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SGIM FORUM

Society of General Internal Medicine

BREADTH: PART I

THE SQUARE PEG DILEMMA: BELONGING IN A CONFORMIST WORLD

Sanjay A. Patel, MD, FACP, SFHM

Dr. Patel (sanjay.patel@ohiohealth.com) is an associate professor of medicine at Ohio University Heritage College of Medicine (OUHCOM) and the Associate Program Director for the Internal Medicine residency program at Riverside Methodist Hospital (OhioHealth).

I am Indian. I am American. At times, I am both; other times, I am neither. The duality has been a constant in my life, shaping my experiences and identity. I grew up the son of working-class immigrant parents in a low-income community. As a child, I attended a mostly Black and Hispanic elementary school. At school, we spoke English and Spanish equally during half days. When I came home, we spoke English and Gujarati. Often, I didn't know who I was or where my place was. In middle school, my family moved to an affluent largely white neighborhood. I became even more of an outsider. I spent my youth striving to conform to various social molds—a square peg that didn't fit.

> "Fitting in is about assessing a situation and becoming whom you need to be to be accepted. Belonging, on the other hand, doesn't require us to change who we are; it requires us to be who we are."

Fit is the degree to which an individual conforms to the norms, values, and behaviors of a group. *Belonging*, on the other hand, is being accepted and valued for who you genuinely are, imperfections and all, without the need to change or hide aspects of your identity.[1] As Brené Brown eloquently states: "Fitting in is one of the greatest barriers to belonging. Fitting in is about assessing a situation and becoming who you need to be to be accepted. Belonging, on the other hand, doesn't require us to change who we are; it requires us to be who we are." [2] I spent much of my life seeking *fit*, eventually realizing what I needed was *belonging*.

Growing up, the pressure to fit in could be overwhelming. I navigated cultural nuances and societal expectations as an Indian American, which often felt at odds with each other. Life consisted of constant code switching to fit in, but still always being an outsider. I didn't fit and I didn't belong.

As I moved on to college, I hoped the new environment would help redefine my identity. I joined clubs and social groups. I felt a shared identity with many other Indian Americans. I found "my people." I could be my authentic self. At least, I thought I could—college can certainly pressure one to act a certain way to fit in. Then 9/11 happened while I was in college. As a bearded brown man in the United States, many made it abundantly clear that I didn't fit or belong.

After a brief work experience as a computer programmer (a place I neither fit nor belonged), I matriculated into medical school in the United Kingdom. Most of my colleagues likewise matriculated from myriad international destinations. Many of us were foreigners in a new country, learning to be adults on our own. Together, we found a sense of community. Without loved ones nearby, we became each other's family. Through the rigors of medical school, we celebrated and valued each other.

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"OUR LESSONS LEARNED": FROM THE DESKS OF THE SGIM FORUM GUEST EDITORS

Alfred Burger, MD; Shanu Gupta, MD;
Lubna Khawaja, MD

Dr. Burger (Alfred.Burger@mountsinai.org) is professor of medicine and medical education at Icahn School of Medicine at Mount Sinai. Dr. Gupta (shanugupta@usf.edu) is an associate professor of medicine at University of South Florida. Dr. Khawaja (khawaja@bcm.edu) is an associate professor of medicine at Baylor College of Medicine. All authors are Associate Editors for the SGIM Forum.

It is our great pleasure and honor to be Guest Editors for two theme issues of the SGIM Forum devoted to "Lessons I Have Learned in My Career I Wish Someone Had Taught Me Earlier." While every issue is packed with amazing content, these theme issues harnessing the power of our SGIM members have been particularly rewarding to work on. As we convened several months ago to discuss our call for submissions, we reflected on the articles we might receive and how these special issues might come together. The content we received surpassed our expectations and amazed all of us. We decided to share our thoughts while working on these incredible issues.

Dr. Burger's Comments

While reading these powerful submissions I was inspired in a different way by each article. I reflected on how my own experiences matched the lessons learned. The authors spoke of the tough choices we make in our careers, pivoting and finding those safe spaces in our institutions. I connected with the humbling lessons learned from our amazing patients as they teach us to become better physicians. These lessons reminded me how lucky I am to have discovered SGIM and its community. The articles from our resident and junior members reminded me that great people are still choosing medicine each year, and they will continue to teach us new lessons or remind us of the lessons we take for granted. Our mid-career and senior-level members highlighted their amazing work and how they overcame their challenges, even while making it all look easy. The openness of the authors and their willingness to share their stories have continued to teach me the importance of perspective and that we need to be

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EMBRACING CHALLENGES AND PASSIONS: LESSONS LEARNED FROM A CAREER IN GENERAL INTERNAL MEDICINE

Jada Bussey-Jones, MD, FACP, President, SGIM

"The answer to an unasked question is always 'no.' Don't hesitate to proactively seek mentorship, request resources, and secure the investments necessary for your professional success, the success of your projects, and, indirectly, the advancement of your organization."

In this special issue of SGIM Forum, members submitted articles centered around the theme "Lessons I Have Learned in My Career I Wish Someone Had Taught Me Earlier." As I started to write my presidential column, I could not resist thinking of what might have made my journey smoother. However, my second thought was that I would not change a thing. Every twist and turn, mistake and triumph, shaped my path and led me to do the work I love with deeply valued community and colleagues. I am grateful for the chance to reflect and will gladly share some lessons I've learned along the way.

Lesson 1: Ask for What You Need, Including Mentorship

Early in my career, I rarely, if ever, asked for anything. This may have been due to my upbringing, the way I was socialized, a fear of rejection, imposter syndrome, or simply a profound sense of gratitude. As the first person in my family to become a physician, I was already living my dream—working at a safety net hospital and caring for vulnerable patients whose experiences I often shared. What else could I ask for?

Though I did not ask, one remarkable gift I received was the guidance of an extraordinary mentor: Giselle Corbie, MD, MSc. While I had not actively sought men-

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Q & A WITH SGIM'S CEO AND THE LEADERSHIP PATHWAY PROGRAM CHAIR: WHAT WE WISH WE LEARNED EARLIER ABOUT BECOMING A LEADER IN SGIM

Eric B. Bass, MD, MPH; Andrea L. Sikon, MD

Dr. Bass (basse@sgim.org) is the CEO of SGIM. Dr. Sikon (sikona@ccf.org) is the Chair of SGIM's Leadership Pathway Program Workgroup.

