

# #28 Networking 101

## How to work a Meeting, a Mixer, or the Moment

With Dr Utibe Essien

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with Dr. Utibe Essien



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[The Curbsiders theme]

**Molly:** Welcome back to the Curbsiders Teach Season 3, our miniseries on medical education. I'm Dr. Molly Heublein, joined by my cohost, Dr. Era Kryzhanovskaya, and we're here together in person.

**Era:** Whoo.

**Molly:** We have a very special episode today. We're excited to be recording from Austin at AAIM23. We are sitting down in person to talk to our guest, Dr. Utibe Essien, around how to network as a clinician educator and also about his plenary on racism in medicine. Before we dive into that, Era, could you remind listeners what we do on this show?

**Era:** Sure, Molly. We are THE Internal Medicine Podcast for all things medical education. We use expert interviews to bring you teaching pearls and practice-changing knowledge to inspire the next generation of medical educators. We are so pumped to be sitting down with Dr. Utibe Essien or as I call him, Tubes, who gave the amazing opening plenary, "History Has Its Eyes on You: Race and Justice in Academic Medicine." In today's episode, we'll be talking with him about this important plenary session and topic as well as diving deep into how to network as a clinician educator at a clinician educators conference. Now, how meta is that, Molly?

**Molly:** Oh, yeah. Dr. Utibe Essien is a national award-winning internal medicine physician, an Assistant Professor of Medicine at UCLA, and a health disparities researcher at the VA Center for the Study of Healthcare Innovation, Implementation, and Policy. He received his MD from Albert Einstein College of Medicine in New York and has MPH from Harvard Medical School Public Health. He completed residency and a research fellowship in Internal Medicine at Massachusetts General Hospital. His research focuses on racial and ethnic disparities in the use of novel medications and technologies especially in treating heart diseases.

**Molly and Era:** So, without further ado, let's get to it.

**Molly:** Dr. Essien, thank you so much for joining us on the show today. We like to start with some rapid-fire questions just to get to know you a little bit better. To start with, are you okay, Dr. Essien, if we call you by your first name today?

**Utibe:** Definitely, first name and or nickname.

**Molly and Era:** Perfect.

[laughter]

**Molly:** Well, Utibe, could you give us a one liner to describe yourself and maybe share something outside of medicine?

**Utibe:** Sure. I am a general internist and a health disparities researcher based at the UCLA now. Fun no-medicine fact is I am the proud child of immigrants, proud New Yorker, and proud Hamilton fan. I think that was three facts.

**Molly:** That's amazing.

**Era:** We're just scraping them out. There're more. I know there're more facts coming.

[laughter]

**Era:** Well, since we are at AAIM this year, I wonder, Tubes, what has been your favorite part of joining AAIM?

**Utibe:** So, the community was really special. I've been at a few different institutions since graduating medical school. And so, it's been really special to see people from my different walks of life, from residency, from my first job. So, that's been really neat to be a part of this community.

**Era:** I know you and I know you love reading a good book. So, what are you reading right now?

**Utibe:** Oh, great question. So, this has been a horrible year for reading for me, sadly, with my recent move, but the one book that I am reading is called *No Wahala*. Wahala means, like, trouble or drama. It's like a Nigerian kind of slang term and it's about these four Nigerian women growing up in London and talking about their drama in their lives. It's a fun book.

**Molly:** Thanks. Yeah, that's a good suggestion. Maybe in the interest of time, we'll just jump right into a case. Era, do you want to start us off?

**Era:** For sure. So, we have a case from Kashlak Memorial of Jasmine, who's a second-year medical student on her way to attend an Interest Group Meeting for internal medicine. There's a few faculty there who are going to be sharing their career paths, giving advice, and she's going to that because Jasmine thinks internal medicine is what she's most likely going to do for her career. Her roommate told her, "It's really important to network at those kinds of meetings," but Jasmine realized she has no idea what that means. Networking was not part of any premed courses she went to in college. She wonders doesn't she need an MBA to optimally network?

