JUGGLING IT ALL?

LEARN HOW TO CREATE A WORK-LIFE BALANCE AND CATCH SOME “ME” TIME
Do I even need to tell you this? Being an ob-gyn often means a fast-paced, hectic—yet, hopefully, rewarding—lifestyle. Complications arise and babies are born at any hour of the day, and we never seem to have enough minutes to spend at each patient visit. Taking the time to fix a healthy meal, squeeze in some exercise, or read a novel sometimes seems like a dream, especially if you’re trying to devote all your “spare” time to spending time with family.

However, if you’re going to live a long, healthy, rewarding life and stave off burnout and stress, it’s critical that you try to create a good work-life balance. Not only do you need to focus on other areas of your life important to you, you need to take care of your own health and mental well-being. Spending quality time with family and friends or discovering a new hobby or outside interest will also give you something to head toward when you need a break from stressors at work.

When I need to decompress, I hop on my mountain bike. In just five minutes from my house, I can be on a single-track trail, climbing into the Sierra Nevada Mountains. Even while I balance the demands of practice and being your ACOG president, I still make time to hit the trail.

In this issue of ACOG Today, we provide you tips on creating a work-life balance as well as inspiration from your colleagues who are passionate about something in addition to ob-gyn.

**THE EXECUTIVE DESK**

The importance of work-life balance

With the joys and vacations of summer just around the corner, it may be the perfect time to think about work-life balance and what that means for all of us. As busy ob-gyns and self-described “type A’s” who aim to do it all and do it all well, we may need to step back and see if the quality of our life is where we want it.

This issue of ACOG Today is all about work-life balance. On pp. 4–5, we will hear from experienced ob-gyns about the importance of striving for a better work-life fit, as they offer their own tips.

The rest of the newsletter is devoted to ob-gyns who have found a passion outside medicine that helps them achieve a more harmonious life and provides them a way to unwind after a long day or difficult case. Some of your colleagues turn to art, some to fitness. Some have penned a few books. Two twin brother ob-gyns even took a short leave from medicine to appear on the TV reality show “The Amazing Race” (see p. 3).

While a better work-life balance may seem elusive, these ob-gyns show that it is possible. And it’s definitely worth striving for. As for me, despite my many responsibilities at ACOG, I make sure I take time for family—even now that we have been blessed with our very first grandchild, Vivian, born in September 2012.
Twin ob-gyns race around the world on reality TV show

There’s a reason it’s called “The Amazing Race.” As fraternal twin ob-gyns Idries J. and Jamil R. Abdur-Rahman, MD, discovered, appearing on the CBS reality show is an exhilarating, fast-paced, once-in-a-lifetime experience, even if you don’t make it to the final pitstop and win the $1 million prize.

The 36-year-old brothers from Chicago were selected for the current season of the show. Although they were eliminated in the second episode, they have no regrets. After all, how many people have the chance to tandem skydive from a helicopter or go scuba diving in Bora Bora?

Now in its 22nd season, the show pits pairs of teams—of different races, cultures, backgrounds, lifestyles—in a race around the world, completing mental and physical tasks as they go. Drs. Abdur-Rahman had thought about applying in the past and finally put together a video application—submitting it just six hours before the deadline. “I’ve always wanted to do it, and our office staff thought we’d be great,” Idries said.

The twins have spent their entire life in close proximity. They graduated together from the University of Illinois at Chicago and Rush Medical School and spent their residencies at nearby hospitals. They ran their own private ob-gyn practice together for seven years, before recently joining the same group practice in Waukegan, IL.

The race tested their relationship slightly, but they knew how to handle one another. “We did butt heads a little bit,” Jamil said, “but I think the fact that we’re twins and we grew up together and worked together since residency helped. He knows what I’m thinking, and I know what he’s thinking. He knows what I’m good at, and I know what he’s good at.”

The race was so fast-paced, they didn’t have a minute to marvel that they were actually on the reality show. “You can’t process it until it’s done because you’re so focused on getting each task done and looking toward the next task,” Jamil said.

From watching the race, they had an idea about how tough it would be. “Being an OB, I’m used to exhaustion,” Idries said. But the fatigue wasn’t like in real life, where you can look forward to the end of a long shift or know exactly when you can sleep again. Everything on the race was an unknown. “And you didn’t know if the next task would require you to use physical strength or mental strength,” Idries said.

