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FROM THE EDITOR'S DESK

**Special Theme Issue:
Deconstructing Work-Life
Balance**

Mitchell D. Feldman, MD, MPhil, and Malathi Srinivasan, MD

Mitchell D. Feldman, MD, MPhil, is Professor of Medicine and Director of Faculty Mentoring at UCSF. Malathi Srinivasan, MD, co-editor of Forum, is based at UC Davis.

"The best and safest thing is to keep a balance in your life, acknowledge the great powers around us and in us. If you can do that, and live that way, you are really a wise man."
—Euripides (484–406 BC)

This special theme issue of *Forum* is dedicated to the challenge of professional-personal balance. We deconstruct work-life balance from a variety of perspectives: the division chief, the medical learner, even our Society's president. We also explore how different professionals struggle to achieve (and have achieved) personal balance. We discuss a program, the Horn Scholarship, that funds talented faculty for part-time academic positions (applications now open). Two articles focus on the role of mentorship and values elicitation in achieving appropriate, tailored personal balance.

Why devote a theme issue to personal-professional balance? A lack of balance can negatively impact all aspects of our lives. It can rob us of a sense of joy at work and at home. It can hinder communication with our patients, students, and colleagues and become a major cause of stress and burnout. A recent AAMC publication (Lobas, 2006) identified critical

factors for internal medicine department chairs to succeed as effective leaders. It is no surprise that a lack of balance was seen as one of four significant factors contributing to the high failure rate of department chairs and the "extraordinary" turnover rate among academic leaders.

Conversely, maintaining balance is an antidote to burnout; it contributes to a sense of well-being and helps make us more effective in our work and more present in our personal lives. Balance is also an organizational and political issue. The personal commitment of physicians to make choices that promote personal-professional balance can easily be eroded by organizations that reward overwork. As role models, mentors, and leaders, we must strive individually to live more balanced lives to promote a culture of balance for ourselves and those who will follow.

Is the need for balance a new phenomenon? Workforce gender equality and shifting family roles have created new stresses on balancing work, family, and personal interests. Over the past 30 years, a work culture in medicine dominated by career-driven professionals (often men with traditional stay-at-home wives) has given way to a more inclusive one where

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HUMAN MEDICINE

Part 1: Mentoring for Balance

Mitchell D. Feldman, MD, MPhil; John Christensen, PhD; Carole Warde, MD

Human Medicine focuses on understanding the current state of medical practice from a historical/sociopolitical perspective. This month, in the context of the current cultural and financial milieu, we examine two differing perspectives, based on job position, discussing the balance between personal needs and institutional academic and financial responsibilities.

Case: “Dr. Ima Junior” is a 30-year-old assistant professor who joined the medical school faculty five years earlier as a clinician-educator. When first hired, she negotiated to work 80% in order to spend more time at home with her young child. She had planned to increase her time to 100% after a few years and pursue the research she had started during fellowship but has lately been thinking about cutting back to 70% to spend more time volunteering in her child’s school. She is feeling increasingly torn between her personal and professional lives. While she feels supported by her mentor and department chair, “Dr. Hyman Charge,” Ima has not felt comfortable raising these issues with him.

Likewise, “Dr. Charge” is feeling increasingly frustrated with Ima. At the time of her hiring, he agreed to her request for part-time work and offered to support an additional 20% of her time to further develop her scholarly interests and skills that he presumed eventually would lead to funding opportunities. He is disappointed that Ima has neither secured any grants nor completed the manuscript that they are writing together. He is worried about Ima’s long-term prospects in an academic career.

In his classic book on mentoring, *The Seasons of a Man’s Life*, D.J. Levinson asserts that “the mentoring relationship is one of the most complex and developmentally important” in a person’s life.

Levinson writes that the mentor will act as teacher, sponsor, exemplar, guide, counselor—and most importantly—will “assist and facilitate the realization of the (mentee’s) dream.” In fact, research has demonstrated that having a mentor is associated with important career goals such as productivity, promotion, remuneration, and job satisfaction.

While these traditional metrics of career success are associated with mentoring, what about personal-professional balance? To what extent can mentors assist their protégés in successfully balancing work with their personal values and commitments? What are the responsibilities and potential pitfalls for both mentees and mentors in this important domain?