She texts you, Tubes, her four-year longitudinal coach and small group facilitator to see if she can stop by your office on the way to the Interest Group Meeting to just pick your brain about how to best network. You notice that you do have 15 minutes before your next Zoom meeting. And so, you say, "Yeah, Jasmine, come on by." So, I can imagine knowing you that you get a bunch of these types of texts, tweets, emails every day, possibly every hour. I guess, before we get into the conversation of what it would look like to talk to Jasmine, I wonder how you share these types of requests for your time.

**Utibe:** Wow, that is an amazing question. First of all, I think noticing that I have 15 minutes between Zoom's would be a terrible time to try and schedule a meeting, so tricky case. But again, we are all very busy. And so, it's probably just real life. So, it's one thing that I've really been very thoughtful about doing is making time for mentoring and for teaching within my schedule. I have Thursday meeting days that I curated over the last several years. So, definitely take some time and I really try to block my meetings onto Thursdays. Thanks to amazing support both when I was at Pitt and now at UCLA, I have some administrative support to help with scheduling meetings. I think those two tricks are really helpful to not be overwhelmed by some of these mentorship meetings that are so critical for us, life giving for us, and of course helpful for our mentees.

**Molly:** Yeah, well, thank you, Utibe for highlighting that it is important to pay attention to protecting your own time and making sure it's a time that actually works for you as well, because I think, as Era and I were just discussing earlier today something that's sometimes hard to do. If you do find a time that works well for you and you are meeting with Jasmine, putting yourself in the shoes of Jasmine's coach, how would you approach this conversation?

**Utibe:** Yeah, I think for me the important thing is to be genuine about it. Networking is not just about getting a bunch of emails and people don't exchange phone numbers really, just emails and LinkedIns or Twitters whatever we exchange these days of people, but it's really about your purpose and so being genuine about what you're looking for. So, Jasmine said she had to get an MBA to be able to network, but what are some of her interests, whether they're clinical, whether they're research. She wants to go into IM as every amazing human should. And so, what are the things that excite her about? I am being intentional and genuine about her interest and about herself.

I think the second thing will be really to have your elevator talk, which is cheesily phrased word, but it's really something that is super helpful as we're preparing to network with people. So, what's the one liner like you guys asked me are the two or three things that we think can strum up conversation with whoever we're meeting? "Hey, my name is Jasmine. I'm an ex-medical student and I have interest in this." Some people are going to be like, "Cool, nice to meet you. Walk away." Some are going to ask further questions about it. I think those two tips are really helpful to be able to make the networking conversation a little less stressful.

**Era:** I love that because I feel like the elevator pitch is something that we can both do in an elevator and also at whatever meetings we go to. I wonder, in the 15 minutes, let's say you have that you maybe unfortunately planned in between Zoom meetings, do you ever set up for Jasmine or for whoever you're talking to, just why networking is actually important or why even do that if, let's say, you don't have an MBA and you don't need that to network well. What's the purpose of networking in medicine?

**Utibe:** So, really great question. Networking is so important. I went to my first conference as a second-year medical student. It was a AAMC meeting that my medical education dean invited me to. So, Dr. Marti Grayson, shoutout to her and she was like, "Hey, you should go to this meeting. You'll meet a number of other medical students." At the conference, I had a chance to meet people beyond just other medical students. I got to meet these faculty members who were also interested in health disparities, which I was just starting to create a little budding interest in.

**Era:** Oh, my God, baby Tubes.

**Utibe:** Oh, no. Little Tubes, 2010 shoutout.

**Molly and Era:** Oh.

**Utibe:** Really, again, those conversations have since inspired the work that I do today. There were people that I ultimately met on the interview trail two years later when I applied for residency. And so, I was able to have an in in those early conversations because of conversations I had prior. So important to really build relationships. Again, I try to make it less about that sometimes uncomfortable word of networking, but it's really building resources, building teams, building community to hopefully be able to impact our work in the future. You just never know who's going to transform your career.

