

Annie: Hello, good afternoon Dr. Tian. Hi I'm Annie Zhao, your main interviewer. How are you doing today?

Dr. Tian: Very good. I'm ok.

Annie: Alright great! These are my teammates for this interview. We have Harshita Nagireddy, Eilene Liu, and Emily Hu. We are so thankful for you to be here. I mean we know you're very very busy so for you to take out your time and to accept this interview we're extremely grateful so thank you so much.

Dr. Tian: Your welcome. I read your list of questions, some are very difficult to answer. If I don't make anything clear or if you have any questions you can just interject. I'll do my best to talk about myself and the lessons I learned over the years.

Annie: All right thank you! So let's start with the first question. What inspired you to dive into the medical field, especially in hematology and oncology and how did you get the place you are now?

Dr. Tian: I started my college career in China. The highschool I was in, I was actually one of the best. It is typically encouraged for students to go to one of the best med schools in China. I didn't know eventually I would fall in love with medicine but that's how I started. For you guys it's entirely different, you have social media or your parents force you to go different directions. Everyone takes different paths in life. That's how I arrived where I am, but not like you guys who are very informed. I was not very informed but I eventually developed a deep interest and love for medicine and that's where I am. Regarding hematology and oncology, I came to this country way before you guys were born, in 1988, and I was 21 years old. I was a college student and I came here. A hundred dollars in my pocket I came to America and I did not speak english. The only way I could come to America was through medical school. They gave me a scholarship and financial aid, like a fellowship. So I went for two years and got a master in biochemistry. So I went to Boston to study molecular biology and eventually got my PhD in molecular biology. That's when I realized I could do medicine. Eventually I decided to do medicine. I realized part of clinical practice, you interact with people and you help them directly. This knowledge I acquired over the years in biology and molecular biology actually gave me an advantage in practicing medicine, especially hematology and oncology.

Annie: Yeah that's very good! So you said you moved to America on a scholarship and you didn't know any English. So how was going to school like? You have to learn the entire language and the information; how did that hit you and how did that impact you?

Dr. Tian: I think difficulties in life should not be a hurdle for you in your success. I think it helps you better prepare yourself. I'm sure you guys are in better shape or equipped, like my kids. Their situations are different from when I came to this country. But I think you just I think you guys just have different challenges. For me, when I came to this country I could read but I did not speak well. I'm sure I make many language mistakes, but I just keep talking even if I make

pronunciation or grammar mistakes, I just keep talking so people can listen to me. I force them to listen to me. So I think it is difficult but just like you guys, I was a reasonably good student and I liked to learn. I was very driven. I think in a short period of time you have to catch up. It was difficult, I think language wise, culture wise. There were a lot of things like kids like you guys had that were different challenges. It might be easier compared to where I was, but there are different challenges.

Annie: For sure.

Dr Tian: I'm sure your parents can share their experience and frustrations with you.

Annie: Yeah definitely! So could you describe a typical day of life, so what do you do as a hematology/oncology physician?

Dr. Tian: So we typically see patients with mostly cancer but also hematology patients with cancer that can be benign or that can be malignant. Like Leukemia, Lymphoma, Myeloma, anemia, bleeding disorder, for example, clotting disorder. My typical day starts, I'm not an early riser like some of my colleagues, so I typically get up at around 6:30 in the morning. Nowadays, we do a lot of online meetings. We have a tumor board and different types of tumor boards. We have a breast cancer board or a lung cancer tumor board, melanoma, sarcoma, stomach cancer tumor board. So that's physicians from different specialties that discuss patient cases together and try to get better recommendations for patients. Typically that's what I do from 7 to 8, some days I have administrative duties and patient care and pharmaceutical meetings. Probably from 7 to 8 o'clock that's what I do. Until recently, I was still running in the hospital. In the hospital I would see a few patients as quickly as possible then go to the clinic. Nowadays, I probably go to the clinic right after the meeting. Everybody has a different schedule and different ways to measure practice. For us we see anywhere between 15 to 30 even 35 patients a day. I don't stop for lunch so whenever I get the chance I quickly grab something. In the past I probably ate my lunch around 4:30 in the afternoon. So it can be fast paced and stressful. So eat some nuts, eat some yogurt, an apple, and take water in between. So you have to answer the phone call from the hospital from other physician colleagues regarding your patient care. In the meantime you try to see your patients. I typically finish about 4:30 to 5 o'clock. I try to finish by then. In the past I still needed to go to the hospital for my patients so that it could take much longer and maybe finish around 7 o'clock maybe a little bit late. But I try to schedule my days differently so I try to finish around 5 to 5:30 or 6 o'clock. When I go home I try to make dinner with my kids and my wife.

