

SPFC

eim
Ladies Network

DOCTOR
OF THE
MONTH

Interview
with **PROF. JUMMY**

Consultant Family Physician



Can you tell us a bit about your background and early journey into medicine? Was there a defining moment that made you realize, “I want to be a doctor/leader/changemaker”?



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My journey into medicine, and specifically into becoming a holistic, community-focused Family Physician, was not a single, dramatic moment, but a series of clear realizations rooted in my upbringing and early experiences on her unique medical journey.

The seeds of my professional identity were sown during my medical training at the College of Medicine, University of Ibadan. However, the defining moment of realizing my role as a "changemaker" came during my time volunteering with various community health initiatives, particularly organizing free community missions and awareness campaigns and serving as a Community Physician in these outreaches.

In these settings, I constantly encountered patients whose chronic illnesses; like uncontrolled hypertension or diabetes, were not just due to a lack of medication, but a lack of education and access. This was when I realized that true health transformation requires moving beyond the exam room and fuelled my passion to build my greatest impact in community service and mentorship.

Therefore, my path has always been driven by a dual mission: to be an excellent clinician who provides personalized care, and to be an educator and leader who pivots that care by mentoring future healthcare leaders and empowering communities.



Growing up, who were
your Role Models —
especially women?



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My mother was my first role model. She is strong, passionate, determined, and relentless, always maintaining a very positive outlook on life. She viewed challenges as part of the process of making a champion and taught us to show up regardless of setbacks. She also believed deeply in the power of community and the mindset of "it takes a village." To compensate for the social determinants she may have lacked, she ensured we were exposed to women who provided a glimpse into the future we deserved, and she placed us in those nurturing communities.

My first public model was Mee-Mofe Damijo, and she initially inspired me to pursue a career in public speaking and journalism; however, that path was later truncated as my academic prowess and heart for humanity shifted my focus to medicine. My other role model is Mo Abudu. She is a visionary entrepreneur who demonstrated that if you cannot find a platform that reflects your vision, you must build your own. This entrepreneurial and pioneering spirit of creating success where none existed before; while looking fashionable is drives my passion daily.

In medicine, I searched for role models who perfectly matched my vision but found none. It was then that I decided to step up and become that role model myself, aspiring to inspire a community of future healthcare leaders.



What inspired
the birth of
EIM Network,
and how did it evolve from
an idea into a global
movement?



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The creation of the Excellence in Medicine Ladies Network (EIM Network) in 2020 was inspired by a deep sense of isolation and a determination to transform a personal void into a global resource.

During my residency training, I experienced moments of deep isolation and found myself searching online for support and encouragement. While I discovered many valuable women's support groups, some for women in medicine, others more general, none adequately addressed my peculiar situation as a Nigerian female physician and migrant. I consistently felt left out of conversations and disconnected at events, as these communities could not fully understand my unique African residency journey, the context of practicing medicine in Africa, or the specific career path I desired.

This repeated experience of unmet needs led to a clear realization: rather than seeking a seat at existing tables, I needed to build my own table and chairs from fine African Mahogany, and invite ambitious, excellence-driven, restless, and innovative African Physicians with a like passion to form our unique community.





The community leverages my over 20 years of extensive international and local experience and my strong background in medicine (being the daughter, sister, and wife of a physician) to empower, advocate for and reform medical education and mentorship globally. This unique combination makes EIM a vital platform for the success of women in medicine worldwide.

Its achievements include establishing the EIM Meet-up Hub for continuous support and professional skill-building, monthly career advancing webinars, opportunities for outreaches and missions and hosting high-visibility events like the IWD and GAWIM Summit. EIM's commitment to advocacy and growth is further formalized through its Scholarships, mentorship and research activities, thereby positioning the network as a leading force in driving both personal excellence and systemic change for women in medicine globally.

The EIM Network's success demonstrates my exceptional capacity for leadership, community building, and program development.