Work-life balance issues are powerful determinants of satisfaction at
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Considering Balance

Robert Centor, MD

The truth is, balance is bunk. It is an unattainable pipe dream, a vain artifice that offers mostly rhetorical solutions to problems of logistics and economics. The quest for balance between work and life, as we've come to think of it, isn't just a losing proposition; it's a hurtful, destructive one.

—Keith H. Hammonds

Unfortunately, the phrase work-life balance sometimes becomes a euphemism. What do we really mean with this phrase? What do I mean?

I love my job. I love being a physician, teaching, and even administering. Were I magically 22 again, and knew everything that I now know, I would choose the same career (although I would change a few steps on the journey).

Achieving balance becomes a difficult concept to discuss, since we each value our work and personal lives differently. Those who really love their work (the good workaholics) can achieve balance much more easily than those who dislike their jobs. If you hate your work, you can only achieve balance by finding a different job!

But for now I will assume that most who are reading this do like their profession. Given that assumption, I will explore work-life balance.

One of my favorite patient questions is also one of my favorite interview questions! What do you do for fun? When I talk to patients, this question does two things: it gives me a clue to depression (amazing how many patients tell me that nothing is fun), and it gives me context about the patient. Knowing what a patient considers fun informs my



future interactions with the patient.

Similarly, I like to know what faculty, residents, students, and staff find fun. Understanding someone's passions helps us make connections.

As I consider balance in my own life, I consider my passions. If I am able

Balance does not preclude working long hours. Some people stay in balance and work long hours. Others need to work shorter hours to ensure balance.

to enjoy my passions (golf, fiction, a few TV shows, some movies, music, family, and friends), then I consider myself balanced. Balance does not derive from a number of hours at work balanced by a number of hours away from work but rather enough time left for me to “sharpen the saw.”

Balance does not preclude working
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Is Physician “Wellness” a Better Goal than “Balance” in Residency?

Karran Phillips, MD, MS, and Malathi Srinivasan, MD

“The distinction, to me, between work and life seems a bit forced—as if work were one thing, and life, altogether, another. The life of a resident, whether working an 80-hour week or a 100-hour week or even a 60-hour week, is difficult. The greater part of the day, and sometimes too, of the night, is spent thinking about medicine and one’s patients, and that, simply, is the nature of the choice. I would rather ask, “How can we bring work into life or life into work?” It’s not so much the time, the by-the-clock hours, that matter, but some way of processing those hours, making them contextually sensible.”—Rishi Goyal (internal medicine resident at Columbia University and Associate Editor, SGIM Forum)

The training environment in medicine is necessarily rigorous. As trainees, we spend thousands of grueling hours to achieve basic competence in our complicated craft of internal medicine. Most of us remember sleepless nights on call, pagers screaming “CODE BLUE, 2nd floor” at 2 am, while our saner friends were home sleeping calmly through the night.

Professional rigor demands commitment. Commitment demands time. Time is a limited commodity, especially in residency.

Studies by Baldwin (1998) and Saunders (2005) showed that residents were working 70- to 90-hour weeks before ACGME work-hour reform—worse during their internship year, better as a PGY 2 and 3. Assuming six to seven hours of sleep a night, on average, this left four to five hours a day to exercise, to shower, to get to work, and to eat. Since the ACGME work-hour reform in 2003, residents have had slightly more time for non-clinical activities, including a full day off per week.

The idea of “balance” implies a significant commitment to non-trainee activity during a time of intense learning and work—time to play musical instruments, to learn a new language, to have meaningful time with spouses and children, to travel. While this might not be possible for everyone, most residents can achieve a sense of *personal wellness*—attending to their emotional/mental/physical health and keeping themselves inspired, passionate, and healthy.

Personally, I spent fewer hours in the hospital later in my training, partly due to ACGME reforms but also because of the different responsibilities a third-year resident and the comfort I had developed with my hospital’s system. Efficiency gained through new confidence and clinical skills left me with additional time to pursue personal wellness.

Was my experience unique? I asked three current Hopkins GIM fellows to share their thoughts on achieving wellness during their residency training.

While in residency at UCSF, Neda Ratanawongsa said, “The best resource

was my friends in the residency program. We had support groups once a month—sponsored by the residency—during which the residents on stressful rotations could vent their frustrations.”