When SGIM Forum Editor Michael Landry decided to dedicate this issue to "Lessons I Have Learned in My Career I Wish Someone Had Taught Me Earlier," it occurred to us that the theme was relevant to the problem SGIM Council recently addressed by launching a workgroup to establish a Leadership Pathway Program. This working group is charged with developing pathways to make SGIM leadership opportunities welcoming, transparent, inclusive, and accessible. The problem has been that there are many pathways to becoming an SGIM leader, but many members don't know how to go about accessing these pathways. This conversation with Andrea L. Sikon, MD, the newly appointed chair of the workgroup, discusses what we have learned about becoming an SGIM leader and what can be done to help members find a leadership pathway that fits their interests.

Q: What was your first leadership opportunity with SGIM?

EB: I became a member of SGIM after completing my general internal medicine (GIM) fellowship at Johns Hopkins in 1989. I joined the Education Committee in 1991. In 1993, SGIM President Wishwa Kapoor invited me to serve as Chair of the Education Committee. Wishwa was my mentor when I was a resident and fellow at the Presbyterian-University Hospital in Pittsburgh from 1983-87. I am grateful for the role he played as a mentor in the early years of my career.

AS: I joined SGIM in 2001 when I started at Cleveland Clinic. As I took on leadership roles at my organization and established a Primary Care Women's Health Program, I was seeking a community of national leaders in this space to help cascade the innovations we were doing. I naively showed up to a Women's Health Committee meeting and became a member. I felt intimidated initially, yet discovered that my local program was larger than many others, and in that process gained confidence that I had as much to contribute as I did to learn. I found a wonderful community of support in an area I was passionate about.

Q: How long did it take you to figure out the options for getting involved in SGIM?

EB: When I joined SGIM as an Instructor at Johns Hopkins, the Division of Internal Medicine was very small and the Chair of the Department of Medicine declared he saw no need for a GIM division at Johns Hopkins. Few faculty were members of SGIM. Fortunately, Brent Petty and Earl Steinberg were active in SGIM, and they encouraged me to attend the Annual Meeting and present my work there. I don't remember receiving advice about how to explore leadership opportunities, other than to join a committee. In my early faculty years, I was wrestling with how to balance my interests in research and education. Although most of the pressure at Johns Hopkins was directed at performing research, I participated in an outstanding faculty development program led by Randy Barker and David Kern, and through them I learned that SGIM was a great resource for nurturing my interests in medical education. Naively, I wasn't thinking about SGIM as a resource for leadership opportunities.

AS: Similarly, I didn't have a strategic plan in mind. What I have learned is that every door opens several more. My women's health network led to being part of the team that established the Career Advising Program. In 2009, I became Chair of our academic department at Cleveland Clinic. My sponsor and mentor, David Bronson, recommended I join ACLGIM which unlocked a group of support that expanded my network, opening new doors within SGIM, to become Chair of Clinical Updates for the 2013 Annual Meeting and President of the SGIM Midwest Region in 2014. As your network grows, others start to recommend you while you do the same for oth-

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THE LASTING VALUE OF RELATIONSHIP-BASED MEDICINE

Paul Fine, MD

Dr. Fine (pfine@umich.edu) is a clinical associate professor at the University of Michigan Medical School.

When I was a medical student and resident, almost all the training occurred in the hospital setting. For this reason, when I became an attending physician, there were nuances of outpatient care and long-term relationships that I didn't understand very well. The following is a conversation I would have liked to have had then with the more experienced physician I am now:

Young Me (YM): Wow, this is surreal! Tell me what happens to me over the next 35 years!

Old(er) me (OM): I don't want to spoil the surprises. I'm only here to give you two pieces of advice about medical practice. First, remember that there is a different tempo to outpatient medicine. Not everything needs immediate action or investigation. If you're satisfied that a patient's symptom doesn't bring imminent danger, you can recommend monitoring it over time, to see what direction it will go. You are going to have a lot of conversations in which you ask someone how that quirky abdominal pain is doing, only to be told "Oh, I forgot about that. It went away a while ago."

YM: I fear patients will think I'm being lazy or dismissive if I take that approach.

OM: That will be less likely if you take to heart my second piece of advice: Supplement evidence-based medicine with *relationship*-based medicine. It builds trust.

YM: Please explain.

OM: Obviously, your patients desire, and deserve, clinical proficiency from any physician with whom they interact. But, believe me, they remember the person who takes time with them, treats them with kindness and concern, makes eye contact, and patiently explains things in terms they can understand. For the most part, they enjoy seeing the doctor as a person with whom they can make a connection, valuing warmth and personality over sterile expertise.

YM: But it isn't about me! I'm supposed to learn about them.

OM: That's true. But most patients want to get to know you as a person—not all at once, and not necessarily with every visit, but over time. Think of it as if you are prescribing a style for each patient, based on the important ability to "read the room" quickly and accurately. It's true that some patients will want to see you as a white-coated authority figure who speaks in calm, measured tones. But most like a sense of humor, some sharing of common interests, and to know as much about your family as you are comfortable sharing. You're not playacting, you're just emphasizing distinct parts of your personality for different patients.

YM: But isn't it my job to keep the conversation on track, to make sure that we efficiently cover the medical issues?

OM: Also true, to a point. But consider this: Patients with long-term conditions are forced to spend a lot of time *thinking about, being asked* about, and *being advised* about their diseases. When you choose to talk with them about things like family and hobbies, it isn't wasting time on trivialities. It's an opportunity for you to confirm that you view them as *people*, not merely as a repository of their illnesses. It's remarkable how often I have seen a patient's demeanor change dramatically after such seemingly off-topic discussions; suddenly, there is greater animation, with more eye contact and smiles. The deepening of our connection in such moments is palpable.

YM: How has this emphasis affected your (my) career?