EIM focuses on connection, empowerment, support, and helping women develop personally, professionally, creatively, and entrepreneurially.

How did you identify these as critical gaps for women in medicine?



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The Excellence in Medicine Ladies Network (EIM Network) was founded in 2020 by identifying critical gaps in the support structure for ambitious female physicians, particularly those of African descent. My insights were rooted in the isolation I experienced as a Nigerian physician navigating international healthcare systems, which lacked cultural context and holistic professional guidance. I recognized that clinical excellence alone is insufficient so I targeted the need for Professional and Entrepreneurial skills by integrating Masterclasses which we host monthly as career advancing webinars. Also, acknowledging the high burnout rate, I chose to ensure that wellness was the core of our community.

I have deliberately created a safe space and opportunities for lifestyle coaching to build emotional resilience and set boundaries, ensuring ambition is sustainable. Through coordinating and planning our events and conferences, members are trained to become influential advocates and thought leaders. Most importantly, EIM fills the Connection gap by creating a community that understands the unique pressures of African medical training, migration, and cultural expectations, moving beyond generic networking to provide truly empathetic and relevant support. robust, visible, and enduring excellence in medicine.



In your own words,
what makes EIM
different from other
medical associations or
networks?



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Many talented female physicians remain clinically excellent but professionally invisible, struggling to find their voice or platform for advocacy and thought leadership. My own journey, from isolation to building a network, taught me that visibility is power. Women physicians needed encouragement and tools to articulate their experiences and expertise. That's why this network has created avenues like the EIM Media Club (for writing articles, podcasts, and the EIM Lady magazine) and provided powerful stages like our annual community outreaches, the Elevate Wellness conference and retreat and the GAWIM Summit, empowering members to become visible advocates and thought leaders.

In essence, EIM Network's focus areas are a direct, holistic response to the systemic and cultural blind spots I encountered, ensuring that "Excellence in Medicine" means success that is robust, visible, sustainable, and rooted in a strong community.



How can young women
in medicine get
involved in EIM and
what benefits can they expect
from being part of this
community?



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The Excellence in Medicine Ladies Network (EIM Network) offers a structured, holistic and comprehensive approach for involvement, catering specifically to ambitious female physicians and medical students globally.

1. How to Get Involved in the EIM Network

Young women in medicine can join the EIM community through a selective online application process, ensuring a high-quality, committed membership base.

The EIM Lady Profile: Membership is open to any ambitious female physician or medical student (MD, DO, MBBS, DDS, DMD, DPM) who is excellence-driven, passionate, vivacious, and committed to community building and impacting African healthcare. Applicants must be prepared to cultivate these characteristics.

Application and Selection: Potential members must submit an online application. Membership is not automatic; it is approved through a selective process to maintain the network's integrity and quality of engagement. Members are expected to sign an Agreement Form regarding conduct and professional comportment.





Enrollment Status: EIM Network runs recurring payments for membership, 12 monthly or 6 monthly. The year starts in December to December. Interested women should join send an email to eimladiesnetwork@gmail.com for fill our online form found on our website or SM pages.

2. Expected Benefits of Being Part of the EIM Community

Membership in EIM is a commitment to holistic growth, providing tailored resources in four key areas of development.

1. Professional and Career Mastery

EIM equips members with the non-clinical tools necessary to thrive and lead in complex global healthcare environments.

Access to LIVE Webinars and recordings from leading experts, as well as monthly Masterclasses covering critical skills often overlooked in medical school, such as goal setting and visioning, harnessing soft skills, contract negotiation, business acumen, finance, and legacy building to provide continuous mentorship and leadership training.

2. Community, Connection, and Support

The EIM Hub is the central pillar, which we have deliberately cultivated as a safe, affirming, non-judgmental, and intentional space for members to share experiences, unwind, and discuss personal, career, and business opportunities.





Live support to offer emotional counseling and peer support on sensitive issues like grief, burnout, anxiety, relationships, and family pressure (Note: These groups are non-recorded, HIPAA compliant, and adhere to strict confidentiality guidelines).