**Era:** I love that you're building a community. It's like your kind of network of people.

**Utibe:** Mm-hmm.

**Era:** Not to use a network word again, but it is like you've created a support system in a way that's for career development.

**Molly:** And say, Jasmine's feeling a little shy. She's a little introverted. She's worried about talking to these attendings. There's so much going on. She doesn't want to take up their time. She just doesn't know how to get that conversation going. How do you guide her through that? You mentioned having the elevator pitch. Maybe two things that she's interested in. Do you have any other tips for helping students or faculty feel more comfortable with feeling confident to network and how to build that if they're not really confident, like, some tips of what to actually do?

**Utibe:** So, back at Pitt, I was the Director for a Medical Student Training Program that we had for medical students from diverse backgrounds interested in research. One of the topics that I had a chance to lead was about building your brand, which a lot of it was about how to be good on social media. But literally, we had practice sessions on how to have a network session, like, how to give your elevator pitch? And so, it was a lot on Zoom over the last couple of years, but we would literally have people walk me through how you meet that senior faculty member that you've always looked up to and read their research. So, I think, literally, role playing that out is important and helpful.

Again, we all have met people all the time, like, for Jasmine to get into medical school. She probably had an interview. She probably had to interact with a person she didn't know before. She's interacting with patients perhaps on the wards. And so, we know how to strum up conversation and hopefully that flow feels natural during these networking sessions as well. Appreciate that. In a lot of ways, medicine and academic medicine expects us to be extroverts, like, always be showy and flashy and really personable, but a lot of people aren't that and they're not going to feel comfortable walking up to someone asking them about their golf game. And so, really, again, being as genuine as possible to herself and recharging at the end of the conference when she's feeling spent from all those conversations.

**Era:** Well, I love that you're also telling people to remember the power of role play and getting that deliberate practice to get better at a skill. One of the, maybe frameworks for that elevator pitch, much of what you're saying that we had read involves sharing your name. It's like the now approach, like name, organization and what's the what. So, sharing your name, sharing your role organization, and then what do you want to talk about, which I think puts a different spin on the elevator pitch, because it doesn't necessarily say, "And I'm interested in research on pharmacoequity." It says, "I would love to talk to you about your research on pharmacoequity." So, I think I wonder if that's a strategy that you've heard used or if this is just like another skill that people can work on developing.

**Utibe:** Yeah, great question. I can't remember which book I read this in. It might be about how to get people-- There's some book about how to get people like you or something which-- [crosstalk]

**Molly:** *Win Friends and Influence People.*

**Utibe:** Exactly.

**Era:** You mean not my diary?

**Utibe:** Yes.

[laughter]

**Utibe:** Era's Facebook page.

**Era:** Yeah, exactly. We're still doing Facebook, huh?

**Utibe:** [laughs] *How to win friends and influence people*, which is a horrible title, I feel like, but it's very important. I think the biggest lesson that I learned when I read that book was you need to get people to talk about themselves in every setting, whether it's our patient on the wards or it's another attending that you're meeting at a conference. We all love to talk about ourselves. It's natural. Only people like Era can actually get people to talk about themselves. [laughs] And so, really people want to tell you what they're doing, what they're working on. I think if you can build that relationship early on and draw people out, you can then start to talk about yourself as well. To be honest, sometimes that does take some prep work.

You're going to your conference app to seeing who's actually attending and going to a couple of websites to go and read their profiles. Sometimes, meetings like these have formal mentorship opportunities, like, the SGIM conference that we often all go to here. And so, really taking advantage of those and in some ways like doing your prep work, your homework before you even get to the one-on-one conversations.

**Era:** Yeah, I love that. It feels like the true recipe that we need to approach both a meeting and even that networking that happens informally at a buffet line. I don't know what buffet we're going to, but apparently, we are at a conference buffet maybe, or where, I don't know, Golden Corral. Do people still go there? I don't know.