Tony Boonyasi shared, “[Before work hour reform], residency at Baylor was a miserable experience; I spent countless hours inside the hospital and lacked nearby friends or family for my days off. By my final year, my close friends and I ran in local races together and often cooked dinner at each other’s apartments. Even though I was still working 110+ hours each week, I felt

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ACGIM

Four Tires—A Chiefs’ View

Anna Maio, MD, and Malathi Srinivasan, MD

Division chiefs manage the “work” of “work-life balance.” We assign work, measure work, create compensation plans to incentivise work, and mentor work.

Chiefs, for better or worse, have split duties—to the individual faculty, to divisional learners, to the entire division, and to the organization as a whole. Of course, this picture is complicated. Individuals in the division share a common culture and setting (and often friendships). The chief’s job is to ensure both individual and collective success. Creating an environment that is fair to all can be challenging, given the limitations of time and money.

Often, the needs of the division must come before the needs of the individual. Finances and resources that are negotiated with the dean or department chair dictate how the environment promotes/inhibits individual professional or personal growth. GIM’s position as a loss leader, but referral source, hampers our negotiating power.

Special considerations apply in regard to promoting balance. A top-notch division must be supported by productive, satisfied faculty whose work is concordant with their values. Even one significantly dissatisfied faculty member can tarnish the division in the

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FROM THE FIELD

Wednesday Mornings... The Birth of the Horn Scholars' Program

Carole Warde, MD

The Mary O' Flaherty Horn Scholars' Program in General Internal Medicine will be accepting applications through January 19, 2007. This program is for clinician-educators to balance their family needs, social responsibilities, and career achievements by working in half of a full-time funded academic position. Applications are available at <http://www.sгим.org>.

Wednesday mornings were the best part of the week. My partner Mary and I arrived early to divide our responsibilities: see the uninsured hospitalized patients, facilitate morning report, work on teaching materials, and manage the resident's clinic. A staff meeting fit in somewhere, as did time to coordinate our shared FTE as clinical faculty and ambulatory clinic co-directors. And we never failed to catch-up on our lives outside of medicine: the great book group that Mary ran for her daughter's middle school, the Gymboree class I attended with my infant, or the trips that we were planning.

Mary and I each worked two full days alone and Wednesday mornings together. This arrangement allowed us to share our lives, both professionally and personally. It all came together on Wednesday mornings.

Mary had submitted her resignation letter a few months before I started the job. She no longer wanted to be the "superwoman" she had become. She was tired of the time pressure at work to leave at a decent hour and of the guilt she felt for missing her kids as they were growing up. Rather than resigning, her colleagues allowed her to design a schedule that met her personal and professional needs.

Mary wanted to split her job with another physician who shared the same personal and professional values and work ethic.

My job interview was like no other. In addition to someone with sound clinical judgment and a passion for education, Mary was looking for someone with shared work-family

values, someone who would work together with her to make the part-time and shared nature of the job stick.

These values and goals were the foundation of our successful part-time work. We supported each other as we lived according to our values. We served as each other's barometer for anything that threatened the delicate work-family balance that we lived. Immersion in all aspects of the job while we worked helped us to seamlessly provide the continuity of care and teaching that prevented our patients and students from suffering from lack of coordination. It was a fantastic learning experience for each of us, as well as for our patients, trainees, and colleagues. Two thoughtful, creative minds provided the

insight and wisdom of our combined experiences in everything we did.

Our working situation is a "best practice" for part-time academic faculty. The Mary O'Flaherty Horn Scholars' Program in General Internal Medicine was established in 2000 after Mary Horn's untimely death, due to complications of ALS, and provides the opportunity and financial support for an individual who wants to live the balance that a part-time academic position provides. For more information and application requirements, please check the SGIM website today. **SGIM**

To provide comments or feedback about From the Field, please contact Carole Warde at cwarde@memorialcare.org.

HUMAN MEDICINE

Part 2: Practical Mentoring Tips That Work

Linda Pinsky, MD

I am doing another national workshop on balancing personal and professional life, I announce.

"Really?" my husband asks. "Is this a case of those who can, do, and those who can't, teach?" I laugh, but not very much.

While I may be deficient in achieving balance, I have successfully mentored people about assuring greater balance in their lives. Hopefully the following tips will help you mentor others successfully—and remind me to mentor myself.

When mentoring about achieving

personal balance, as with most topics, it is best to **listen more and talk less**.

Different people have differing levels of skill in reflection. A mentor's goal is to help the mentees develop their skills in reflection and problem-solving via a process of facilitated introspection.