Networking: Immediate access to a community of like-minded, excellence-driven women and exclusive invitations to In-Person meet-ups, pop-ups, and the Annual Retreat and Dinner Gala globally.

3. Wellness and Personal Development

The network is committed to ensuring that the pursuit of excellence is sustainable and balanced.

Holistic Wellness: Dedicated Wellness and Support Sessions focusing on mental, emotional, social, and lifestyle management (e.g., coping mechanisms, fitness, meditation).

The Annual Retreat: Provides a 3-day weekend dedicated to unwinding and recharging through wellness workshops and empowering sessions on topics like finding purpose and building resilience.



4. Global Impact and Advocacy

EIM provides a platform for members to amplify their voices and contribute to global change.

Thought Leadership: Involvement in the EIM Media Club for writing articles, creating podcasts, contributing to scientific research and contributing to the annual The EIM Lady magazine.

Advocacy and Outreach: Participation in the EIM Missions and Community Development Club for outreach to underserved areas and advocacy for improved quality of healthcare.

Recognition: Opportunity to be recognized at the annual awards ceremony and the prestige associated with participating in major events like the GAWIM Summit and its international alliance.



What is your long-term vision for EIM in the next 5-10 years?



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My long-term vision for the Excellence in Medicine Ladies Network (EIM Network) over the next 5 to 10 years is to transition from a successful virtual community into a globally recognized educational and advocacy institution. The goal is not merely to support ambitious female physicians, but to fundamentally shift the landscape of medical leadership and wellness, particularly for women of African descent, by scaling our impact across four strategic pillars.

1. Institutionalization and Educational Accreditation

Within 5 to 7 years, I envision EIM moving beyond volunteer-led monthly sessions to offering certified, accredited educational programs.

EIM Leadership Academy: Formalizing the current Masterclasses into a structured curriculum with accreditation (e.g., CME credits or a recognized certification in Physician Leadership and Financial Wellness). This ensures the skills we teach are recognized credentials that significantly enhance our members' professional portfolios.

Formal Mentorship Infrastructure: Institutionalizing the mentorship program into an official structure that includes formal mentor training and certified curriculum, ensuring every mentee receives consistent, high-quality guidance tailored to their specific career migration or specialization path.



2. Global Physical Footprint and Regional Hubs

While our digital reach is global, the power of connection requires physical gathering. The long-term vision includes establishing a physical presence to facilitate deeper connections and research collaborations.

EIM Centers of Excellence: Establishing several dedicated regional hubs; one in West Africa one in North America, the United Kingdom, the Caribbeans, South and Central Africa, etc. to serve as physical spaces for intensive leadership retreats, wellness workshops, and networking.

Annual GAWIM Summit Expansion: Evolving the Global Africa Women In Medicine (GAWIM) Summit into the preeminent, internationally recognized annual conference for women in medicine, focusing heavily on policy discussion and large-scale data presentation.

3. Scholarly Output and Policy Advocacy

The network's commitment to academic excellence must transition into generating measurable data and influencing policy.

EIM Research Hub: Accessing and utilizing the EIM Annual Fellowship and Grant Award to fund original research focused on women's issues in medicine, and become a source of verifiable data for the global scientific community. The data generated by our members will be presented at major international meetings and published under the EIM banner.





Policy Influence: Leveraging our growing global physician alliance to become a powerful advocacy voice, influencing policies regarding equity, maternal health, and physician recruitment/retention in both African nations and countries receiving migrant physicians.

4. Financial Sustainability and Legacy

The ultimate vision is to secure the network's legacy through financial independence, ensuring that scholarships and innovation grants become significant and permanent.

Endowment Fund Growth: Aggressively growing the EIM Endowment Fund through corporate partnerships and the Friends of EIM group to reach a level that can fully fund hundreds of scholarships and multiple large innovation grants annually. This ensures that financial barriers never prevent ambitious young female physicians from accessing EIM's resources or pursuing their educational goals.