OM: Relationship-based medicine has made my clinical practice much more enjoyable and rewarding. You're going to find that many patients won't tell you how they are doing until they have first asked about you and your family. How special is that? And you typically get some positive feedback by the time you leave the room. With evidence-based medicine, it can be harder to know that you've made a difference. If Ms. Jones* goes years without having an MI, I'm delighted but can't know *with certainty* whether my interventions deserve some credit or if she might have done just as well without them. If only she could have called me unexpectedly one day to say: "I want to thank you, because today is the day I *would have had* a heart attack had you not effectively treated my diabetes and hypertension." The clinical science is

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UNSPOKEN LESSONS: BEYOND THE STETHOSCOPE

Zein Barakat, DO, MS

Dr. Barakat (zein.barakat@mylrh.org) is an internal medicine resident at Lakeland Regional Health.

I wrote this reflection to process the challenges and emotions I faced during my residency. Each lesson came from my own struggles, reminding me of the importance of empathy, connection, and self-care. I wanted to capture the balance between work and personal life, and how accepting uncertainty is part of growth. My hope is that sharing these experiences can help others in the field understand and navigate their own journeys.

I wish someone had told me how deeply loss would affect me. Standing in a dimly lit hospital room as the monitors flatlined, the silence was not merely the absence of sound, but a tangible ache in my chest. Each loss became a fragment of my heart that I carried within me, highlighting the powerful connections we form with patients. I wish someone had told me that acknowledging this pain is not a weakness but an essential part of our empathy, shaping the way we heal and connect with others.

I wish I had understood how frequently I would miss the moments that matter most. As I watched my best friend's wedding from afar, the sharp sting of my absence was a constant reminder of the sacrifices demanded by my career. Balancing these missed moments with professional duties is a persistent challenge. I wish I had understood sooner that maintaining personal relationships, despite the demands of medicine, is essential for preserving one's own well-being.

I wish someone had prepared me for how close to breaking I would come in my career. Some days exhaustion feels like an insurmountable burden, each step feeling like a struggle and a moment of profound overwhelm. I wish I had learned sooner that reaching out for support from a colleague or a moment of shared laughter can be a lifeline. It is in these moments of near collapse that we discover the importance of finding strength in connections and support.

I wish someone had explained that feeling uncertain is not a sign of inadequacy but a vital part of growth. Facing the vast unknown of a complex diagnosis, I was paralyzed by my own limitations. I wish someone had told me that embracing this uncertainty and persevering through it is what fuels lifelong learning. It is through these challenges that we grow, constantly evolving in our quest for knowledge.

I wish someone had shown me how to find harmony in the contradictions of my life. Balancing the solitude of late-night shifts with the vibrant connections of medicine, I now weave my love for poetry into the clinical world. I wish I had realized earlier that embracing these contrasting aspects of myself—solitary and communal, lyrical, and clinical—creates a richer, more fulfilling experience. This harmony is not a conflict but a beautifully intertwined part of who I am.

The unspoken lessons learned through my struggles have become guiding principles for my future. As I continue my journey, I am committed to applying these insights: embracing the pain of loss, valuing personal relationships, seeking support, accepting uncertainty, and finding harmony in contradictions. These lessons will guide how I care for my patients, balance my personal life, and grow both professionally and personally. Each lesson, learned through personal struggle and growth, shapes the essence of who we are and how we walk our journey in medicine.

SGIM

PRESIDENT'S COLUMN *(continued from page 3)*

torship, nor did I understand that I needed it, Giselle's early influence profoundly changed the trajectory of my career. She encouraged and guided me through my first grant application, sponsored me for several key opportunities, and, most importantly, introduced me to SGIM—the organization I now lead, following in her footsteps as its President. As a mentor and sponsor, she advocated for me, often making requests on my behalf. She also empowered me to start making my own requests, helping me build the confidence and skills to advocate for myself.

When I became a Chief, the importance of asking for what you need became even more apparent as I began to field requests from others. One of my most memorable experiences as a new leader was seeing, for the first time, the salaries of the faculty

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THE PERFECTION TRAP: THE ENEMY OF PROGRESS IN MEDICINE

Kathryn Jobbins, DO, MS, FACP

Dr. Jobbins (kathryn.jobbins@baystatehealth.org) is an associate professor in the Department of Medicine at UMass Chan-Baystate, Associate Program Director of the Internal Medicine residency, and co-chair of Wellness for Baystate Medical Practices.

Lying in the grass with my eyes closed, I felt the sun warm my skin. I tried to slow my racing mind and heart. As a trained surgical resident physician, I knew how to perform a thoracotomy, but, at that moment, I couldn't remember how to breathe.

While I lay in the yard, my mother was three states away being rushed to the hospital with a small bowel obstruction, a complication from her radiation and chemotherapy treatment for squamous cell carcinoma. I was trying to navigate the overwhelming sense of "doing nothing well" and be a perfect surgical resident while simultaneously being a supportive daughter and sister. At the time, I was not proactive in seeking mental health resources for fear of being seen as weak or broken. I believed that as a doctor, I should be able to handle my own stress. Two years later, when I transferred to my internal medicine residency, I had so deeply internalized this belief that I found a place in the hospital where I could cry alone. This belief was not only misguided but also detrimental as I underestimated the importance of mental health. The most important lesson of my journey as a physician began that day, lying on the ground, as I said to myself, "Breathe in and breathe out," having no idea how to begin to ask for help.

Five years ago, my therapist asked, "Why do you hold your breath when you feel overwhelmed?" I didn't know where to start. We worked together to better understand what was happening, and it was profound to learn that my breathing patterns were a direct manifestation of my emotional state. I discovered that perfectionism distorted my thoughts and created unrealistic expectations.

Perfectionism is often seen as a desirable trait in medicine. The medical field is inherently stressful, and the pressure to perform flawlessly can be overwhelming. Once I began working with my therapist and coach, I discovered my need to be perfect began much earlier than medical school, and that choosing medicine amplified it. After all, the stakes are high, and the margin for error is slim. However, I learned the hard way that perfectionism can only take you so far. No matter how much I achieved, it never felt like enough.