Annie: That's really good! It's good that you have family time.

Dr. Tian: Typically, most physicians once you're in practice, like when I was a junior physician 17 years ago I probably worked 5 days a week, so nowadays I just work 4 days a week. So Friday is typically my office/paperwork day. So I just do some work for consulting and go to meetings and finish some paperwork, or just stay home and work from home. Most physicians at some point if you are at least inspired to go to medicine. There's something called weekend on call.

So it depends on groups and on call schedules can be very different. In my group typically we are rotating the weekend calls. So it happens about every 6 weeks.

Annie: Oh okay, thats cool! And so speaking about your patients, how many of your patients are in high school or younger? Do you have any tips on how the younger generation should better take care of their health?

Dr. Tian: That's a very big topic. I don't see a lot of children and I rarely see anybody younger than 18 years old because the topic of oncology and hematology can be somewhat different than pediatric oncology or pediatric hematology. So occasionally there are a few 17 or 18 year olds that come to see me. Regarding general health, it is a really big topic. First of all we do not do what's best to keep people healthy. So a lot of this information is based on low level evidence but in general a healthy lifestyle which can be a very big topic appears to be better. There are not many disease screenings we apply to young folks. If you ask me, you're healthy or in good shape you do not need to see a doctor very often. There are a few instances nowadays regarding health lifestyles like vaccination. I recommend young people to consider the HPV vaccine. In the past there were some very deadly, horrible diseases like cervical cancer that now become preventable. Looking back 20 years ago that's not the case, so in a lot of countries outside the western world, cervical cancer is still probably the most deadly for women. But this country, Australia, and western Europe can talk about maybe eradicating it and other implications as well. Of course, healthy lifestyle like eating healthy, exercise, healthy weight, avoid smoking, avoid alcohol consumption. That's a very big topic.

Annie: Right, so you gave us a detailed schedule of a typical day and how many hours in it, and it seems pretty stressful. So how do you manage your time and stress?

Dr Tian: So where I am, my working hours, I wouldn't consider it too stressful. I think some physicians do work long hours. My work hours might be less than before so I can tell you some horrible stories from when I was a resident in New York City. As a resident I remember sometimes you would listen to elders and they would tell you horrible stories to try to scare you. When I was a resident we probably worked around 90 hours a week. When I was a resident 20 years ago in New York City, there was a regulation where we could not work more than 80 hours a week. 80 hours means when we sign out, so we would sign but still stayed in the hospital trying to finish our work, so it definitely was longer than 80 hours. Nowadays with the training program, they have a much more strict regulation. So for me, as a relatively senior physician now, I don't work long hours, but stress could be bad when I was a young physician with patient care and the need to keep up your knowledge. I think you have to balance life and work. As a young physician you're probably more focused on developing your career and trying to go up on the career ladder. So where I am because of life and career wise I won't be able to tell you how to live your life but I feel like life is a long journey. Life is a long journey to learn and to grow for your career. So there is really no need to be too stressed and at some point you realize to not try to outdo yourself and try not to compete with somebody else and don't get frustrated. For me, especially among oncologists, because some of our patients have deadly diseases that can be stressful situations. With the progress in oncology, the patient outcomes are way better but a lot of our patients are still coming in with incurable, potentially deadly diseases. So we have to

make sure to help them out, not necessarily cure their cancer, but to prepare them. Also at some point you have to have some sort of detachment so you care for your patients but you can only help through their life or otherwise it will be an extremely stressful situation. Also when young patients come in you know, unfortunately, that they will die in a few weeks, months, or years. It can be a very depressing situation.

Annie: Wow, definitely. Being surrounded by patients with sometimes incurable diseases, cancer, and being around death can definitely take a toll but it's good to see that you're very positive and you know telling us about it and telling us to look on the bright side. So Thank You! And I read online some of your research, so why did you decide to become a research doctor and not just a regular physician?