Jamil was the lucky one—depending on your perspective—who did a tandem skydive from a helicopter in Bora Bora in the first episode, while Idries spent hours searching for clues under sandcastles on the beach. But it was the next leg of the race that proved too challenging. The twins had to don snorkeling gear and dive for fake pearls, but they had difficulty diving and grabbing their loot. Ultimately, they came in behind the other teams and were eliminated.

“We both actually know how to swim,” Idries said. “It was honestly more a fear of open water.”

Despite their short stint, they both describe the race as an amazing experience. As Idries said in their televised farewell interview: “Even though it was short for us, it was the adventure of a lifetime. It was awesome. It was awesome.”
Fellow Joanne L. Perron, MD, was doing a routine surgery when everything went wrong: blood was everywhere and her patient was in danger of bleeding to death. She had to think fast.

So she took a deep breath and felt the fog of urgency lift. She moved swiftly and methodically. She spoke firmly but calmly. She staunched the bleeding. Mother and baby were fine.

For Dr. Perron, this was the moment she realized that everything she’d done to lower her own stress—reducing her hours, eating healthy, walking, meditating, practicing yoga—was good for her patients, too.

“So many other issues are seen as more pressing than work-life balance: what’s happening with midlevel providers and oversight of that, what’s happening with compensation, and now this push for patient safety,” she said. “I’d like to see work-life balance grab those coattails, because most of the time as an ob-gyn is great. But things can go south really quickly, and you have to be able to not have a meltdown.”

Indeed, a growing movement among ob-gyns is leading many to re-evaluate how they work, rest, and recharge. Work-life balance is possible, in the here and now, for ob-gyns of all generations.

The science of balance

Practicing medicine is stressful: Physical and emotional exhaustion and an unhealthy distance from patients and colleagues are rampant. This can drain your resources, leaving you more apt to be depressed, have car accidents on the way home from work, and even contemplate suicide. Exhausted, stressed, and distracted doctors are more likely to make mistakes, too.

Add in a medical culture that discourages doctors from seeking help for fear of licensing board investigations, and colleagues who perceive turning off your phone as a sign of weakness, and you have a recipe for a sick system.

The good news is that it turns out that the same things we mean when we talk about work-life balance—fewer hours, regular exercise, outside interests, healthy eating, and adequate sleep—can cut your susceptibility to stress and make you more resilient in the face of pressure. There has also been a shift in the culture. In 2003, the Accreditation Council for Graduate Medical Education decided residents could no longer work more than 80 hours a week. It has given doctors permission to prioritize not just their patients, but their own well-being, said Fellow Jennifer Keller, MD, who gave a talk on work-life balance at the 2012 District IV Annual Meeting.

“As more and more people graduate in this culture where it’s not OK to work to the bone, to work without having slept, the whole culture of practice is changing to be more accepting,” she said. “I don’t feel anymore like people are saying, ‘Where the heck is Jenny?’ I did feel that five years ago.”

Broadening your perspective

Louis Weinstein, MD, hears it all the time: “Medicine is my whole life.” When Dr. Weinstein, an ACOG Life Fellow, started his ob-gyn practice in 1972, it wasn’t unusual for the work-life balance to tip closer to 90% to 10%. Many ob-gyns were men, with wives who stayed at home or worked part time, taking care of the family and making it more acceptable for husbands to work insane hours—but also increasing the pressure to earn top dollars as the sole breadwinner. Also, many ob-gyns were frequently on call, amping up the pressure to work harder and longer. It was de rigueur for residents and attendings to work 36 hours straight, take a night off, and do it all over again. Weeks in which 120 or more hours were spent at the bedside or in the office were commonplace. And Dr. Weinstein was no different.

“If there’s such a thing as a type A personality, then I’m a type A-triple-plus,” he said. “I’m a typical New Englander—I talk fast; I’m on the go all the time.”

But pretty early on, Dr. Weinstein learned that work couldn’t be his whole life. He was missing out on his son’s childhood. He saw doctors around him chasing ever higher salaries for the sake of a 5,000-square-foot home and a Mercedes in the garage. Something seemed out of whack. So, Dr. Weinstein started teaching money management classes to physicians. He took up restoring old homes. He took a walk every day around noon, noting, “Boy, that changed the second half of the day.”