As a mentor:

1. Start from the positive. Ask mentees to consider the positives of the work/personal life dichotomy. If they cannot come up with anything, at least remind them that it's good that two such

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ABSTRACTIONS

Working to Live or Living to Work?

Jeff Jackson, MD

This month Jeff Jackson, MD, chats with Rebecca Harrison, the current SGIM Horn Scholar. Rebecca is a part-time hospitalist at Oregon Health and Sciences University and a full-time mother to three-year-old twins and a 4-year-old. The Horn Scholarship provides 25 percent support for a 50 percent position for three years, with the awardee's institution providing 25 percent support for an additional three years after the grant is over. The scholarship is competitively awarded every three years.

So the Horn scholarship is designed to help you achieve balance. Has it succeeded?

The term “balance” bothers me because it’s as variable as individuals are. I’m not necessarily more balanced, but I feel more fulfilled by elevating my family life to the same level of importance as my work life. I feel tremendously grateful for the Horn Scholarship; it is a gift that I’m going to treasure the rest of my life.

But the scholarship is only three years long. When you started, your kids were very little. When you finish, they’ll still be very little....

If they could give me a Horn Scholarship the rest of my life, I’d take it [laughter]. The scholarship has given me not just financial support but also insight into myself. It’s made me realize that I needed to take control of my life. The only person I had to blame for working too much was me!

So many of us get on the treadmill. We’re like little mice, our little feet churning and churning, and then we look up and realize that 15 years have passed.

You really need to figure out what’s the most important thing in life and ask if you’re living within your values and priorities. Then, ask what you need to do to get there and identify the barriers along the way.

The unexamined life is not worth living....

It doesn’t have to be as dramatic as going part-time. You can think about making small but tangible changes that

may make a profound difference in your mental health and personal well-being—maybe just swimming laps on Wednesday morning.

Do you have any specific tips?

First, schedule personal time and treat it with the same importance as patient appointments. Before, I would try to fit family into my professional life, and they often got bumped. Now I schedule my kids’ music class or play group. Second, you have to learn how to say no.

That’s so hard. What if it’s really a great opportunity?

Well, think about it for a few days. If it’s really a great opportunity, and you decide to take it on, you’ll have to subtract something else; seek out a mentor to help you figure it out.

I just try to squeeze it in on top of everything else.

Most of us do. One of my mentors was great to help me realize that you can’t

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ASK THE EXPERT

Search for Balance: Trying Not to Tip the Scales

Adina Kalet, MD, MPH, and Nina Bickell, MD, MPH

In this issue, Associate Editor Nina Bickell asks Adina Kalet, Associate Professor of Medicine and Surgery at New York University, about crafting a career and achieving balance in home and work life.

What is balance?

For me, it is about deciding what, if lost from my day-to-day life, would make me miserable. Working towards balance takes enormous energy, planning, and attention to detail.

How do you think about work-life?

I think of it this way. One’s work-life should include three perspectives: job, work, and career. A job is what we do day-to-day. It is the element that changes the most and usually varies in the shortest intervals. The job defines the structure of our lives and how much

absolute time we spend in direct patient care, teaching, meetings, and administrative activities. It also dictates what resources we have available to make a life.

Work, on the other hand, is about content and substance. It’s what makes maintaining a hectic schedule, leaving home in the morning, and having less down time worthwhile. The work is what makes us happy, e.g., writing, doing research, seeing patients, or doing administration.

Career is the longer-term expression

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The personal commitment of physicians to make choices that promote personal-professional balance can easily be eroded by organizations that reward overwork.

both partners participate in child-rearing and professional work. Increasingly, all physicians seek innovative ways of maintaining connections with meaningful non-professional interests.

In these discussions, the societal context for personal balance matters. "All of us come of age in a particular time and place—an era—that shapes us in large and small ways," states Warren Bennis in his 2002 book. For instance, generational differences may be shaped by sentinel events that occurred when

we came of age. For example, the instability of the depression and patriotism of World War II may have created a strong work-centered ethic in our oldest medical colleagues (*Traditionalists*, born 1900 to 1945). Traditionalists focused on stability, loyalty, and discipline to achieve success for their family. *Baby Boomers* (born 1946 to 1964) competed with each

other for jobs, challenged racial/gender inequality, and created the new 80-hour work week. They focused on individual career success as a marker of achievement. *Gen-Xers* (born 1965 to 1980), facing high divorce rates, family instability, and technology change in a shrinking work marketplace, adapted to these changes by switching jobs often and valuing life outside of work.