**Utibe:** The continental breakfast line.

**Era:** Yes, that's what it is, the hotel breakfast. But I guess, the other part, Tubes, that it's interesting to me is what do you do after that conversation? So, you've maybe given them your elevator pitch or like you said asked them to talk about themselves. Is there something, people call this, I guess, growing the garden, which I find an interesting metaphor, but what happens after that actual conversation and developing the relationship, how do you maintain that?

**Utibe:** Yeah, you have to follow up. This is like Networking 101, I think. Like, no one is going to remember you from the business card that you handed out or the email that you sent in a conference. We all have all these notes and these programs and on the back of receipts that we're trying to get our reimbursements from, but you have to follow up. It's like, again, we're old enough to have sent letters. like, "Thank you so much for interviewing me in medical school." Fortunately, now it's all email or like the DM on Twitter, but in whatever way you can follow up with folks that you meet, it's really hard to do sometimes, it's time, it's energy, it's effort. Maybe on the flight back home for Jasmine, she's firing off those emails, even though she just wants to watch *Mission Impossible 4* for the 8th time.

**Era:** *Shadow and Bone*.

**Molly:** Yeah.

**Utibe:** But really, it's all about the follow up. I think that's a space that's really helped me. It's just so important to do that follow up. Again, not everyone is going to reply to the first follow-up email. Perhaps, your second follow-up email is the year before the conference. "Hey, we got to meet last year. Would love my chance to grab a coffee with you." And then again, you're tending that garden or building that community of networkees.

**Molly:** That's great. Yeah. When you send those emails, that was a great example of we're both going to be at this conference, let's plan for coffee. If you're not finding a time when you're actually in the same space together, do you try to come up with a specific ask when you send that email of like, I have this idea. How would I get involved in a project? Or could you introduce me to someone else that you're affiliated with or should it be very specific like

that or just, I'm still excited about this topic, would love to hear what you're working on now or something.

**Utibe:** Yeah, I think there're varying types of emails, the check in email where you have a specific-- maybe not a specific ask where you just want to reconnect after the meeting. It's been six months since we got to meet at that conference. "I have a couple of questions that I'm really interested in helping getting your support with, can we find a time to connect?" I think that's helpful. The really specific ask just trying to work through methods, part of my research study, I think that's helpful. But I'm all about the casual check in too. "We met last year. I know I understand you're not attending the meeting this year. Here are a few things that I've been working on. I was able to publish this abstract. I'm actually going to be presenting at the conference this year."

I do that with everyone these days, like, my Chief of Medicine, I send them updates and again I meet with them more regularly than just a conference. But like my chair of medicine, I send them updates around what I'm working on. When I was at Pitt, I would send dean of our med school updates who I'd met like once, but I was like, "I want this person to know that their faculty member is doing X, Y, Z thing." And so, again, I'm all about the casual check in, because you really just don't know how those check ins, those follow ups are really going to make a difference in the future for you.

**Era:** I also love that because a lot of us don't take the time to say, "Hey, acknowledge me and the work I've done. And also, we may be doing all this work but no one sees it. Or, maybe the people who are reupping your contract or who you're checking in with for your annual meeting don't see it." So, I really love how you're naming, like, I'm going to share these accomplishments with the folks who I am connecting with. Tubes, have we missed any key steps or the ones that you see as part of your recipe for effective networking, especially in academic medicine?

**Utibe:** Yeah, I think again we've talked about the nervousness and awkwardness of it. I think in some ways, like, in many things we do in medicine, they're hard and uncomfortable. The first time, we all can picture that. First DRE we ever did in med school, a little awkward,-

[laughter]

**Dr. Utibe:** -but hopefully, we are able to walk into that room and say, "Mr. X, we need to do this right now." That's probably how it's going to be with networking as well. It's going to be a little uncomfortable at the beginning, but really putting ourselves out there and being and owning who we are and why it isn't. This is another career thing, just like taking your board exams, just like learning how to take care of patients on the wards. This is part of our careers and no one is going to do it for us. I think that's the really important message to your point just now, Era.