Upon retiring, that shift in focus paid off. He and his wife, a nurse and attorney, moved to Charleston, SC, where both volunteer and attend
cultural events and lectures. They spend every summer with their grandchildren at a small island cottage. Work-life balance now, he said, prepares you for your post-practice life.

“Work really isn’t your whole life,” said Dr. Weinstein, who has lectured and written about work-life balance for years. “It just seems that way. There comes a time when you have to make other choices or you’ll be unhappy later.”

Finding balance
So how do you hone in on balance? Consider these tips:

Keep a diary
Dr. Weinstein counsels his mentees to keep a diary of how they spend their time. There, it becomes clear where they could take a few minutes for a walk and how they could reorganize their time.

Be honest with yourself
When Tamara Helfer, MD, an ob-gyn in Champaign, IL, began practice in 2004, she had four boys, a husband, and numerous hobbies. She’s a hockey mom, plays in a women’s soccer league, is in a book club, and is a District VI young physician representative.

Quickly, it became clear that balance meant she could only work three days a week.

“You’ve got to be up front and honest,” she said. “When I started practice, I didn’t say I would go full time. I said I’d only be in three days a week, and it was a take-it-or-leave-it kind of deal.”

Her partners took it, and she has created a schedule that works for everyone.

Say yes thoughtfully
For Dr. Helfer, the bottom line is transparency. “As a woman, we’re told to say ‘no’ more often, but I challenge that,” she said. “The only way to branch out and see where you fit is to say ‘yes’ to opportunities that come your way. But when you say yes, you have to state it with, ‘Please realize that I also have other obligations. If there’s a deadline, let me know. If there’s something I can’t achieve, I can tell you.”

Seek a financial balance
But a part-time schedule meant Dr. Helfer had to come to terms with paying full-time overhead for part-time income. And she’s lucky—her husband is also a doctor and can pick up some of the financial slack.

It’s worth it for her, and Dr. Weinstein agrees: “Don’t let money be the all-encompassing issue,” he said. “If you know how to do it, it doesn’t take that much to live comfortably.”

Take a break, really
Walking for 30 minutes a day is great. But you don’t even have to take that long, said Dr. Perron, co-chair of the ACOG District IX Committee on Work-Life Balance. Like everyone else, Dr. Perron thought she’d never have time for a 30-minute break in the middle of her workday. Then she discovered she could take micro-breaks. Washing her hands before her next patient became an exercise in relaxation. She focused her attention on her fingers, on her nails, on the hair on the back of her hands.

“I’d start thinking, ‘I’m grateful I have these hands to do the job I’m doing. They save people’s lives,’” she said. “That would just be a minute, but then I’m done—and I see the next patient and I’m not thinking about the last patient.”

Schedule breaks after meetings and on-call times
Dr. Helfer’s part-time schedule required her to come up with a thoughtful on-call schedule. She’s on call one weekend and one weekday a month, as well as acting as backup call once or twice a month. She’s cognizant of not leaving her partners with additional work and checks in with them regularly.

Even if you work full time, scheduling breaks before and after being on call can alleviate stress. Dr. Keller, who practices in Washington, DC, doesn’t schedule any administrative duties post-call and tries to take a nap in the morning before afternoon meetings or to go home if she has no administrative responsibilities that day.

Lessons from a younger doc
Before starting medical school, Eric J. Hodgson, MD, a maternal-fetal specialist in New London, CT, worked as an HIV case manager in Baltimore. There, he learned that if he didn’t keep himself healthy amid the stress of his job, he couldn’t be useful to others.

So it’s no surprise that Dr. Hodgson is working hard to get back into balance after the all-encompassing experience of medical school and residency.

Today, he spends time walking his Weimaraner, fixing up his house, planting a garden, and working with his community to build its first dog park.

“The truth is, I really love my job. But it’s just one part of my life,” he said. “Life is more than work. I’m trying to integrate it all together to create a really interesting and fulfilling career.”
Juggling It All?

Lydia M. Jeffries, MD, rises each morning at about 5 o’clock, often with the nose of a Great Pyrenees in her face. The dogs are ready and waiting to chase off the opossums, raccoons, and coyotes on Dr. Jeffries’ North Carolina farm. After feeding her four dogs, she usually waits for the sun to begin to rise over the ridge before walking downhill to her barn. There, she feeds her “boys,” two of her beloved horses, before feeding her two “girls,” mares she rescued from a neglectful owner. Her dogs follow along, and as they bark, it sets off the miniature donkeys “hee-haw”ing.