My feelings of being overwhelmed connected directly with my drive for perfection. As a young doctor, I believed that a "perfect doctor" could handle stress without faltering. To show emotions, like crying or having a panic attack, equated to being broken or not good enough. In my mind, the perfect doctor could take all the punches and still get back up on their own without any help. They would coolly handle every possible scenario, professionally or personally. This unrealistic standard made me strive for toughness and invulnerability that, in turn, exacerbated my stress and feelings of being overwhelmed. It took time and support to understand that being human and showing vulnerability doesn't mean making mistakes; it means embracing the complexities of being a physician.

Prioritizing my mental health was essential not only for my well-being but also for my ability to provide the best care to my patients. Mental health resources are crucial, and seeking help is a sign of strength, not weakness. Early access to counseling, support groups, stress management techniques, and professional coaching can make a significant difference.

In my current role as an Associate Program Director and the Co-Chair for Wellness, I work daily to destigmatize asking for help and increase available mental health resources. One key step was to involve stakeholders from different departments to develop comprehensive wellness programs. We created a support network that includes peer support, access to professional mental health services, workshops on stress management and resilience, and an internal coaching program. These initiatives made mental health resources more accessible and fostered a culture where seeking help is encouraged. My goal is to help others not only remember how to breathe but also to thrive. I found greater satisfaction and joy in my work by focusing on areas of medicine that I was passionate about. My residents have even re-named the sessions I lead "Joy with Jobbins."

You may be thinking, "How can we stop trying to be perfect?" I realized in the early stages of my career, I often compared myself to my colleagues. I saw their successes and failures as a direct reflection of my abilities.

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LET'S TALK ABOUT IT: GENDER BIAS IN ACADEMIC MEDICINE

Kelly A. Kieffer, MD, MS

Dr. Kieffer (kelly.a.kieffer@hitchcock.org) is an associate professor at the Geisel School of Medicine at Dartmouth and Vice Chair for Education in the Department of Medicine at Dartmouth-Hitchcock Medical Center.

After half a century of steady growth in the number of practicing women physicians, women are still underrepresented among medical school faculty (particularly in leadership positions) are less likely to achieve academic promotion, and earn lower salaries than their male peers.[1,2] The reasons for these disparities are complex and include structural factors, internalized gendered perspectives, and aspects of medical and general culture.[2] Nearly a third of women in academic medicine experience sexual harassment,[1] and women physicians frequently experience gender-based microaggressions that are unrecognized by their male counterparts.[3]

When I was accepted to medical school in 1990, I was one of about 40% of women in the national cohort of students who would subsequently graduate with that class. Parity felt like it was right around the corner. I should have known that the culture lagged behind the numbers when I received an unwelcome sexual proposition from a young male physician who was staying at the inn I had checked into before a medical school interview. He was in town to interview for a position at the same school. After a brief conversation in the reception area, he appeared unexpectedly in my room and took "No" for an answer only after multiple repetitions with an increasingly firm tone that did not match the level of panic I felt internally.

This was the most jarring but not the only situation I experienced as a student in which my gender made an impression on a male physician. During my surgery clerkship, my heart initially soared when a vascular attending offered me the opportunity to suture on our first case together, and then sank when he handed me the needle forceps and said, "Of course you can sew, you're a woman in medicine." I did my best to focus on my suturing technique in the awkward silence that followed. Towards the end of my medical school career, a male orthopedics resident I had known for all of 10 minutes identified primary care as a "good fit" for me. This turned out to be true, but not for the reasons he assumed.

Throughout my career, I have been the recipient of innumerable overtly gendered remarks. Virtually every woman physician with whom I have discussed this issue endorses a similar experience. These comments are mostly well-meaning and most often from patients, but they sometimes come from colleagues and coworkers. The more prevalent and more harmful aspects of gender bias have been subtle, ingrained in the fabric of day-to-day work, and often harder to see in real time. Examples include being talked over in meetings, having my idea fail to take hold until it is repeated by a man, doing administrative tasks that my male peers manage to find someone else to do, or sometimes actually being the "someone else" among colleagues who organizes meetings, takes notes, and sends follow-up e-mails.

As a student, resident, chief resident, and junior faculty member, I did not talk to anyone about these situations even when I could see them for what they were. If I could go back to that young medical school applicant being harassed by a future colleague, I would tell her that talking about it is essential for personal well-being and professional identity formation, as well as a foundational step to facilitating culture change. I would tell my younger self about the insidious impact of implicit bias and that the primary way to combat it is to bring it into the light and engage in constructive dialog.

"Talking about it" can mean seeking guidance from a trusted mentor or sharing within a supportive community. I see the power of our residency program's Women in Medicine group as a safe space for discussions about navigating practical and cultural aspects of being a woman trainee and for reality checking around experiences of bias; I wish I had possessed the insight to seek out a similar group as a trainee or junior faculty member. Sometimes talking about it means openly or anonymously reporting experiences that threaten inclusivity in the learning and work environment. All learners should be empowered to do this. Regardless of one's gender, talking about it includes engaging in bias mitigation training and personally reflecting on and redressing one's own gendered behaviors and assumptions. Supporting and "upstanding" for all our colleagues and co-workers who are the recipients of biased behavior

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EMPOWERMENT THROUGH REFLECTION: MY JOURNEY AS A MOTHER AND DOCTOR

Paula Marfia, MD

Dr. Marfia (marfiapaula24@gmail.com) is an associate professor of internal medicine and lead nocturnist at Loyola University Medical Center. She is a member of SGIM Women and Medicine Commission and co-lead of the parenting workgroup.

As I reflect on the lessons I wish I had learned earlier in my career, the first thing that comes to mind is my favorite childhood shirt with the phrase "anything boys can do, girls can do better" printed on the front in bold letters. At the time, it felt empowering. The women around me were trying to foster women's independence and inspire young girls to pursue careers. However, I realized years later that messages like this caused me to internalize a false narrative about what was expected of me and what was possible as a woman who wanted both a successful career and a fulfilling family life.

Growing up, I thought doctors were the smartest people in the world. I was amazed by my pediatrician who always knew what was wrong when my mom took me to see him. As a child, I struggled in school, especially with reading, and longed to be intelligent like a doctor. Perhaps this was not the most noble reason to become a doctor, but it motivated me to work hard and excel in school.