In essence, the next decade is about moving EIM from being an influential network to being a permanent force multiplier, a respected institution that formally produces healthcare leaders, generates original scholarship, and shapes health policy on a global scale.



What inspired the vision for the Global Africa Women in Medicine (GAWIM) conference?



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The vision for the Global Africa Women in Medicine (GAWIM) Summit was directly inspired by the recognized need to elevate the Excellence in Medicine Ladies Network (EIM Network) from a successful digital community into a powerful, internationally recognized movement. The driving force behind GAWIM was the ambition to formalize and amplify the core values of EIM through an excellence inspired annual event that could not be ignored on the global stage.



Before GAWIM became a reality, what fears or doubts did you struggle with?



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That is a powerful question, as every major endeavor is shadowed by moments of doubt. Launching the Global Africa Women in Medicine (GAWIM) Summit was a significant leap, transitioning the EIM Network from a successful virtual community to a high-stakes, international event.

The EIM Network is currently run by highly motivated volunteers physicians with demanding careers. My biggest fear was whether we could pivot from managing digital meetups to handling the enormous logistical and financial complexity of an international conference.

Also, would the content resonate equally with those trained in resource-rich environments versus those in resource-constrained settings?

The EIM vision demands that high quality does not equal high exclusion. Our commitment to offering scholarships and making the event inclusive for students and unemployed doctors significantly amplified the financial burden. Could we raise enough capital through sponsorships and partnerships to cover the high costs while keeping registration fees accessible to medical students and residents? The risk of hosting a large-scale financial loss was real.



Ultimately, these fears reinforced the very reason GAWIM needed to exist: Excellence requires vulnerability and intentional support. Overcoming these doubts was a powerful affirmation of my ability to lead a complex, high-stakes project from vision to execution, a skill set I have build through my journey over the last few decades.



What was the biggest challenge you faced while organizing the first GAWIM, and how did you overcome it?

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What should we expect from the next edition of GAWIM more countries? More specialties?



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The next edition of the Global Africa Women in Medicine (GAWIM) Summit is expected to build strategically upon its successful debut, moving beyond simple growth in attendance to achieve institutional influence and educational accreditation. The focus is more on deepening the impact and having a broader attendance from other African countries.

Future GAWIM events will focus on high-level, non-clinical skills crucial for leadership, such as Health Policy, Business Acumen, and Healthcare Administration. This will require greater representation from specialties focused on governance and advocacy, not just clinical practice.

Furthermore, the summit will solidify its role as a thought leadership platform. Expect to see dedicated sessions where members present original research funded by the EIM Grants, generating data on critical issues like physician burnout and gender equity in healthcare. This transformation is aimed at making GAWIM a central voice for policy change, attracting the participation of Ministers of Health and university administrators from various African nations to turn summit discussions into tangible action and legislative reform.



Finally, the unique commitment to holistic support will be institutionalized. Future summits will potentially offer modules that lead to accredited certifications (e.g., in Physician Leadership), securing EIM's place as an educational institution that produces not just excellent clinicians, but powerful and sustainable global leaders.



When you reflect on GAWIM today, what moment made you say, “This was worth it”?



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The moment I looked around the room and saw brilliant, high-achieving women; Amazons, consultants, residents, and medical students; not having to hide or apologize for their lives. They were able to engage in vital professional networking, skill-building, and advocacy.

Also, during the gala, a young medical resident approached me, her eyes tearing up, and simply said: "Thank you for building a space where I don't have to choose." She explained that she had almost canceled her attendance because she couldn't afford childcare and a sitter while traveling. Seeing the intentional effort EIM made to support her whole life; not just her CV; gave her the energy and belief to continue her challenging training.

It confirmed that the immense logistical effort, the financial risks, and the personal doubts were entirely justified because EIM had physically delivered a space where female physicians could pursue their excellence without sacrificing their identity as wives, mothers, or whole human beings. That was the ultimate win.



