. I hope that, that the medical school, university of Maryland Med School would encourage, um, you know, writing. There are some schools I think that are, are actually have some classes in, in writing, uh, both fiction and nonfiction.

Charles Schelle: 33:45

We do have a, um, science writing and communication, uh, course and program that we have in, the School of Graduate Studies actually. So, uh, more of the, obviously the nonfiction part but it does help train, uh, students to communicate science to the public, to through the media as well, so they can, explain very complicated concepts simply for, for people to, to digest. Um, so it's a great program there. If you could give one piece of advice to the current UMB class, what would it be?

Deborah Shlian: 34:21

I would say find a mentor or even more than one mentor because. That person, if they're, if they really are a good mentor, will help to, you know, can help to guide a career, give advice when there are some obstacles that you're facing, um, to maybe encourage, uh, people who, who don't have enough confidence in themselves to, you know, and the other thing is to expand your professional networks because I think, uh, joining organization, obviously the alumni organization, but also the For Women, the American Medical Women's Association is a wonderful organization to really, um. Enhance young, both students and, uh, physicians who graduated, you know, in terms of, uh, opportunities that are, that are out there and help to identify career goals. Um, and of course the, the American Association Physician Leadership would not want me to miss talking about them as well, um, because they do have some leadership training programs. But basically I would say mentors are the most important.

Dana Rampolla: 35:22

Deborah, I'm wondering if there's anything else that maybe we've left out that you would like to have a chance to talk about. We've tried to touch on your writing your business.

Deborah Shlian: 35:34

No, I mean, I, I think that, um, I've had a very interesting career. I would say that, uh, my mother took me once to see, um, Robert Frost and, and I remember his poem about the, "The Road Not Taken." I always thought about that as, you know, paths that I never would've considered if I didn't take those opportunities because I really always thought I would be a clinician like my dad. He didn't retire until way into his seventies. And, um, he loved practicing medicine and as I did too, but as other opportunities came up, I decided

to take those, uh, those, those paths or forks in the road. And for me, that's made all the difference. So I would say, you know, be open to opportunities.

Dana Rampolla: 36:16

That's wonderful advice for all of us. No matter what, what field we're in, we never know where, where we're gonna wind up next or what that next season of life looks like. And it sounds like you're still enjoying this season of life with your writing. We look forward to keeping an eye out for some of your new productions. And you know the best, best of luck to you as you continue forward. Deborah, thank you for joining us today.

Deborah Shlian: 36:39

Thanks a lot. It's been a pleasure. Thank you.

Jena Frick: 36:46

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