Another part of me thought I might want a family, but I dismissed that idea when I was young. I doubted I could have a family and a successful career. No one ever said this to me, but I inferred it from observing women around me, particularly my mother. She is an incredible woman who raised three children, made dinner every night, and cleaned the house. She was my Girl Scout Leader, sewed marching band uniforms, played the organ at church, and gave up her time to help anyone in need. I could not fathom how I could be that kind of mother and a doctor.

Like many women in medicine, my first inclination was to delay childbearing to advance my career. I planned to wait until after residency to start a family. However, I got married during medical school and unexpectedly became pregnant soon after. The question of how to juggle family and career responsibilities consumed me. Medical school up to this point was more than a full-time commitment. After a discussion with the dean, I made the decision to delay graduation by one year. At the time, delaying graduation was the right decision for me, but it also marked the start of a trend in my life to prioritize motherhood over career advancement. A more balanced approach may have served me better personally and professionally.

I postponed my second pregnancy until my final year of residency. I accepted a part-time role as a nocturnist, the sole part-time job available at the time. I dedicated my nights to work, followed by a wholehearted focus on motherhood during the day. I believed that if I could manage night shifts until my children were older, I would have ample time to progress in my career later. During this time, I did not seek opportunities for career advancement and was not presented with opportunities. I observed women around me advancing in their careers while my career growth was stagnant.

I am not alone in this career inertia. Physician mothers experience obstacles in advancing their careers with slower career trajectories.[1] While systemic factors certainly played a role, the belief that I had to prioritize my family over my career during this stage of my life negatively impacted my professional growth. Looking back, I now realize that I did not have to put my career on hold to have children nor did I have to delay childbearing to have a career. This is also true for the women in medicine who choose to delay having children to prioritize their careers.[2]

Navigating medical training and early career phases while contemplating parenthood can be overwhelming. It is crucial for young women to understand that achieving success in both parenting and an academic medicine career is feasible. Women may choose to delay parenting or choose not to have children for many reasons. For women like me, who desire to have children as well as a career, SGIM should lead the way in showing them how to achieve this harmony. Having role models and guidance to demonstrate successful navigation of family life and a professional career is critical.

I know that having a family and a career may not align with every physician's goals. However, it is imperative that we create a culture where having a balanced family life and a career is possible for those who desire it in academic medicine. Currently, I am engaged in the Women and Medicine Commission parenting workgroup. One of our aims is to help other parents navigate the

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PERMISSION SLIP: TRUST YOURSELF AND TRUST YOUR PATIENTS

R. Michelle Schmidt, MD, MPH

Dr. Schmidt (rschmidt@bcm.edu) is an associate professor in the section of general medicine at Baylor College of Medicine with a primary appointment in the Harris Health System.

Early in my career, I had a lot of self-doubt. One of my current academic roles is to advise medical students. I have a mantra I speak often: "the biggest predictor of how well you will do in the future is how well you've done thus far." Doctors, including trainees, carry a lot of self-doubt. Often, I'd come home from work and rehash clinical scenarios with my husband: *"Did I do the right thing? Did I order the right test? Did I start the correct medicine?"* Other times, I'd vent to a few trusted colleagues seeking validation or reassurance about an interaction I had with a consultant (*"Was it toxic?"*) or a particular resident's performance (*"Was it unprofessional or subpar?"*).

My own judgment in a situation was never enough: I needed someone else to agree with me. Constantly, I worried someone would discover my perceived poor qualifications to care for patients or advise trainees. Then, one day I exposed myself, uttering three words that have revolutionized my clinical practice and my teaching style: "I don't know."

There is so much power in admitting that you are not the keeper of all knowledge. In addition to the usual goals, expectations, and introductions when starting a new week on service, one of the first things I tell my residents and students is, more times than not, I don't have the right answer. I explain that we work as a team and I learn as much from them, if not more, than they learn from me. It's checks and balances. Whatever we don't know, we'll learn together. I emphasize there is no shame in not knowing something. This has created such a tremendous learning environment.

Previously, I'd been afraid of being judged as incompetent, but I've realized everyone feels similarly. By taking the lead and admitting there is much I don't know, the team feels the liberty to learn from each other. Had I trusted myself at the onset of my career, I'd have recognized I'd always been successful at getting myself to the next phase of the educational process. I'd have discerned, much sooner, the virtue of vulnerability in medical education.

It's okay to question yourself. Everyone should analyze their performance to ensure that they are delivering a quality product. However, there is a difference between self-reflection and self-judgment. Have confidence in your ability to succeed. Asking questions and not knowing the answer, at times, is not an indication of ineptitude. It's a quality of being human.

I try to remind my students and residents that we don't care for perfect people. Humans, by nature, are riddled with imperfections. We don't always take our medications. We cheat on our diets. We stay up too late. We don't always earn the highest scores on the test. Sometimes, we forget to drive 20 mph in a school zone and get a ticket. We forget to pay a bill on time. Just as we extend grace to our patients, we need to extend grace to ourselves and our learners. If we are so fixated on our own infallibility, how can we relate to the people for whom we have dedicated our lives and careers and how can they relate to us?

The more mature I've become, the more I appreciate being a good doctor or a good teacher is less about what you know and more about how you listen. Isn't a physician not just a healer but also an instructor? The best lesson I can impart to my trainees: listen. Patients will tell you what they need and, often, it is not the newest GLP1 agonist or GDMT. It is all the stuff they aren't *saying*. One patient won't go to the hospital because he is more worried about his wife completing her last two days of radiation than his own blood sugar that is too high for the glucometer to read. Another patient doesn't want to take 100 mg of furosemide for his advanced heart failure because he can't hold his urine and he'd rather be slightly volume overloaded than have wet pants at dinner with his family. A third patient is afraid to tell you she has insomnia because she's terrified her cancer will come back. Another gets recurrent conjunctivitis because her lashes cost more money than her PrEP but without them, she doesn't feel feminine. Every patient has their own unique story waiting to be heard. As in nature, if you listen carefully, each bird has its own song.

I wish someone had given permission to the younger me to do these two things: first, trust yourself to know what you are doing; second, don't just hear, but listen.