Dr Tian: So, there are different career paths in medicine. We all went through the same training, so I had the choice to become a pure academic physician. For oncology, it seems for other physicians as well, there are different career paths. So you can become a practice physician or you can even work in the industry for drug development, and also work for the government. There are government agencies, like the FDA, CDC, for example. So actually even though I have a title for the University of Tennessee, I am primarily a practice physician. So actually believe it or not, just like you, I always thought being an academic physician, in the past, carried more glory. Also you do want to contribute to medicine, contribute to science, because I have a lot of experience in basic research. I published when I was a graduate student. At some point you do realize you have to make a decision in your career. It's just very difficult to be a good practice physician and continue to build a career in academics. So for me, right now we are involved in a lot of clinical research, so we do clinical trials. I don't do bench research or basic research anymore. I think it also depends on how you regard yourself. I hold myself to really high standards, I don't just listen to what corporate experts tell me to do, I just automatically do it. I think you should always ask questions, always digest information. You ask questions. You do the best based on literature and your understanding of literature. You can be a very effective, sophisticated practice physician, not necessarily copy everything from the book. There are manuals, there are guidelines. If you only follow the guidelines you'll be a good physician but if you will be a very good physician or excellent physician, I'm not excellent but I try to be better.

Annie: Yeah, good! You mentioned that you were affiliated with many hospitals, you rotate during the week. So how does the system work? So do you just get a call and report directly to that hospital or do you ask patients to go to that hospital and you treat them there? I'm kind of confused on how the system works.

Dr. Tian: It is evolving. Actually most physicians are independent physicians. Our group is physician owned, physician managed, oncology cancer center. We have probably only 50 patients. We have 20 patients considered owners or shareholders. We also have about 600 employees. Until recently, most physicians were considered independent physicians. We are not owned by the hospital and we're not owned by the government. So that has been changing because of the change in healthcare and how it's delivered, partly because of the cost. So until now the hospital has been trying to avoid employing directly. We are independent physicians,

but if we have a patient in the hospital, we are being called to consult on the patient. So we are not employed by the hospital. So it depends on how many hospitals you want to go to. You get the privilege to go to the hospital and if the patient or their physician calls you to help, you just go to see the patient. Even though there are different specialties, there are different urgencies to deliver patient care. For our specialty a lot of times we do not necessarily have to go in the night after hours. Our patient might be able to wait until the next day or during the work hour. In some specialties, the physician might have to go to the hospital rather quickly, like cardiologists and surgeons. Some specialties are probably more stressful than our specialty.

Annie: Oh ok! Dr. Tian, what are some obstacles and challenges you faced and how did you overcome?

Dr. Tian: Well that's a very broad question. First of all, I think everybody at some point, as a youngster, thought nothing could stop me from doing what I want to do. Now I realize I'll do the best that I can, there are a lot of things that I don't have answers to, things that I can not do. Nowadays, I feel very calm, very comfortable. If I can't do something, I have to do something different. So there are obstacles. I think you should always try your best but you should not blame yourself if something can not be overcome. So for me when I came to this country, I think language was and still is the biggest challenge. For a while, I was very frustrated because I held myself at very high standards. Considering I was the best high schooler and graduated years ago. Not to brag about that but anyway I was a smart kid. But once I came into a different environment, of course because of the language barrier, the classes for me were much lower. I felt very frustrated and felt more capable than my superiors and seniors. But I realized that you have to adapt in a new environment and there is nothing wrong for people to lead you but you have to try to do the best in a new environment. Even nowadays my language is still not my strength but I develop a thick skin and just keep talking. But if I was in a different environment, working in a pharmaceutical company or working in an academic field, I think that potentially could hinder me even more. But as a practice physician, I learned to catch up and hopefully I am as good as most of my colleagues or even better.

Annie: Oh wow! And you've had over 24 years of experience, what would you say was your greatest accomplishment?