**Molly:** I love that you have created a curriculum around this [giggles] and have been teaching in the Pitt and hopefully, you can continue to carry that forward and I'm glad that you can join us today to talk about it.

**Utibe:** Yeah.

**Molly:** We wanted to shift gears a little bit. Since we're physically here at the meeting where you were the plenary speaker, which was amazing.

**Utibe:** Thank you. Thank you.

**Molly:** Your opening plenary was "History Has Its Eyes on You: Race and Justice in Academic Medicine." It really was just such a well-designed and hard-hitting talk about the history of racism in medicine and also some hopeful movements of where things are moving in the future, hopefully for the better. What surprised you the most this morning around the process of the talk, or the journey to get here to AAIM, or coming up with the content?

**Utibe:** Yeah, so, again, I think going back to networking. So, the first time that I met my primary care program director was at a conference. So, I met Dr. Valerie Stone at a SNMA Regional Conference in Boston in 2012. Literally the day before we applied for residency, like, our residency applications went in. She advised that I apply to MJHS primary care program, which I didn't know existed. I was just applying to internal medicine. That's all I knew. So, we met at this conference. It was for underrepresented medical students. Me and my friend drove up to Boston, like, a whole thing from New York. Again, I met Valerie. She's the one who suggested I apply. I literally the next day in a Panera next door, put in my application and added MGH to that. So, literally, I would never have applied to that residency, I think, without having met her.

Fast forward a few months later, I get into residency there. Fast forward a few years later, so, September 2020, she invites me to give grand rounds at the Brigham, where she now is. My grand rounds was basically a spin from this talk. And so, over the last two and a half years, I've had the chance to update this talk and curate this talk, but really, it was so cool that an opportunity to go to residency where I was, an opportunity that my former program director gave me to be able to give a talk on a big stage and hopefully make this bigger stage that we're on today a little bit more comfortable and really special. All started with a little bit of networking back over a decade ago, which is crazy.

**Era:** That's amazing. And also, just like shoutout to the meta part of this, which, you know I had to say it, Molly,-

**Molly:** I know you did.

**Era:** -which is true. That networking led you to this conference and we are now doing this podcast about networking. So, just highlight to Dr. Stone and amazing power of that. Just to dive a little bit into the talk, Tubes, I wonder, you mentioned the five Ds, the approach to make medical education or academic medicine more antiracist. How would you suggest that educators really push themselves a little bit further, whether it's within the framework of the five Ds or even practical tips following from that to really address race and justice in health professions education?

**Utibe:** Yeah. So, the five Ds are a way to framework rather to think about how we can achieve antiracism and health equity, whether it's desegregating our healthcare, which we all work in health systems that unfortunately, even before we're ever born were residing in segregated communities, but even till today have some ways that they can be segregated. We talked a little bit about resident clinics, which we all trained in, and some of us precept in still, and how even where I trained, they were very segregated who was going into those settings.

So, I think really thinking about the policies as educators, like our students and trainees are in the weeds of the science, in the weeds of the patient care. But we have a chance to take a step back and think about things like the health system segregation, things like what are some of the policies within our medical schools, and centers, and clinics rather that have existed forever and are seemingly colorblind and no one's really thinking like, "Is that differentially impacting people of color?" I think getting back and taking a step back rather now that we've gone through our training, we don't have any more-- not too many boards to



take almost only every 10 years, but can really get into some of the practice of medicine and start to address some of the ways that racism shows up in healthcare.

**Molly:** Thinking back on your career as an educator, has doing research in this area and speaking around this changed your approach to teaching?