Congratulations on your
new role as an
Associate Professor —
how did you feel when you
received the news?



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Thank you so much for the congratulations.

When I received the news about my appointment as an Assistant Professor, I felt an overwhelming sense of excitement and validation.

It wasn't just about the title; it was the realization that the School of Medicine had recognized the value of my commitment to whole-person care, community engagement, and integrating Lifestyle Medicine into medical education. It felt like the perfect alignment of my career dedication and the school's mission to serve the diverse needs of the region.

I felt incredibly motivated—ready to hit the ground running to develop those community-focused projects, start mentoring students, and contribute to advancing the vision of the medical school.



Many people see the title but not the sacrifices, what was the hardest part of that journey? What habits, routines, or mindset helped you rise to that level in academia?



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The Hardest Part of the Journey

For me, the single hardest part was maintaining consistency and structure while transitioning between different healthcare systems and cultures.

Moving my career, and clinical knowledge base, between systems (like coming from Nigeria to the US) required intense study, re-certification, and adapting my approach to different patient populations and regulatory environments. This often meant sacrificing evenings and weekends to study while being present for family. It required saying "no" to many things, even good ones, to say "yes" to the few things that moved my academic and professional mission forward.

It meant building a growth mindset and surrounding myself with mentors those who excelled in areas where I felt I needed growth. I also poured into the younger generation coming behind.



Also, my career goal was always anchored in the mission of serving underserved populations and improving health outcomes through prevention. This purpose acted as my "why" and powered me through periods of fatigue and doubt. When I felt overwhelmed, refocusing on my why provided the necessary motivation.

Because of my schedule, I didn't wait for large blocks of time for study. I developed a non-negotiable routine of dedicating allotted time and this I did was daily, fostering steady, incremental progress over years. Finally, my faith in God was an anchor in the times of uncertainty.



What do you wish
someone had
told you at the
beginning of your career?



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If I could speak to my younger self at the start of my medical career, what I wish someone had told me that my worth is not measured by my clinical output alone.

I wish someone had helped me navigate how to prioritize the non-clinical skills and that is more important for career longevity and fulfillment than another certification. I wish I had understood sooner that learning how to manage my leadership was a key pillar in my journey as a woman in medicine.

Dear younger me, authenticity is key, especially as a migrant physician, where there was immense pressure to assimilate, silence my cultural background, and minimize the unique challenges we face to appear strong and capable. I spent too much energy trying to fit a mold. I wish I had been told to fiercely protect my identity and use my unique perspective as the lens through which I viewed systemic change.

I wish someone had told me that relying on and building a community is not a sign of weakness, but a strategic necessity for navigating the medical environment, especially for women. Community is the essential infrastructure that provides psychological safety, mentorship, and collective power when confronting challenges like sexism or professional bias. It's the most powerful career investment you can make.



How can young women
in medicine combine
purpose, passion,
family and faith without
burning out?



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This is the ultimate question for high-achieving women in medicine, and it speaks directly to the core mission of the EIM Network. Integrating those four pillars; Purpose, Passion, Family, and Faith, without burning out requires moving away from the medical culture of self sacrifice and social isolation and adopting a framework of intentional integration in community and boundary management.

You need to define your purpose and find your passion. Your purpose is your why (medical specialty choice, career route etc., while your passion is the how. This is your creative outlet. This means dedicating time, even if small, to pursuits outside the clinic, whether that is writing, entrepreneurship, or volunteering. Burnout occurs when we allow medicine become Lord and Master and dictate our lives. But balance is achieved by acknowledging and honoring the need for multiple, distinct passion projects that equally define you.