Her horses neigh and nicker and paw at the ground, thanking her for their meal. When she has time and the weather is nice, Dr. Jeffries sits, sipping her coffee, watching her horses eat.

“The smell and sound of horses is a spiritual thing,” she said. “Horses have a sweet, earthy smell, and there have been many sad or stressful days when I have simply buried my nose in their manes in order to find peace.”

As ob-gyns prepare to finish residency and ponder the type of practice they want, some find that choosing a location based on how it will fit into their personal interests and wants is just as important as selecting a locale based on career goals. Skiers may gravitate toward the Rockies, while sun worshippers may head toward Phoenix or Miami. Some love the fast-paced, exciting urban lifestyle, while others dream of a country home surrounded by hills and valleys.

Dr. Jeffries grew up in a tiny town in Iowa, then headed to Duke University in North Carolina for her residency and hasn’t left the state.

“I really wanted to come to the mountains. That was the goal,” she said. She’s worked in the same group practice for 23 years.

For her 41st birthday, she bought herself a horse from an ob-gyn mentor who thought she needed to enjoy life more. After living in town and boarding the animal for a few years, she bought her current farm near Asheville. “If you have the right perspective on it, this kind of peace and solitude is worth it,” she said. “And the physical beauty of where I live is just breathtaking.”

Peggy A. Downing, MD, grew up in Texas but had always hated the vicious heat and missed the snow she played in as a young child living in Maryland. So, when she was offered a job in Alaska after residency, she accepted. She has owned her own practice in Wasilla for about 20 years.

“The scenery is gorgeous. It’s quiet and clean,” she said. “The biggest thing to get used to is the dark. But in summer, you get to play in the light all the time. You might be outside gardening and suddenly wonder why you’re so tired and then realize it’s midnight.”

Know the challenges

There are trade-offs to living in such a remote location. When she first started practicing ob-gyn in Alaska in the 1980s, Dr. Downing felt like she’d traveled back to the 1950s. “There were no specialists. The way we got our consultations was to call the University of Washington,” she said. “But as an ob-gyn it was fun to do a little bit of everything.”

The situation gradually improved, with a renovated labor and delivery unit and then a brand-new hospital five years ago. In her practice, she employs one other ob-gyn, several midwives, and soon, a pediatrician.

Kelley L. Valle, MD, knows what it’s like to do without specialists or the latest technology. She practices gynecology part-time in a solo practice in Key West, FL. “We don’t have an MFM specialist, endocrinologist, urogynecologist... You’re limited on what you can do,” she said.

“Rural communities offer a more relaxed and hassle-free environment in which to practice,” said Brock Slabach, MPH, senior vice president of member services at the National Rural Health Association. “But physicians should know that they may need to be versatile in what they do day-to-day, and they may be a primary care giver.”

Working in underserved areas, though, can sometimes help pay the bills. The National Health Services Corps offers a loan repayment program to those serving in areas with limited access to care.

Make time for you and your family

Living in a more laid-back environment and working for a smaller practice may also be more conducive to a physician’s personal life. Dr. Downing tells her staff that family comes first. “If you need to go to school and see your kid’s play, that’s OK,” she said. In the summer, her practice closes early every Friday. And the OR practically shuts down in Alaska during hunting season, she said.
Break up your work cycle: Write now

Writ ing is something most physicians do every day—whether it’s medical records, journal articles, or class lectures. For some, it’s monotonous and just part of the job. For others, it’s a creative outlet to look forward to at the end of a long workday.

Vincenzo Berghella, MD, professor of ob-gyn at Thomas Jefferson University in Philadelphia, has enjoyed writing for as long as he can remember. He has published more than 200 peer-reviewed articles, five evidence-based medical books, and 15 non-medical books about his life and travels.

“Sometimes your job is all you can think about, and you get in a series of thoughts you can’t break,” he said. “Writing breaks that cycle for me. I come home, write, and go to work the next day with a clean slate.”

Dr. Berghella grew up in Italy and moved to the US when he was 19 to pursue his medical career. Over the years, he found people were interested in his journey, encouraging him to write and self-publish his first book in Italian Dall’Altra Parte Dell’Oceano, or On the Other Side of the Ocean.