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reporting to me. I was surprised to find discrepancies among those with similar rank and roles. While I did not suspect malicious intent, it was evident that some individuals had negotiated higher salaries through self-advocacy, whereas others, including myself, had not done so. This realization, coupled with years of leadership training and mentorship, reinforced a crucial lesson: the answer to an unasked question is always "no." Don't hesitate to proactively seek mentorship, request resources, and secure the investments necessary for your professional success, the success of your projects, and indirectly, the advancement of your organization.

Lesson 2: Consider Every Challenge an Opportunity

The salary differential was one of several challenges I faced over the course of my career. In another example, I was initially counseled against seeking promotion even though I met the criteria. I was successful that same year, even though my initial request was politely declined. To clarify, I do not view these challenges with bitterness, but rather as valuable opportunities that have driven meaningful change. As I assumed various leadership roles, I embraced opportunities to transform systems and structures, partly driven by challenges I encountered along the way.

Recently, a retiring colleague shared his own career lessons, and one insight resonated with me and aligns with this discussion: "Do not ignore the irritation of things we can't easily fix. Unaddressed irritants will eventually become either blisters or calluses."[1] In a prior SGIM Forum article, I discussed my leadership journey, and the role of my unique perspective based on my personal and professional experiences.[2] The article highlights several interventions that I led or championed to address structural "irritants" I encountered. For example, I worked on collaborative efforts to develop and implement a fair and transparent compensation plan, first within our Grady Hospital general internal medicine section and later across the entire school of medicine. This intervention helped to mitigate the impact of historic social norms that may influence women and those historically underrepresented in medicine (who, like me, may be less likely to ask for salary increases) as well as the systems that may undervalue and underpay certain groups. The article also describes my efforts to increase transparency around leadership opportunities, annual reviews, and resources. My experiences with well-meaning but biased decisions drove me to develop comprehensive rubrics to ensure fair and equitable decision-making to mitigate my own biases. By establishing clear benchmarks for areas like scholarship, salary, and space, and sharing these openly, I helped both myself and my team understand the rationale behind decisions.

As a final example, informed by my experience with an initial rejection for promotion, I collaborated with a team to develop and implement a proactive, standardized, and transparent promotion review process. Launched in 2013, this program achieved remarkable success in advancing academic promotions, especially for women and historically underrepresented minorities in medicine (URiM). By 2020, 42% of our URiM faculty and 63% of women faculty had attained senior academic ranks.[3] This trend extends beyond the article's publication, with 65% of our faculty in senior ranks, including 50% of URiM faculty and 70% women now at associate or full professor rank.

Lesson 3: Find and Embrace Your Unique Passions

One final important lesson is to understand what motivates you and, as much as possible, align your work with that. My background and experiences have shaped my leadership values, driving me to establish programs that reward and support faculty. Before assuming leadership roles, I was committed to providing primary care in a safety net setting, reflecting my core values. Health equity has been my guiding principle, influencing many of my career decisions—from helping create our inaugural Community Learning and Social Medicine course, to collaborating on changes to Emory's Institutional Review Board for better use of racial and ethnic categories in research, to developing pathways for diverse healthcare professionals. Understanding and embracing your core principles and passions can enrich your work. Academic medicine is evolving and challenging, but it is the value-driven projects that have sustained my joy in medicine.

In summary, my career journey emphasizes several important lessons. First, don't shy away from asking for what you need, including seeking mentorship, as it can enhance your career. Second, view each challenge as a chance to learn and grow, turning setbacks into opportunities. Finally, discover and embrace your unique passions; they will not only inspire you but also make your work more sustainable and fulfilling. Nurture these passions and interests by engaging like-minded SGIM members. Integrating these principles can help you navigate your career with purpose and resilience.

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open to myriad points of view. In the end, the lesson I confirmed was I have made the right choice in my almost 20 years of SGIM membership.

Dr. Gupta's Comments

Lesson: "a passage from sacred writings read in a service of worship."[1] The articles in this issue distill the wisdom learned through service to patients, learners, and the art of medicine. As a Guest Editor, it has been a privilege to witness the sanctity of our relationship with ourselves through vulnerable storytelling. These reflections on varied careers, short and long, are a reminder of the importance of taking stock and accounting of the gains and losses that have led us to this moment. Having served as an SGIM Forum Associate Editor for 10 years, I continue to be amazed at the collective wisdom espoused by this community. As Dr. Patel avows in his essay, SGIM has aspired to be "a place where everyone can feel they belong."[2] Through these stories, we can learn to give ourselves permission to slow down, be imperfect, worry less, and be more present.

Dr. Khawaja's Comments

As medical professionals, we often reflect on the lessons we wish we had learned earlier in our careers. Often these lessons are learned through painful trial and error, rather than through timely guidance from others who have lived these experiences. This special theme issue is a hopeful attempt to do just that for our readers. We are deeply indebted to colleagues who shared their wisdom through their insightful writings. The charge of selecting these best lessons was daunting to say the least—as every piece was too relevant and too good not to share!

Each submission offers a unique perspective on the nuances of learning and evolving as a physician. *A nuanced look at medicine reconciliation, parenting while being physicians, managing stress, avoiding the perfection trap* … the lessons shared are as diverse as the folks they come from.

Two recurring themes that resonated with me were the importance of self-care and the power of collaborative practice and learning. Many authors shared stories that emphasized how attention to our own well-being is vital to preventing burnout and enhancing our ability to care for others. Others underscored the value of inclusivity, mentorship, and the need to foster a culture of shared knowledge and support both in the workplace and in our lives outside of medicine.

Conclusions

As Guest Editors, we share these reflections as a testament to the ongoing journey of growth in what it means to be a physician. Embracing this collective wisdom will not only enhance our individual wellness but also create a more compassionate and supportive healthcare environment for us all!

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wonderful, but you're going to get more immediate, tangible gratification from relationship-building.

YM: But will I have time for this?

OM: That's a challenge. Optimal relationship-based medicine does take time, which is often in short supply. Try to create that time by doing as much advance visit preparation as you can. When you feel rushed, remember that doctors have one of the few jobs for which an "average day" can be a "once-in-a-lifetime" experience for another person. However routine these days may seem, try to remember that they are not routine for your patients. Their visits will be less valuable if you appear too busy to listen, so you'll need to learn how to be rushed without appearing rushed.