The oldest *Millennials* (born 1980 to 1999) are just entering the work force. Their familiarity with technology-

related economic recessions, increased terrorism, improved communications, and job instability may result in a group that values skills over profession. How their group ethos will affect medical training and practice is an open question. With every group, context matters.

In this issue, we have highlighted quotes taken from national workshops on work-life balance that reflect the accumulated wisdom (and skepticism) on balance from our SGIM membership. While there is no generic formula or algorithm to achieve a state of balance in one's own life, it is comforting to know that we can draw from the pool of our collective experiences to improve the quality and character of our lives. **SGIM**

To provide comments or feedback about *From the Editor's Desk*, please contact Malathi Srinivasan at malathi@ucdavis.edu.

HUMAN MEDICINE: PART 1

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work and of intention to remain in an academic career. Mentoring can help address these issues and help faculty find a satisfying balance.

Nielson's 2001 paper in the *Journal of Vocational Behavior* reports results from a survey of 2,000 graduates from a business management program. The study found that having a mentor, particularly one that was supportive of the protégé's desire to balance work and family roles and who shared strategies to achieve that balance, was significantly related to lower levels of work-family conflict.

Mentors in academic general internal medicine have a responsibility to help mentees clarify their values, both professional and personal, and to be aware of their own role conflicts as supervisors and mentors. This conflict,

as illustrated by Dr. Charge's need as chair to look out for the finances of the department and as mentor to support Dr. Junior's desire to spend more time with her family, may interfere with the mentor's ability to offer truly objective guidance.

One protégé reported that her mentor/department chair would explicitly preface his comments to her by pretending to remove one hat ("this is my perspective as your department chair") and put on another hat ("this is my advice as your mentor"), thus explicitly acknowledging the role conflict and attempting to make it as transparent as possible.

Mentors must develop "mentee-centered" communication skills in which they are eliciting, actively listening, and acknowledging their

mentees' core values. Likewise, mentees have the responsibility to take the time to reflect on their core values, to make choices consistent with these values (balance requires coming to terms with the fact that you cannot have it all), and to negotiate without sacrificing those values.

Mentoring can be the vehicle by which protégés move toward a more satisfactory work-life equilibrium so that, as Pololi writes in a 2005 issue of *JGIM*, "the mentoring relationship facilitates the formulation and realization of a person's own dream through an evolution of personal growth." **SGIM**

To provide comments or feedback about *Human Medicine*, please contact Mitchell Feldman at mfeldman@medicine.ucsf.edu.

ACGIM

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eyes of the hospital, school of medicine, or professional society. Recruitment becomes difficult. Mildly dissatisfied faculty may join the ranks of the unhappy, cascading these effects. On the flip side, satisfied faculty who promote the division in these venues are an asset for the shared mission of the division and encourage positive, shared values within the group.

For the individual, the chief must proactively identify physician stress and burnout. Being approachable can help. Chiefs should consider having an open-door policy or a time when people can drop by. They must also be mindful of the confidentiality of these discussions.

Think of work-life balance as a car with four good tires. We will call the tires “work/achievement,” “love/respect,” “fun,” and “freedom.” If one tire goes flat or deflates, the ride will be rough. As chiefs, we look for early signs

of low tires among our faculty. Specific examples include being short with learners, rude to nursing staff, argumentative, or late completing tasks. Division chiefs who frequently interact with their faculty notice these changes early; chiefs of large divisions may need the help of other leaders to spot the problems.

Chiefs should not focus on negative signs but move quickly to solutions and interventions. Solutions include understanding one’s responsibility **to** students and patients, while realizing that individuals are responsible **for** one’s spouse, family, and self. Chiefs should promote individual self-care and life-care and create an environment in which individual balance can happen. Chiefs often negotiate for system-based improvement through alliances with other divisions/departments to promote day-care programs for children, flex

hours/shifts, and part-time work programs while being explicit about trade-offs.

In negotiating with division chiefs to achieve balance, the individual faculty or learner should anticipate resource constraints. When negotiation for balance, have in mind the ideal (best for you) and the acceptable situations in which you can still succeed. Balance for one or a few individuals cannot come at the expense of the rest. The resources at stake are time and money, and if your plan for balance involves less of your time, the reality will be less money.