“When I meet young physicians who are looking for some help and encouragement, I give them a copy of Dall’Altra Parte Dell’Oceano,” Dr. Berghella said. “It’s about jumping on opportunities that come throughout life and letting them guide you.”

Dr. Berghella self-publishes his books on lulu.com. Currently, he’s working on a book about the science behind happiness.

“One of my favorite sayings, attributed to Edgar Allan Poe, is ‘To look a fool is the secret of a wise man,” he said. “It’s important to let another side of you out, not just the serious, scientific part that wears a white coat. It helps lighten your mood and uplift you and the people around you.”

Thomas L. Wiley, MD, a gynecologist in Jackson, MS, had never thought about writing creatively until six years ago when he found inspiration in an unlikely place—a family cemetery in Lockhart, MS. Seven small tombstones caught his eye and led to two historical fiction novels: The Angels of Lockhart and The Telegrapher.

The tombstones marked seven children of his wife’s great-grandparents who had died between the ages of 11 months and 22 months over a 20-year period beginning in 1890. Two years before his visit to the cemetery, Dr. Wiley had stopped practicing obstetrics and was settled into the more controlled life of a gynecologist.

“I had some time on my hands and began to wonder if I could bring this story to life,” he said. “I started researching the family and learning as much as I could about the community and the history of the area. A storyline formulated, and after a few weeks, I sat down and began to write.”

Encouraged by family members and friends, Dr. Wiley spent the next year writing and revising the book. The reaction to the novel was so positive that Dr. Wiley wrote The Telegrapher, which focuses on the narrator of The Angels of Lockhart, the seven children’s older half-brother.

Dr. Wiley is currently writing a biography of an American Indian chief who played a major role in early Mississippi history. He is also working on a book of humorous observations related to his 35 years of practice as an ob-gyn.

“Writing makes me a better-rounded person,” Dr. Wiley said. “It connects me with my patients and colleagues because it allows them to see more of my personality and what my non-medical ideas are about life.”

For more information on Dr. Wiley’s novels, go to monarchpublishinghouse.com. For more information on Dr. Berghella’s books, search “Vincenzo Berghella” at lulu.com.
many physicians counsel their patients about the benefits of exercise—benefits that extend beyond the physical. Study after study has found that regular physical activity improves mental health and mood, reduces stress, and boosts energy.

Well, all of those benefits hold just as true for the physicians giving the advice. And with a 2011 report from the American Medical Association finding that nearly 90% of physicians feel high levels of stress every day, the outlet that physical activity offers may be essential to staying sane and happy in your career. Here’s how four ACOG members do it.

Finding life harmony
When Michael R. Foley, MD, was about seven, his big brother, a Navy SEAL 15 years his senior, took him to one of his martial arts training sessions. It was an experience that would change Michael’s life forever.

Today, Dr. Foley is a sixth-degree black belt and co-founder of the Center for Humane Living, a not-for-profit martial arts studio that provides free classes as part of its central mission: “teaching confidence in resolving conflict, respect, building character, and the understanding and creation of peace.” He’s also written an award-winning book, The Art of Humane Living—Martial Arts as a Path to Peace.

Dr. Foley is chair and program director for the ob-gyn department at Banner Good Samaritan Medical Center in Phoenix and a professor at the University of Arizona College of Medicine. For him, martial arts is more than just an athletic pursuit—it’s a way of life. He doesn’t believe in finding work-life balance, but rather life “harmony.”

“If you look at a definition of balance, it’ll say something to the effect of ‘marked variation across a fulcrum using significant amount of energy to achieve equilibrium which is never quite reached,’” he said. “It’s like a teeter-totter, expending tons of energy but never getting there. We want harmony in our lives, which is defined as ‘strumming multiple notes or strings simultaneously to create a beautiful chord.”

His wife, also a physician, and three young adult children are also high-level black belts who teach martial arts; his older daughter and son have started similar programs on the East Coast, and his younger daughter teaches at Dr. Foley’s center.

“Practicing martial arts helps you do your job well,” he said. “It’s how I run the department. It’s how I think. Knowing that if I have a rough day, I can go home, stretch, work out, and train helps me to handle conflict. It helps me to be a leader, because ultimately being a leader is about leading yourself.”