YM: But will emphasizing relationship-building make me seem less professional?

OM: No. Remember that doctors, like patients, are *people*, first and foremost. And that's okay. In fact, sometimes that's all a patient really needs. You will encounter many situations, especially when patients tell you about burdensome stresses in their lives, that seem to call for you to respond the way *any* kind person would respond to another individual's distress—in a manner that is more personal and less clinical, more "Paul" and less "Dr. Fine." Compassionate medical care is, fundamentally, a *human* response, not a professional one.

YM: Are you sure there is nothing about the future me you can let me know now?

OM: Right now, when you're fresh out of residency, you're engaged most by the intellectual stimulation and the science. But when you're getting ready to retire, you'll realize that it's these relationships that you are going to miss the most. Oh, and you may want to procure some minoxidil shampoo!

*(*Name has been changed.)*

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ers. Likewise, you naturally become increasingly aware of opportunities available in areas connected to your interests. Going forward, we'd like to make this happenstance process feel less mystical and more accessible for all.

Q: What do you wish you learned earlier about the leadership opportunities available in SGIM?

EB: I don't really have any regrets about how my participation in SGIM evolved, but I was lucky to have mentors who helped to sponsor my increasing engagement in SGIM. In 1999, I received one of the biggest breaks in my career when the SGIM Council invited me to serve as *JGIM*'s Editor. Between 1989 and 1999, I participated in a variety of SGIM committees and interest groups and served as the Secretary/Treasurer of the Mid-Atlantic Region, but I didn't have a plan for exploring a major leadership position. In retrospect, I wish I had known more about how SGIM chose leaders for its committees, task forces, interest groups, and Council. I also wish I had known more about how positions at the regional level could lead to opportunities at the national level.

Q: What do you wish you learned earlier that would have enhanced your experience in the leadership opportunities you've had in SGIM?

EB: I have little memory of receiving specific orientation for the leadership positions I stumbled into. I wish I had received better orientation to each position, including more about lessons learned from previous activities of each group and more about what was expected of the group and its leaders.

Q: What is the most important advice you want to give to young members interested in becoming leaders in SGIM?

EB: I want to emphasize that it is important to explore opportunities for leadership beyond one's home institution because promotion committees expect faculty to demonstrate such leadership. SGIM is a great resource for pursuing leadership positions because the Society has many leadership opportunities at the regional and national level. Most importantly, I urge every young member to join a committee, commission, or interest group that fits their academic interests. The first step is getting engaged in a group that will help expand your network. The more you contribute to any group, the more you will find additional opportunities coming your way. You may not be able to predict your leadership pathway, but you will have many rewarding experiences along the way as you become increasingly recognized as a leader in the field.

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SIGN OF THE TIMES: PART I *(continued from page 7)*

This mindset was crippling. It led to constant self-doubt and a distorted view of my achievements. One of the most liberating lessons I learned was that everyone around me is a representative of themselves, not a reflection of me. Their successes do not diminish mine and their failures are not my burden to bear. This realization allowed me to focus on my own path and celebrate my achievements without the shadow of comparison.

I was letting go of how tightly I held on to the belief that everything needed to be perfect.

Medicine is a demanding field. It is easy to confuse what you think you need to do, rather than what you truly love. For me and many others, perfection was tied to external validation: striving for bigger and better opportunities, pursuing prestige through competitive fellowships, accolades, or even job promotions. I'm grateful I learned that striving for this level of perfection is an unrealistic goal.

If I could impart one piece of wisdom to my younger self and others starting their careers, it would be this: prioritize your mental health, strive for progress rather than perfection, compare yourself only to your previous self and not to others, focus on what you love, and don't forget to breathe.

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SIGN OF THE TIMES: PART III *(continued from page 9)*

challenges of parenthood by offering support, mentorship, and collaboration. Sharing experiences of career progression while parenting can be inspiring, and I encourage other SGIM members to become involved with the parenting work group. This may be instrumental in helping young physicians navigate their careers and parenting.

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BREADTH: PART I *(continued from page 1)*

We didn't necessarily fit—due to a hodgepodge of personalities—but we sure belonged together. I think that was the first time I realized what it meant to belong, and it was transformative.

As I moved through residency, training alongside colleagues who hailed from 40+ different countries, belonging was essential for everyone. We were there to support one another. We created and fostered an environment of cultural inclusivity, community, and support. Our international faculty modeled belonging. We got to be our authentic selves, no questions asked. Our strength was our collective diversity—in all senses of the word. We weren't worried about fitting in, who cared? We belonged.

Distinguishing between fit and belonging has immense implications in medicine. Initiatives pertaining to diversity, equity, and inclusion (DEI) frequently focus on augmenting representation, ensuring the presence of individuals from diverse backgrounds. While crucial, creating and fostering a culture where these individuals feel valued is equally important. In education, it can create a more involved learning environment. Trainees are likely to engage fully, share ideas, and contribute to the team. Innovation and collaboration come to the forefront, well-being is prioritized and burn-out can be mitigated.[3] The value of belonging is undeniable. It extends beyond representation; it is creating an environment where everyone feels seen, heard, and respected.

Having been immersed in medical education and recruitment for more than a decade, the value of belonging has become clearer and clearer to me every day. Every voice brings value and perspective. Every voice is celebrated. Every voice matters. Fitting in is temporary and superficial; belonging is enduring and fulfilling.

I wish I had learned the worth of belonging earlier. It might have saved me from the struggles of trying to fit into molds not designed for me. It might have also allowed me to embrace my unique identity. Knowing who I know now, I am committed to fostering a culture of belonging in every space I find myself. I encourage everyone to bring their whole selves to their work, celebrate their unique identities, and create spaces where everyone feels their value. A place where everyone feels they belong and can say, "I am Indian. I am American. I am a husband, a dad, a brother, a son. I am many different things. My identity is woven together by many threads. I am an 'n of 1' and I belong."

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SIGN OF THE TIMES: PART II *(continued from page 8)*

aligns with our commitment to justice as a core ethical principle.