Our goal is to promote our division members. As always, we welcome your thoughts on “balance.” **SGIM**

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ABSTRACTIONS

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do that. Prioritize and decide what to keep. I had to give up parts of my teaching that I had a hard time letting go of. For example, I recently took on a role as fourth-year clerkship director; to do this I had to give up other things. Next, bring your personal as well as professional goals to the attention of division chiefs. They should be asking but often don’t, or they may assume they know what they are. In medicine it often gets pushed to the side. If it’s important, be clear about it. Say, “I want to be around this summer for my kids while they go to soccer camp.” Hopefully, they’ll be receptive to that. If you don’t articulate your needs, the division chiefs will never know.

Are you worried about promotion, going part-time?

Promotion, I’m not too worried about. My division director thinks I’m okay. For me, the hardest part of decelerating

was a shift in my identity, no longer working full time. How is that going to look to the world? Then I realized that I had these three young children and a husband for a reason, and I wanted to be with them.

So what happens in a year when your scholarship is up? I mean the worst thing for a patient with cancer pain is to take the pain away and give it back. It’s harder to bear. Is the scholarship too short to be meaningful?

This scholarship has given me the opportunity to step back, reflect, and prioritize. Even though it’s only three years, it’ll have a life-long effect on me. And it has a ripple effect—not only because my part-time position created another part-time position for a hospitalist and mom but also in talking about it to others. Student and resident wellness is now a real interest of mine. We’re taking care of all these sick and

dying people and I ask, “How are you, and how are you striking a balance during this crazy time?” They’re on the train and they haven’t looked left or right. I’ve had many people approach me and ask how to balance it all...to share the stories. Story sharing is really important in terms of mentoring. Personal stories are important—to model that we don’t know it all and that we’re struggling with these issues too and making certain choices. I think it’s very important. **SGIM**

To provide comments or feedback about Abstractions, please contact Jeff Jackson at jejackson@usuhs.mil.

IN TRAINING

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happier and found myself treating my colleagues and patients with more respect.”

Emily Smith Tonorezos stated, “I purposefully did my residency in a place [Columbia] where I had lots of social support. Mostly I was very fortunate to have friends who were willing to drop everything when I happened to have a night off. Intern year everyone scheduled a ski trip around my two-week vacation. I loved the work and the

people I worked with, so I never felt like I was fully struggling for balance.”

Wellness for these physicians required both personal effort and systematic input. It was not achieved easily. Individuals should take advantage of existing support systems (friends, family) and create additional support systems. Residency training programs should do their part—creating flexible vacation schedules, forming support/social groups, understanding personal

needs, providing gym discounts, and scheduling days-off in advance. Programs can foster mentorship, camaraderie and meaningful invigorating work. Like all good things, *wellness* (or balance) will require effort to attain but result in great personal dividends. **SGIM**

To provide comments or feedback about In Training, please contact Karran Phillips at karran.phillips@jhmi.edu.

HUMAN MEDICINE: PART 2

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When part-time workers' schedules eliminate them from the active work environment, opportunities for better employment responsibilities or advancement may languish.

important things demand their attention. In a more nuanced conversation, help mentees reflect on the benefits derived from balance, such as the times when either of the fields is disappointing and they are buoyed by having the other. You can discuss the skills mentees take from work to home life and vice versa.

2. Help mentees reflect on balance in their current lives. To get specific, you can ask them: “Think of a time when there was conflict between work and your personal life. Describe it and how you dealt with this conflict. Did you end up feeling satisfied with the resolution?” Segue from this discussion to one on their values, their goals for balance, and their interests outside of work. Professional and personal goals may vary dramatically. For some people, balance involves building or maintaining

relationships, pursuing artistic endeavors, or getting involved in community activism.

A self-assessment survey of balance may be of use. The gist of the survey is to first score the importance of specific activities to achieve the desired balance and then

reflect on where those priorities currently stand.

3. Address changes to be made and how to approach those changes.

Mentees can consider how to make the changes and what resources and people are available to them for initiating and maintaining change. Initiating change is perhaps the hardest part of achieving balance.

4. Help alter the system to allow critical changes to happen. Some parts of our culture are simpler than others to change. At some institutions, the tenure-promotion system has allowed faculty to “stop the clock” to accommodate time off, particularly for pregnancy/child raising.