Hiking the globe
After finishing her residency, Lexine M. Hebets, MD, decided to take her recently discovered passion for hiking halfway around the globe. So she packed up for a month-long trekking trip to Bhutan, where she spent 16 days camping every night and hiking all day. “We spent at least a good six to eight hours every day hiking with poles, over streams, through mud,” she said. “There was a hurricane in the Bay of Bengal, and it snowed when it shouldn’t snow and we got stuck. We stayed in a little cabin with about 35 people for four days, and then we finally had to be airlifted out.”

Some people might have been put off by that early experience, but Dr. Hebets couldn’t plan her next hiking trip soon enough. Since then, she’s taken another month-long trip hiking in the Indian Himalayas, hiked in the Dolomites in Italy and the Pyrenees in Spain, andtrekked around Peru’s Salkantay Peak and into Machu Picchu. “Most recently, we went to Patagonia, all the way down to Tierra del Fuego, where the ships leave to go to Antarctica,” said Dr. Hebets, who practices with Maricopa Obstetrics and Gynecology in Arizona.

“My stress level is much less if I’m doing something physical. If I don’t, I just don’t feel well,” she said. She does spinning most days, along with weight training and frequent yoga. “I have to make it a priority for me. And if I feel well and come across in a positive manner, that adds to how my patients feel, and hopefully they make changes in their lives, too.”

But the physical activity is only part of the reward of these long treks. “I love being able to hike through little towns and meet people along the way, staying in farmers’ front yards and sharing their homes with them,” she said. “It’s pretty amazing to be able to see how different people live and how it’s so different from our own lives.”
Cycling Indiana

Living in Indianapolis as a young medical student and resident, Mark E. Gentry, MD, found it was often easier and faster for him to commute by bicycle than to drive, park, and walk to his destination. From that practical solution, a lifelong athletic passion was born.

Dr. Gentry, ACOG’s Indiana Section Fellow chair, who has a practice in Danville, has been cycling for more than 20 years. He usually fits in three or four “shorter” rides (about 18–25 miles) during the week and at least one longer ride—he prefers two—of 30–40 miles on the weekend.

“It’s a time and a place in my life where I don’t think about the problems of work,” Dr. Gentry said. “It’s relaxing, but requires enough attention that I can’t think about work stuff. I can’t ruminate over problems.”

After a recent benign surgical procedure, he found himself laid up for a couple of weeks, unable to ride for the first time in decades. “It was a real challenge for me not to have that. For me, there are emotional benefits to riding that far outweigh the physical. Plus, it’s a commitment to my own health.”

Dr. Gentry doesn’t race. “I was competitive in tennis in high school and college, and I don’t need to be competitive anymore.” Instead, he revels in weeklong touring rides with his college buddies, to North Carolina, Tennessee, Colorado.

There’s also a big ride in Indiana every fall called the Hilly Hundred. Covering about 100 miles of scenic, hilly country roads over two days, it’s a perennial winner of *Bicycling* magazine’s “Best Biking in America” award.

“I’ve ridden that for 28 out of the last 30 years,” Dr. Gentry said. “We have a group of friends that ride it together, and now the next generation—my two sons, who are 22 and 24, and some of the other adult kids and their friends—are riding it with us.”

Dr. Gentry also takes a certain contemplative pleasure in maintaining his own bicycles. “If you were to take a look at any of my four bikes right now, they’re all showroom quality, and I do all of that myself,” he said.

Run or be cranky

Nicole Karjane, MD, has always been athletic—in high school, she played field hockey and lacrosse and was on the swim team. But it wasn’t until college that she discovered the joys of running. By the time she was in medical school at Penn State, she had become such a devoted runner that she would run post-blizzard along the Charles River in Boston when she visited her now-husband.

“It would always be plowed and melted—they know how to handle snow in Boston!” she said.

Running has been a key component of their relationship ever since. “It’s the only thing that we have been doing ever since we started dating,” said Dr. Karjane, an associate professor of obstetrics and gynecology at Virginia Commonwealth University Medical Center in Richmond. “When we did a pre-marriage prep course, we were asked to bring in something that meant something to us as a couple, and we chose running shorts. If we have issues on our mind, we talk about them when we run. You can’t get into a heated argument when you’re running!”

As soon as they started having children, Dr. Karjane and her husband began bundling them into a jogging stroller. “Then we had to get a double, and then a second double!” she said. Her four children now range in age from 2 ½ to 10; the five-year-old is the most avid runner among them.