**Utibe:** Yeah. So, I think I brought up during the talk today, one of the best lessons that I learned during was as a resident from one of my chief residents. Again, there's chiefs surrounding us, including here in the room with us. And so, she really just taught me how to give a talk. Again, I was an intern. We were forced against our will in some ways to give a second-year talk. And so, she was preparing me for this talk and literally, just walked me through like, "How do you create slides? What's the first slide supposed to be? The objectives slides, etc."

It's been so great to be able to take those lessons down the road from the five-minute talk as a second-year resident, then the 10-minute talk as a third-year to giving a clinical vignette. Me and Era were talking about SGIM 2014, where I got to present a case versus giving a talk like this. And so, I really do feel like having those key core lessons and to make sure you tell people what you're going to tell them, tell them, and then remind them what you told them. Make sure you have a flow for your talk, whatever it is, whether it's a case or it's research. I really do have opportunity to present scientific research and present clinical cases to present something like what we talked about today. But I think all those core lessons are always the same and always leave people with a little bit of hope in whatever message you're sharing, which it's easier said than done when sharing on tough topics like race and medicine. I think that, for me, at least personally, that's been so key in this work.

**Era:** Yes, dropping pearls left and right. In case anyone forgot, we are in fact at a meeting-  
[laughter]

**Era:** -at AAIM23. What an amazing conference it has been thus far. We're hoping to apply the practical tips that, Tubes, you've shared so far to this conference. I wonder if we can pivot from maybe Jasmine's perspective in the case to actually the faculty that she was coming to hear from at the interest group meeting. This interest group meeting is happening, let's say, the week before the conference that we're at. And the two faculty that are presenting at that interest group meeting are actually discussing their excitement about the conference. One of them turns to the other and says, "Man, how do you work these meetings?" Now, Tubes, if this question was coming to you, I wonder how you would answer it. You and I have been to so many meetings together and I can confidently say you're an A+++++ networker at meetings. So, please share your secrets. How do you do it?

**Utibe:** Yeah. So, lots of hydration for [crosstalk] to be sure. So, my bestie from residency, Natalie Kong is really shocked by how I can stay sane in these conferences and hates going to conferences with me because of how crazy I am at trying to connect with people. I think that's been a blessing for me, again, to be able to have good friends like yourself. And now, Molly is going to be a great friend that I get to meet at conferences. But really, so many opportunities have come from "working these meetings."

So, whether it's getting up for the 07:00 AM interest group session at some of the conferences we attend, because that's the small group where you can actually get to meet people one on one as opposed to sitting in a dark room in a row at a plenary and get to have real conversations with people who are more senior, more ahead in their career, but also with folks like medical students like Jasmine who are starting out. They can usually meet or

email us or connect with us. So, really committing to "attending" the meeting beyond just the bigger sessions, I think has been key.

Again, I've talked about being prepared, so knowing the people that I want to meet, so having the off-script agenda is what I've been doing. And so, literally, there's the formal agenda and the schedule and the planner, but I always literally print my own out and write in when I'm going to connect with people, whether it's between workshop sessions, it's between lunches or during the lunch hours, after workshops, and things like that.

Really emailing people weeks in advance of the meeting, because all of our schedules get filled up to say, "Hey, we haven't had a chance to connect all year. When can we connect at this meeting?" I think those have been really helpful. And of course, still trying to have fun and enjoy the purpose of the conference, actually going to poster sessions, because you never know who you're going to see at some of those sessions as well. I think posters are a cool way to connect with people, even though some people are like, "Oh, I got to create a poster. I'm just standing awkwardly alone in this aisle." But it's like you never again know who you're going to see at these sessions. Very different from a formal talk, where you just can't talk to the person giving those talks other than more of a comment than a question, people who show up in the middle of the room microphones.

**Era:** Yes.

**Utibe:** So, those are maybe some of the things that I've been doing.

**Molly:** Those are fantastic tips. Yeah, I think I heard somewhere the idea of looking at the schedule and thinking about are you trying to attend a session for the content or are you trying to attend the session, because you admire the person themselves and want to foster that relationship. I think being explicit in your own mind, but ahead of time can help you think about reaching out to them ahead of time, planning something outside of the session, or just how you might meet up with them, just reaching out to them after the session occurs.

