

## ASPHO Career Path Spotlight

### Christine Higham, MD



#### Career Description

1. **Current position:** Pediatric BMT attending; Assistant Professor
2. **Institution:** UCSF Benioff Children's Hospital
3. **Years at institution:** 6
4. **Did you complete additional post-fellowship training? Was it an important factor in your current position?** I did a pediatric BMT (HSCT) fellowship. It was a very important factor in my current position. I do not think I would have gotten hired as a pediatric BMT attending at a large academic center without the additional training; nor would have I felt prepared to be one without the training. It has also worked out for me that I was offered a job at UCSF which is where I did my fellowship; a job opening occurred at a very opportune time for me.
5. **Years out of Fellowship:** 5
6. **Type of institution: (Academic center, clinical center, private practice, Research facility, Industry, Non-profit):** Academic center
7. **Approximate number of attendings in your PHO department/division: Pediatric BMT is a separate division and has 11 attendings.**
8. **How do you allocate your effort? (\*Please provide a % for each area)**  
70% clinical, 20% education, 10% scholarship
9. **Position Specifics (Please give a brief description of your current responsibilities in these areas)**
  - a. **Clinical activity:** My clinical activity is in pediatric BMT. I cover both the inpatient and outpatient clinical setting. I usually do 5 weeks of inpatient service and 12 weeks of outpatient plus my own clinic weekly. My primary clinical focus is transplants for high-risk leukemia so that is what my primary patient panel consists of.
  - b. **Scholarship/Research:** My research focus is on post-transplant complications, with my main focus being transplant associated- thrombotic microangiopathy (TA-TMA). I focus on risk stratification and prophylaxis of TA-TMA and am working on identifying those at high risk for developing the complication and ways to add prophylaxis to prevent it from occurring. I also am the local PI for clinical trials related to high-risk leukemia transplants and TA-TMA, and this sometimes comes with funding which allows me to have protected time.
  - c. **Education/Teaching:** I am the UCSF pediatric hematology/oncology fellowship director.
  - d. **Administration:** n/a
  - e. **Other:** n/a

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### Career Perspectives

**1. What were important factors in your taking on this role (e.g., professional interest, family, geography, spousal profession)? What made this career path appealing?**

The most important factors for me in taking on this role were professional interest, clinical team, and geography. Once I decided on pursuing a career in transplant, it was important to me that the clinical part of my job was mainly or exclusively patient care in transplant. I wanted to be able to focus my clinical time on the specific unique skill set vs doing a variety of peds heme/onc/transplant care. I also knew that this job would be emotionally taxing, and it was important that I loved the team I worked with- not just the other attendings but also the NPs, coordinators, social workers etc. Having a team that gets along really well and supports each other helps me keep coming back to work even after a terrible outcome. And finally, it was important to me that I love where I live. I am a city person and want to live in a city where I could enjoy life outside of work and San Francisco offers me that.

**2. Is there specific training or experience that helped you obtain this position?**

Yes, my pediatric BMT fellowship certainly played a very large role in my current position. Otherwise, I cannot think of anything specific that got me to this place.

**3. Is this career path what you expected? Please explain.**

Overall, yes. I knew I wanted to have a career at an academic center with a more clinical than research focus, but also knew I wanted to do clinical research as a part of my role. I did not enter peds heme/onc fellowship thinking I would do transplant but through my experiences in residency and fellowship, it became clear that it was the field that I was most excited about. I love that I still get to take care of leukemia patients which was where my strongest interest was, but I felt like transplant allowed me to make an impact on outcomes not just for the high-risk leukemia patients but also for all patients getting transplant. That is where my interest in post-transplant complications, especially TA-TMA came into play. I also did not think I would be as involved in medical education as I am. I always loved teaching and mentoring but didn't necessarily see myself in a formal role. But when the opportunity came up to be an associate fellowship director a few years ago, I couldn't turn it down as I loved the fellows and knew that being a part of it would be important and enjoyable. Then the fellowship director left UCSF and I was offered the director spot and it seemed like the right move for both me and the fellowship.

**4. What do you find most rewarding about your current professional role?**

I think my answer is probably what most of us would say and that the favorite part of my job is my amazing patients and their families. While I enter their lives at a very scary time, it is in an

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honor and a joy to take them through the journey and see them thriving months to years later. Even when the outcome isn't as we planned, I have moments with the patients and families that are unique, wonderful, and memorable. To be let into their world at these vulnerable times and to be trusted with the care of themselves/their child is such a gift. Even while thinking about my answer to this question, I have a smile on my face as I think of my patients and my interactions with them. The moments of laughter and smiles that happen, even some of them in times of hardship and sadness, are ones I will always hold on to.

**5. What do you find most challenging about your current professional role?**

The most challenging part of the job is the flip side of the most rewarding. Losing a patient to complications or relapse is devastating. Having to tell a family & patient that things did not go the way we had hoped is heartbreakingly and the most dreaded part of my job. I carry each one of the losses with me to continue to strive and do better for the next patient.

**6. What do you see yourself doing in 5 years and 10 years?**

I do not necessarily see myself professionally doing things too much differently than I am now. I think in 10 years I will no longer be fellowship director as I think it is important that the role has turnover to allow for changes and growth to occur. I hope that I can continue to make an impact in TA-TMA prophylaxis and expand my work beyond UCSF in that regard. I love my job and the different aspects of it and cannot currently see it being much different, maybe a leadership role if an opportunity opens itself up to me, but I think patient care will always be at the heart of what I do.