“I don’t listen to music; I just think and enjoy my surroundings, ” she said. “Anything that I’m stewing on, I mull it over then. It helps me decompress. It gives me an outlet where everything else is clear; I don’t have patients waiting or anything else, and I can more clearly explore ideas in my head.

“If I go a couple of days without exercising, I get cranky,” she said. “Even in medical school, my roommate and I would either go running or to the gym after class every day. People would say, ‘I can’t believe you have time to work out!’, and I’d respond, ‘I can’t believe you don’t make time!’”
Ob-gyns perfect art of stress relief

Complex, high-stress situations are common in the field of ob-gyn, often leading to emotions that are difficult to verbalize. When words fail, having another outlet to work through these feelings or let them go has proved to be beneficial for both doctors and patients. Several ACOG members have found art to be an important companion to their day jobs.

Jeffrey M. Rothenberg, MD, MS, clinical associate professor of ob-gyn at the Indiana University School of Medicine in Indianapolis, began glassblowing 15 years ago after a particularly difficult work week. Three infants died under his care, and he was having trouble leaving his feelings about it at the hospital.

Dr. Rothenberg confided in his wife, Joani, an art therapist, who enrolled him in a glassblowing class at their local art center. Since then, he has made thousands of glassworks, sharing his art with family members, friends, and colleagues and in exhibits and installations all over the world. He has also become a mentor to students, residents, and faculty members, encouraging them to participate in the arts any way they can.

“Everyone involved in medicine should have a hobby or avocation to relieve stress,” Dr. Rothenberg said. “By taking care of ourselves, we will be better healers.” More information on Dr. Rothenberg’s glasswork can be found in the May/June 2009 issue of ACOG Today at acog.org/goto/acogtoday and at mypage.iu.edu/~jeffroth.

For 15 years of his medical career, Robert P. Lorenz, MD, maternal-fetal medicine specialist at William Beaumont Hospital in Royal Oak, MI, had a great stress reliever—race car driving. When his racing team disbanded 10 years ago, Dr. Lorenz felt it was time for another hobby. So, he started painting, something he hadn’t done since elementary school.

“When I looked at people I knew who had retired happily, they all had interests outside of medicine,” he said. “I decided if I was ever going to pick painting up again, I had better get started.”

Dr. Lorenz began taking classes, at first with oil and acrylic paints. But through his many travels for work and pleasure, he realized quick-drying watercolors were a great way to capture memories and share his work with others.

“Art has given me another way to look at the world,” Dr. Lorenz said. “Unlike medicine and life’s other obligations, the creative process doesn’t have any constraints. It’s a fun challenge to have that kind of limitless possibility.”

Looking at the world through a camera lens is something two other ACOG members have found worthwhile. Jeffry I. Komins, MD, executive vice president and chief quality officer/chief medical officer at Catholic Health East in Newtown Square, PA, started pursuing photography 20 years ago after realizing how much he loved taking photos of his family. He has attended classes and workshops across the US, learning from photographers who inspire him. His photography now focuses primarily on nature and portraits.

“I love medicine, but art broadens me and the way I view life,” he said. “Photography is a spiritual experience for me. It involves symbolism and metaphor, which helps me understand and better approach my patients’ needs.”

David A. Lovejoy Jr, MD, is a first-year resident at the University of Kentucky in Lexington. He has been painting and practicing photography since he was an undergraduate student, continuing the hobbies to relieve stress as a medical student and resident. He admits he’s been painting a lot less since residency started but takes photos whenever he has time, even pulling over to the side of the road on his way home from work to snap a few shots.

“Art is a complete escape from reality for me,” Dr. Lovejoy said. “It’s a productive way to use whatever emotions I’ve kept bundled up inside that day. I leave my world and enter the one I’m trying to create.”
Ob-gyns make time to be Scout leaders

Dilara E. Samadi, MD, knew that if she didn’t step up, no one else would. Her oldest daughter was in a Girl Scout troop that was struggling to find enough leaders. Dr. Samadi had been a Girl Scout herself and wanted her daughter to have the same rewarding experiences.

There was just one conflict—her schedule. “I thought, ‘I can’t do one more thing,’” recalled Dr. Samadi, of Williamsville, NY, just outside Buffalo. The demands of being a mother, wife, and physician were already stretching her bandwidth. But if this troop disbanded, her oldest daughter’s time as a Scout would be cut short and her middle daughter would probably never have the experience.