Also, the two areas that often suffer because we take them for granted are family and faith, and they must be treated not as activities to squeeze in, but as non-negotiable infrastructural pillars that provide rest, perspective, and stability. Put family and/or faith time in the calendar and treat it with the same non-cancellable reverence as a critical exam or mandatory meeting. Finally, high achievers must learn to delegate and outsource domestic labor without guilt, treating time as their most valuable commodity. Consistent, protected time for reflection, prayer, or communal worship serves as a necessary psychological decompression chamber, resetting the mind and spirit before returning to the high-stress environment of medicine.

I have been burnout twice and this is the result of limitless demands meeting limited resources; especially demand for my time and mental capacity. The single most powerful tool for reducing burnout is the implementation of firm boundaries. This means learning to say "No" to opportunities that are merely "good" in order to preserve energy for the "great" the activities aligned with purpose, passion, family, and faith. I advice setting firm boundaries in the 4 pillars. No is a complete sentence.



If you had to give one mantra to every African woman in medicine, what would it be?



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“You are more than your title. You define your boundaries, You own your brilliance, and you rise without burnout, building a enduring legacy.”



What keeps you grounded despite your achievements?



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For me, despite the milestones of the my career journey, now as assistant professor, success of the EIM Network over the last 5 years and the successful GAWIM Summit, what keeps me grounded is anchored in my faith. Everything I am and have was given; that the talent, the vision, and the capacity to build EIM. I was commissioned to serve my generation. When you view your achievements as a mandate to serve, rather than a personal trophy, it fundamentally changes your relationship with the work. My second and most powerful anchor is the daily, relational accountability I feel toward the ladies of EIM. The EIM members who are showing up, being vulnerable, and trusting the platform with their professional and personal dreams. My professional integrity is their safe space. If I were to become distracted by accolades or step away from the core values of excellence and sustainable success, the network suffers, and their journey becomes harder.

In summary, I am grounded not by looking backward at what we have achieved, but by looking forward at the magnitude of the work left undone; the women yet to be mentored, the policies yet to be changed, and the systemic barriers yet to be dismantled. The mission is too compelling to allow for complacency.



If your journey was a book, what would the title be?



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The title of my book would be a reflection of my journey, it's unexpected turns, my commitment to community, and the defiance of the odds: *The Turn and the Triumph; A fortuitous journey to achievement and collective excellence.*



Finish this sentence:
“Success for me
means...”



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Success for me means the creation of this global legacy infrastructure; that I have established this community, secured its foundations, impacted generations of women and achieved my highest purpose while remaining whole, fulfilled, and deeply present for my family and my faith.



💡💡 Before we end this interview, I have to ask you something.

The first day I saw you at GAWIM, the energy you carry eh. I said, No, this woman na full power house, so much energy and ginger – Has this ginger always been your default mode from childhood or did purpose and leadership inflate your energy like dollar rate?



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Awww. That is a powerful compliment, and I deeply appreciate you seeing that ginger on display at GAWIM. It speaks to the authenticity of the passion that drives the network.

The answer is complex: it is a blend of innate wiring combined with intentional amplification driven by purpose and mission. Yes, there is an innate element to this energy. I was raised with a relentless, shangree (I won't settle) spirit instilled by my mother. My default setting has always been one of movement, creation, and responsibility; as first born, from organizing activities in medical school to taking on leadership roles early in my career. That sense of optimism and the inability to sit still when I see a problem are foundational. That "ginger" is the natural engine I was born with. However, the powerful energy you saw at GAWIM; the kind that moves mountains and hosts international conferences, was harnessed and refined by the pain, purpose, and the resulting leadership commission. Once my purpose became clear, my energy found its focus and it's about serving a vision bigger than myself, which makes my energy feel limitless and regenerative. Leadership requires me to show up as the strongest, most anchored version of myself to inspire action, attract new members, secure partnerships, and sustain the vision. I am fueled by the fact that I am representing thousands (hopefully millions in the future) of incredible women globally.



In summary, my pain showed me the problem, then I found my purpose and the leadership commission gave me the permission to use all that ginger to build the solution. The ginger is my passion.

I'm glad you appreciated it.



**THANK
YOU**