Dr. Tian: So I think my greatest achievement first of all are my children. To see them grow up and develop where they are. Andrew is a first year college student and he doesn't like medicine, it does make me a little frustrated, but again I'm glad he chose what he likes and at this point it appears that he really likes what he's doing. He is very independent and I really admire him for making his own decisions. So that would be my biggest accomplishment. The second accomplishment, I think over many years I'm glad I got to try different things in my career. I'm glad I feel that I did the best I could and accomplished things in different parts of my life. When I was a researcher I contributed to science and published a few papers here and there. I can still read them, a lot of mistakes because of what we know and what we knew then. Of course many patients I helped over the years. Some patients I became friends with on social media, on my website and on facebook. After 8 or 10 years, they still reach out to me on my birthday because

they were cured by Leukemia from lung cancer or breast cancer. That will be my biggest reward. That's probably the best reward as a practice physician, the appreciation you get from patients you've helped. A patient's family, even though their loved one died years ago, still appreciates the help I was able to offer in their most sensitive times. For me that's the biggest reward during my career.

Annie: Yeah, I feel like as a doctor even though you don't notice, I feel like your impact on patients and patients' families is more than you can imagine. So yeah you're very admirable for that.

Dr Tian: Thank you for your kind words. I will let my kids know.

Annie: Alright! How have you and your patients reacted to COVID-19? What are some precautions you have to take in the hospital during this pandemic?

Dr. Tian: So I think we are still learning about COVID-19 and fortunately our area was not impacted as badly as some of the other areas like New York and New Orleans. We were somewhat slow to react to the situation. Fortunately, the effect of the disease was not as bad as the other areas. I was probably somewhat more proactive than my colleagues at my clinic, so I was probably the first one to wear a mask. Other physicians and I collected a lot of masks to donate to help our clinic and patients. As a group, we cut down on our patient volume. That actually impacted our revenue, because that has an impact on health care providers. So we had to change physician hours, physician payments, and also nurse hours and nurse salary. But we are recovering from that. Also for patient safety, we had to create social distance, we had to create a waiting that made patients sit away from each other. We had a lot of patients sit in their car in the parking lot until they'd been called to see us. We also do not allow a family member to come in with the patient. We check their temperature and enforce masks. Fortunately, we had very few patients diagnosed with COVID-19. Our patient population is very different from the hospital population. They are sicker patients, they have a fever, they are at very high risk to catch COVID-19. So our patient population, we typically screen them first, so our patients do not come in with a lot of symptoms. We also developed remote visits, telemedicine. In my practice, I probably have 20 percent of patients who do this. Especially patients who do not have access to disease, who do not require chemotherapy treatment, so they can afford to come in and get the lab and not wait in the waiting area. So we can talk with them through Skype or Zoom. About 20% of patients we see online but now they're starting to come back in again.

Annie: Oh okay, thats nice! I hope I'm not taking much of your time. This is going to be the last question, what is a piece of advice you would like to give to high schoolers?

Dr. Tian: First of all, never never only listen to your parents. Every generation has their own challenges. With social media, that changes a lot of things, on how you perceive life and how you perceive society, how you develop friendships, how you have fun in life. I think you should have a life and you should have a career. I feel they should be somewhat separate from each other. Every generation faces different challenges. I think in the future, both your life and

environment, the real environment and social environment, and also career choices are very different from my generation. For people who are better prepared to adapt potentially have better chances in what they want to achieve in life. I can't tell you what you want to do. I don't want all the smart kids to come to medicine. But medicine is challenging and rewarding. It requires folks to have different sets of skills, different from mine. For example, I don't know how to do computer coding. I'm sure future physicians will know more than I do about coding and AI, because I'm sure that will be an integral part of medicine in the future. I think you just have to learn to not have a narrow scope on what you want because you never know. I didn't know I would end up in Memphis because I grew up in Beijing. I did my graduate school study in Boston, New York, training on the east coast, but for some reason I came to Memphis and never left. But anyway that's another complaint I want to share. But again, regarding career wise nobody can tell you what you want to do. I think if you just keep learning and be prepared. Nobody can be overburdened with knowledge, because we do not know what kind of set of skills you should have regarding what you want to do in your life.

Annie: Thank you so much for your advice and that's it for the interview. That's all the questions I have for now and I just want to thank you again. Thank you so much for accepting this interview and taking your time out for us and answering these questions. We are so honored and grateful that you did this and we hope you have a great day and to stay safe!

Dr Tian: Thank you, please mine and stay safe and don't argue with your parents too much.

Annie: Alright, thank you!

Dr. Tian: Take care!