“I told myself I’d only do one day a week, maybe Monday because that’s a shorter day in the office. And I’ll only do one year.” That was 11 years ago.

Dr. Samadi is among a set of ACOG Fellows who have such deep ties to Girl and Boy Scouts that not even the demands of clinical practice could break them. But, they also draw insight from their experiences as parents and troop leaders to care for patients and give themselves a diversion from medicine.

“Building confidence and nurturing kindness

David E. Ludlow, MD, of Spanish Fork, UT, has also been involved in Scouting since he was a child. He started in Cub Scouts at age eight and is now district commissioner, advising leaders of about 20 troops. The troops range from Cub Scouts for eight to 11-year-olds, to Boy Scouts for 12-year-olds and Varsity Scouts for 14 and 15-year olds.

Dr. Ludlow first became a Scout leader while in medical school in 1978 after his church asked him to help. Being a Scout leader has given him a chance to recreate his childhood memories with his own three sons, who have been involved in his troop before aging on to the next level. Dr. Ludlow’s favorite memories include making kites and then spending a Saturday flying them. He also enjoyed creating a puppet show, featuring hand-made puppets, with the boys.

Still, it’s a balance—he often uses his vacation time for the week-long camping trips. But the reward comes from seeing the boys mature. “The boys learn about their community, and they learn about leadership skills,” said Dr. Ludlow, whose oldest son is now a Cub Scout leader in South Carolina. “They learn to be confident.”

It also gives Dr. Ludlow insight he can share with patients who are raising sons. “Many of my patients are mothers raising young boys. I understand when they are frustrated. I can identify with them and talk to them with a fresh memory of what they are going through.

“Sometimes you want to throw the boys out the window, but other times they say good things. They’re enthusiastic and fun to be around,” he said. “I’ll be involved with Scouting until I’m too old to do it.”
In Memoriam

Francis Andrew Bartek, MD
Amherst, OH
1/13

Nalini Mala Bhat, MD
Sechelt, BC
1/12

William H. Brakefield, MD
Talladega, AL
12/12

Robert L. Burket, MD
Greenville, OH

Phillip A. Caruso, MD
Fort Lauderdale, FL
11/12

Tien Cheng Chiu, MD
Hacienda Heights, CA
7/12

Ronald J. Chudik, MD
Arlington Heights, IL
9/12

Stephen Z. Colodny, MD
Florence, MA
6/12

James H. Freel, MD
Goodyear, AZ
7/12

Edward Elias Geosits, DO
Allentown, PA

Arthur J. Kavanagh Jr, MD
Beverly, MA
12/12

Richard W. Lang, MD
Lakewood, NJ
1/13

Richard J. Mikuta, MD
Lumberton, NJ
1/13

Richard J. Rygiel, MD
Casper, WY

David A. Sandridge, MD
Asheville, NC
2/13

Daniel John Semenoff, MD
Saint Louis, MO
11/12

Harlow Eldredge Smoot, MD
Provo, UT
1/13

Rudy Karl Tatarin, MD
Fountain Valley, CA
12/12

Edwin Clark Weathington, MD
East Lansing, MI
10/12

William Thomas Yates, MD
Wilton, ME
12/12
How do you strive for a good work-life balance?

“I try very hard not to take my work home. When I’m home, I’m Mom. I also strategize regarding potential involvement in my kids’ extracurriculars. For example, I may not be able to be the Girl Scout troop leader, but I am the troop’s certified camping mom. Dinner time and bedtime rituals are also important.”
—Erin E. Tracy, MD, Massachusetts Section chair

“I try to get time in the mornings to swim or run. If I start the day with some exercise I feel better.”
—Jeanne A. Conry, MD, PhD, ACOG president elect

“Spending time with my kids outside of work has always been a priority and a joy for me. At the same time, I love to run because it clears my head and helps me breathe deeply. By getting my kids into running we have a shared pastime.”
—Judy M. Kimelman, MD, Washington Section chair

“Find something to do with your family that you all love—and then do it! For us it was skiing. Even when the kids got better than my wife and I, the lift rides were a great time to talk, and the hot tub at the end of the day an ideal time to share a laugh about the best fall of the day.”
—Tony Ogburn, MD, of New Mexico