**Utibe:** Yeah, for sure. I think easier to do when we're on faculty as opposed to Jasmine probably is not going to be able to feel as confident walking up to a new person. I remember again, my first SGIM was in 2014 in Toronto, and my medical school preceptor was at the meeting and she was like, "Oh, you should meet the SGIM." I think she was President that year. She had some important role, Dr. Giselle Corbie-Smith. I was like, "I've read her work around race and trust in medicine. This is a famous person to me, basically." I was super awkward. It was probably the most awkward I've been meeting another person don't know why. She was like, "Okay, great to meet you."

[laughter]

**Utibe:** And now, me and Giselle are super close. I'm texting her about my move and things like that. And so, obviously, you can come back from some of the networking fails is another important point to make. Just highlighting like, "Yeah, if you're not prepared really to connect with someone or if we don't have our elevator talk prepared, it does become like, "Hi," like, meeting a celebrity in the airport.

**Molly:** Can I take a selfie?

**Utibe:** Yes, exactly.

[laughter]

**Era:** Say nothing just [crosstalk] selfie.

**Utibe:** Yeah, exactly.

**Era:** Well, were there any other tips that you want listeners to take with you to their next professional society meeting?

**Utibe:** Yeah. So, again, I think being prepared as we talked about is a really important tip. Again, it takes time. And so, I feel like a lot of us, when we go to conferences, this is the schedule. Like, you had clinic on the Friday before your fly at 04:00 PM. You're finishing your notes at the airport while you're waiting and then you're finally realizing like, "Oh, shoot, I need to find out what sessions I'm going to be going to tomorrow morning." You stumble into the plenary like barely caffeinated, and you didn't really have a chance to prepare and connect with people.

So, I think as best as we can, we on our crazy schedules being intentional about finding the time to see who's attending, see who we want to like Molly mentioned, who we want to actually connect with and meet with just for content or for their fangirling purposes. And really thinking about these conferences as more than just a CME checkbox, but a way to tend that garden of networkees we've talked about already.

**Era:** I love that, because it feels very real world application given most of us do maybe wake up at 06:42 AM for that 07:00 AM meeting or maybe 07:48 AM for the 08:00 AM plenary not saying that's happened before to me, but I just feel like I appreciate the practical nature of that.

**Utibe:** Yeah.

**Era:** Tubes, what are your main take home points for our listeners? I know we've covered a lot, but is there things you want to leave folks with, top three, maybe?

**Utibe:** Yeah, top three. Okay. Got to love a good three.

**Era:** Yeah. It can be two, whatever you want.

**Utibe:** No, no, no. I love threes. So, being genuine again and authentic about who you are, don't pretend to be a health disparities researcher interested in AFib when you meet me, just because I think you know that that's what I do. So, be authentic and real about yourself and what you're bringing to the table because we can all learn from each other. I think that's huge. The second is to be prepared. Again, we talked about easier said than done, really doing the pre-conference homework before getting to the meeting. And the third, I think, is to really put yourself out there. Have your go-to lines, your elevator pitch like we talked about, but really confidently get into those rooms and shake hands now that we can do that or elbow bump whatever it is we're feeling comfortable doing with these days, and that this is meeting in person as we're starting to pick up now is way better than Zoom. The Zoom chat does not quite help networking happen in the same way.

**Molly:** Absolutely. Well, that is amazing. Thank you so much. I can see why you are as successful as you are. Clearly, you're very talented.

**Utibe:** Very sweet.

**Molly:** Have a good way of sharing that information. So, it's wonderful.

**Utibe:** I appreciate you.

**Molly:** Is there anything you want to plug? Anything that you're excited that you're working on or that we should be looking out for down the line?