Since I completed medical school, 29 cohorts of women medical graduates, now representing over half of each graduating class,[1] have entered a profession that still does not offer them an equitable pathway to academic achievement. I am heartened by how much more we are talking as a profession about the impact of gender bias on this inequity over the last decade—through peer-reviewed publications, perspective pieces, presentations at professional meetings, educational curricula, and both formal and informal conversations within institutions. We all play a part in nurturing an environment that facilitates this dialogue and in inviting our newest colleagues to the conversation. Talking about it is not the whole solution, but it is a necessary first step.

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WORK-LIFE SYNERGY: A PHYSICIAN'S JOURNEY TO INTEGRATION

Christine Bryson, DO, SFHM, FACP

Dr. Bryson (christine.bryson@baystatehealth.org) is an academic hospitalist, Associate Program Director for Internal Medicine, and Academic Medical Director for hospital medicine at UMass-Chan Baystate.

As an academic hospitalist for more than 15 years, I have a list of practical lessons I impart to residents, such as "No patient has ever thanked me for skipping lunch." However, I found there are bigger issues for physicians than an occasional missed lunch. In retrospect, I wish someone warned me about the emotional toll of witnessing the profound suffering of patients. I found that to truly absorb and integrate this into my life requires conscientious self-reflection and processing. As the first physician in my family, my initial conception of what doctors did was from television and my own limited experiences. Prior to my third-year rotations, I had no true understanding of the difference between hypothetical scenarios and patient encounters. Actual patients were sometimes warm and appreciative towards medical students; but, they could also be angry, ungrateful, and sad. I was unprepared for the depth of anguish and distress I would encounter, with little warning or support from my attendings.

Memory can be an unreliable narrator, yet some experiences when recalled can be crystal clear in their detail and emotion many years later. More than 25 years ago, I was working a shift in the pediatric emergency room during my third year of medical school. A mostly mundane stream of runny noses and ear infections changed when an ambulance arrived with a child found submerged in a pool. Two paramedics were drenched in sweat in the southern heat, one of them straddling the child performing CPR as they wheeled in. The patient wore a blue bathing suit and a gold chain with a small crucifix which I can clearly see in my mind. The pediatric attending ran a long code, but we could not resuscitate her. The attending told her parents, and I still can hear her mother's anguished cry. Afterwards, the team did not speak of it except to acknowledge that it was sad. It was understood that emotional reactions from physicians were not normal or expected. The culture of silence was repeated in various permutations throughout medical school and residency.

I did speak with friends and colleagues about difficult cases, but long hours of residency left me little time to reflect. I later realized the lack of support to process what I witnessed created a strange duality between what I experienced at work and my life at home. The lesson learned was that certain aspects of medicine—although unpleasant—need not be discussed and should be left at work. Practicing in this milieu also created an emotional divide between myself and my patients to minimize distress that had no outlet.

I became an internist and pursued hospital medicine. As an attending, I had more time, experience, and emotional bandwidth. I found it very gratifying to use my training to support patients and families with difficult decision-making in sudden illness and end of life, but I realized that I wasn't very skilled at it. I sought additional training in palliative care courses (not a fellowship, due to my full-time job) that gave me language and training to better recognize my own emotions and effectively work with patients to process some of these momentous decisions. This training allowed me to emotionally connect with patients and families to answer questions, such as "What do we do?" and "Is it ok to not do anything anymore?" while ensuring I was consciously aware of my own emotional state. I try to teach this to residents and suggest they check on their own emotions before beginning a difficult family meeting.

To do our work skillfully, it is imperative to acknowledge not only that bearing witness to suffering creates an emotional toll but also the importance of self-care for ourselves and our team members. COVID-19 was a bleak time for healthcare workers and shone a spotlight on the importance of paying attention to our mental health. This needs to continue post pandemic with support and mindful daily reflection.

I speak with students and residents when their patients are changed to comfort measures or die and "normalize" the fact that watching someone die can be difficult. A frequent question is "Was it my fault, did I miss something?" I still ask myself that question every time one of my patients dies as I think any internist with humility does. But death is the inevitable other side of birth, and sometimes people in the hospital are sick, and they die. I did not go into pediatrics, and perhaps that experience as a medical student was a reason—that tragic unpredictability was perhaps unconsciously something I did not wish to experience in my career. But in our job comes unpredictability.

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SGIM FORUM
Society of General Internal Medicine
Society of General Internal Medicine
1500 King Street, Suite 303, Alexandria, VA 22314
202-887-5150 (tel) / 202-887-5405 (fax)
www.sgim.org

BREADTH: PART III *(continued from page 15)*

As physicians, we take on many responsibilities: deciding on testing, finding the right diagnosis, and restoring health to our patients. Becoming comfortable with hard conversations and our own reactions to them is equally important. Hippocrates, the father of modern medicine is attributed the following quote: "To cure sometimes, to relieve often, but to comfort always."[1] To me, being able to walk with a patient through a difficult decision or the process of transitioning from curative to comfort care is the distillation of the art and gift of being a physician.

Taking time to hone communication and self-care skills early in your career, whether by further training, practice, or learning from skilled providers, allows you to be fully present at work and at home. I am now comfortable talking with patients about dying and have had conversations with my own family about their future wishes and my experiences. I learned to integrate the highs and lows of being a physician into both my work and home life and it has made me a better person.

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BREADTH: PART IV

DR. STRANGEMED: HOW I LEARNED TO STOP WORRYING AND LOVE MY WORK

Laura Macke, MD

Dr. Macke (laura.macke@cuanschutz.edu) is an assistant professor in the Division of General Internal Medicine at the University of Colorado School of Medicine and a Physician Informaticist with UCHealth.

Chasing papers, a soul-crushing race,
Peer-reviewed dreams, a joyless embrace.
Then I swiveled, eschewed convention,
Career blossomed, unforeseen ascension.

FTE, a treasure, allocate with care,
Quality over quantity, a truth laid bare.
"No" brings esteem, not disappointment,
True success lies in self-alignment.

Interests first, time a close second,
Career advancement? Leave it unreckoned.
In these choices, wisdom abides,
A rewarding journey, where fulfillment resides.

Disclosure: AI was used in composing this verse. Ideas are mine, but I have neither the interest nor time to write poetry unassisted.

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