While clinical care can easily diffuse itself over one’s time, the expectations are clearer. Call obliga-

tions and handling patients’ questions outside of visits must be negotiated. Still, it is clear to others when you are scheduled in clinic and when you are not. In academia, the part-time/full-time distinction is often less clear.

For example, committees will expect your full participation regardless of your workplace commitment. When part-time workers’ schedules eliminate them from the active work environment, opportunities for better employment responsibilities or advancement may languish. Change at this level will require institutional influence and reorganization and a rethinking of the baseline 70-hour work week most faculty face.

5. Tell the truth. Working in medicine and raising a family often seem incompatible. Yet we continue to do so, so we must share our truths to help others make informed decisions about the costs and benefits of the priorities they choose. We may be able to “have it all,” but we may need a longitudinal perspective to do so. **SGIM**

To provide comments or feedback about Human Medicine, please contact Linda Pinsky at lpinsky@u.washington.edu.

PRESIDENT’S COLUMN

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long hours. Some people stay in balance and work long hours. Others need to work shorter hours to ensure balance.

Over the years I have successfully chosen my priorities. I decided how hard I wanted to work and when to take time to enjoy the other parts of my life. Fortunately, work is generally fun. I love making rounds, caring for patients, and thinking about medicine. I also love my time away from medicine.

Enjoying life helps me be better at work. As a devotee of Stephen Covey’s

Seven Habits of Highly Effective People, I remember my first reading of Habit 7—the Habit of Self Renewal. Over the years, I have always nurtured my personal outlets—basketball, golf, music, reading, movies, etc. I believe that my own balance makes me a better physician and academician.

But each person must find his/her own balance. Some of us become happy workaholics. Some of us need to work two or three days each week—any more makes us unbalanced.

We should strive to allow each physician to find the proper balance in academic general internal medicine (and other divisions and departments should follow our lead). This can be a difficult personal journey, but it can also be fun.

What do you do for fun? **SGIM**

To provide comments or feedback about President’s Column, please contact Robert Centor at rcentor@uab.edu.

ASK THE EXPERT

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of our work and may not always be in the foreground day-to-day. It’s what we aim to create as we do our job and work. And while I now see that it is worth paying attention to on a regular basis, it was the area I felt most ambivalent about as a young faculty member. I relate to my junior colleagues when they express ambivalence about how realistic it is to have a “career” given their commitment to balancing their lives. Now, I encourage others to take a positive view and focus on identifying those things they want to do rather than those they won’t. Once we identify those particulars, we can figure out ways to get the work done within the time limits we set to ensure time for home-life.

How did you achieve balance?

For me, achieving balance has always been very practical. To be happy, I needed to be home one full day a week in order to be involved in the daytime lives of my children and community. The clarity about my work week led me to invest in learning to write effectively, which in turn has led to creating flexibility at work. Manuscript and grant-writing are things I was very motivated to master. As a consequence of being able to raise my own funds, I have been able to do the work I love and develop my own expertise. Know-

As a consequence of being able to raise my own funds, I have been able to do the work I love and develop my own expertise.

ing this, I no longer procrastinate as much as I used to, so having some early successes was really important to keeping me motivated.

Also, I am always seeking to organize my work life so that I spend as much time as possible working for and with good leaders. By this I mean, thoughtful, mission-oriented, values-driven, optimistic, and mature people who care about their work and their home lives. This principle has led me onto a number of roads “less traveled,” and it has made all the difference.

Any advice on how to find and travel a “well-balanced” road?

In terms of concrete advice about this, I would have to say that these are the things I wish I had accepted earlier in my career:

1. *Avoid exhaustion.* Take time for yourself, exercise, read for fun, make time for friends.
2. *Learn to raise money.* Support your

work so that you can have some control over resources.

3. *Define “protected time” for yourself.* Figure out how to either work from home on some regular schedule or identify some private space in which you are protected

from interruptions (e.g., the library, a colleague’s office). Accept that it is your job to protect your own time and do so.

4. *Read books about time management and procrastination.* (My favorite is *Time Management for the Completely Unmanageable* by Ann McGee-Cooper because it is funny.)
5. *If you aren’t working in a supportive environment, seek ways to support yourself through networking outside your institution* (e.g., local SGIM, Horn Scholarship, attending professional training courses).
6. *Find a good mentor and maintain reasonable expectations for that relationship.* **SGIM**

To provide comments or feedback about Ask the Expert, please contact Nina Bickell at Nina.Bickell@msnyuhealth.org.

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