**Utibe:** So, always plugging our podcast, even though I'm not as intimately part of it every single day. I'm so proud of our medical students who are doing the work now leading it. I think literally today, we just dropped the 20th episode of the Antiracism in Medicine podcast. So, shoutout to the awesome group leading that.

**Molly:** And that's the clinical problem solvers.

**Utibe:** Exactly, yes.

**Molly:** Thank you so much.

**Utibe:** Yeah. Great to talk with you all.

**Era:** Well, Molly, I will start my take-home points by sharing the brief history of Era and Tubes [laughs] and how we met. But I promise it has relevance, which is that we were at an interview for residency at Columbia and Columbia has a sign that says, "Amazing, things are happening here." You can decide where to put that comma based on how you feel about Columbia, but thanks again, Columbia, for interviewing both of us. He and I both had the same reaction to the sign, which is that we left and we pointed it out to everyone else at the interview day, but the only people who cared or responded were the other person. So, he responded to me, I responded to him.

So, we have been interview-trail buddies, residency buddies, conference friends, and really it was that day when we both showed up to an interview, something very high stake, something very serious with our authentic selves, and we're able to make that connection and something that's really given us an amazing near peer mentorship, relationship, and networking at its best. But I will say that one of the main things I took away from today is just that recommendation from Tubes to truly show up to a networking encounter where you come up to somebody after a workshop or you find them after they've done a session, and really are your authentic self, and can make that connection and see where it leads you.

**Molly:** Absolutely. Well, he was just very inspiring to talk with and clearly an excellent networker and had some amazing examples of how that's allowed him to advance his career. I think, for me, it doesn't come nearly as naturally. And so, having very concrete examples of things to try and work on is very helpful for me. So, I loved his recommendation to really plan out, follow up with people that you network with. And so, a month before you're planning to go to a conference, take a look at that schedule, take a look at the attendees and say, "Hey, this person I met last year is going to be there. I'm going to message them weeks in advance" and say, "I'd love to catch up, let's grab coffee. When are you free?"

Or, even if you notice that someone isn't going to be attending, still reach out and say, "Hey, it was great meeting you last year at AAIM. I see you won't make it this year, but I'd love to just check in and see how you're doing." So, having kind of that follow-up plan of making sure you're continuing those relationships that you build at a conference through time is really helpful.

[music]

**Era:** Totally. I will say for those of you who are like, "Wow, that's so far advanced." And I hear you. I am definitely somebody who's the night before the conference, I'm like, "Ooh, I probably should [crosstalk] when I'm going to go and which sessions I'm going to go to." And even though, Tubes and I are close friends, his practices haven't quite rubbed off on me yet. But as we say, practice makes perfect. So, I encourage you all to really give that a shot, even if the practical or the only thing possible is to do that conference schedule grooming the night before. Really would encourage that, basically, here today.

**Molly:** This has been another episode of our Curbsiders miniseries, The Curbsiders Teach. Get your show notes at [thecurbsiders.com/teach](http://thecurbsiders.com/teach). A special thanks to Dr. Matt Watto and Dr. Paul Williams for their support in this project. Thanks to Dr. Stuart Brigham for composing our theme music and to the Pod Paste team for editing our audio. Thanks to our social media team, Andrew DeLaat on Instagram and John Ong on Twitter. Until next time, I've been Dr. Molly Heublein.

**Era:** We're committed to providing you with high value, practice-changing knowledge. And to do that, we need your feedback. So, please subscribe, rate, and review the show on Apple Podcasts or contact us at [thecurbsightersteach@gmail.com](mailto:thecurbsightersteach@gmail.com). And a reminder that most episodes, but not this one, because we wanted to have a quick turnaround, are available for free CME Credit for all healthcare professionals at [curbsiders.vcuhealth.org](http://curbsiders.vcuhealth.org). All you have to do is create an account. I'm Dr. Era Kryzhanovskaya. Thank you so much for joining us today and letting us bring you a little nugget of medical edutainment.

[music]

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