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Residents In a Room
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VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

Just keeping the long game in perspective helps me to have fluidity within a day or within a week.

Identifying those things that are most important to you, that help you find harmony in your life, and trying to do a little bit of those things frequently.

It's okay to do things outside of work. It's okay to have a life outside of work. It's okay to not just be 100% devoted to your craft.

DR. ELIZABETH MALINZAK (HOST):

Welcome to Residents in a Room, the podcast for residents by residents. I'm Elizabeth Malinzak. I'm a pediatric anesthesiologist at Duke University and the Chair of ASA's Committee on Young Physicians, as well as your host for today's episode. I'm here with two residents and a fellow to get personal. We're digging into the elusive idea of work-life balance today what it means, how to find it, if it's even possible. First, let's start with some introductions. Dr. Martinez, will you introduce yourself, please?

DR. MICHEAL MARTINEZ:

My name is Michael Martinez. I am a PGY5, Anesthesia Critical Care Fellow at Duke University, and I'm happy to be here.

DR. MALINZAK:

Welcome. Dr. Barrera?

DR. RYAN BARRERA:

Hello, my name is Ryan Barrera. I am currently a PGY3/CA2 at Baylor College of Medicine in Houston, Texas.

DR. MALINZAK:

And Dr. Plunkett

DR. HARRISON PLUNKETT:

Good evening. I'm a CY3 and one of the Chief Residents at UVA in Charlottesville, Virginia.

DR. MALINZAK:

Well, it sounds like we have a nice variety of locations.

Let's start with this concept of work-life balance. First of all, what does that even mean? And are any of you living this elusive lifestyle? You know, why is it so hard to balance the demands of being an early career anesthesiologist with a rich personal life? I'm going to let Dr. Martinez start off here.

DR. MARTINEZ:

Thank you so much. That's an excellent question. You know, being a fellow and being a critical care fellow in the middle of a pandemic, definitely presents a number of challenges to work life balance in its true form. My schedule varies significantly from week to week and certainly from month to month. I really don't have a set schedule, even within a single month. I'll rotate through a number of different ICUs and different services and even in the OR at times. So, my schedule is highly variable. So, sometimes I'm working days, sometimes I'm working nights and what I try to do, regardless of whatever the hours might be for that week, I try and make time for my wife and my kids. So, when I get home from whatever shift it is, the pager goes off and the phone does stay on. But, you know, that I, I don't look at it much and I make sure I spend time with, you know, my family as much as I can before I either go, go to sleep after working all night or I get everything ready for the next day.

DR. MALINZAK:

That's certainly a challenge.

Dr. Plunkett, do you have anything that you want to comment on?

DR. PLUNKETT:

I have a pretty similar personal situation to Dr. Martinez. I have a wife and two kids, and you know, I think I would be the first to admit I probably do not as strong of a job as I would like when it comes to work-life balance. You know, I think it's challenging in my personal worldview to set aside work and be completely balanced when there's so many things and so many opportunities to try and advance your career. And I think it's a real struggle for me personally to try and find that balance. And I think I'm fortunate that, you know, I've had a lot of opportunity to practice communication with my wife and, and my kids and try and share those struggles with them. But I'm continuing to learn and continuing to get better about devoting quality time, whether it's to work or with my family.

DR. MALINZAK:

Yes, it does sound like this is just very elusive, especially in residency, but I think it doesn't get easier afterwards either.

Dr Barrera, I'd love to hear your perspective as well.

DR. BARRERA:

Yeah, of course, I, it's not the same family situation. I am engaged and my fiancée and I are currently living together and we have two dogs, not two kids, but, you know, maybe one day I think I think about work-life balance more. It's kind of like a seesaw. You know, some days you do more things on the work side. Sometimes you do more things on a personal life side. But I think it's, it's very, very challenging to kind of handle everything and, you know, to be a good physician, to be a good anesthesiologist and as well as, you know, being a good fiancé, be, being a good husband, being a good friend. And, you know, I'm sure being a good parent as well.

DR. MALINZAK:

Absolutely. So one of the things that you all touched on when you were talking about work-life balance is the health of your personal relationships. Now we all know that medical school and residency can be very, very difficult on our loved ones. I'm going to hear from you all about how your personal relationships with those outside the medical field have changed since you began your journey in medicine. And why is it so hard to

maintain relationships with friends and family and significant others and kids? And, and how exactly you manage all of that?

Dr. Plunkett, I'd love to hear from you.

DR. PLUNKETT:

I think that without a doubt, the challenges that I face at work impact how I frame the time that I spend with my kids and my family and my wife at home. You know, I think that it's always challenging when you encounter a difficult patient situation to be able to process and discuss that with a spouse who may not necessarily be in the medical field. And I think that it takes a lot of work with learning your own communication style and learning your significant other's communication style to be able to engage in meaningful conversation to, to maintain those relationships.

And I think in my personal situation, I certainly have seen friends come and go as a result of, you know, being busier now than I was several years ago. And I think that it's also helped me prioritize the relationships that are important to me because I think the ones, the friendships that I have maintained, I've found significant value in them and that's been meaningful to me.

DR. MALINZAK:

That's really interesting to hear. I'm married to a fellow physician, so we've always been able to talk about work together and really have that understanding, which I think has helped a bit with our relationship.

Dr. Barrera, what about you, since you're engaged? Can you comment a little bit on your personal relationships?

DR. BARRERA:

Of course, yeah. So, my fiancée is a psychiatry resident, and so, you know, we're both the same PGY year. We did the whole couples match thing going in together, so we've kind of been side by side through, you know, even the beginning of residency. So it's been really, really helpful to have someone that, you know, knows exactly what I'm going through, knows the hours and knows what it's like to work long call shifts. And so I think just from, from that perspective, I've been really, really fortunate to have someone, a spouse that understands everything so well.

I think like, like Dr. Plunkett was saying, it's it really has kind of put a perspective on my other relationships that are kind of outside of, of medicine, you know, friends that I have that are lawyers or engineers or in banking, all that kind of stuff. I feel like it's a little bit harder for them to kind of process what we do and what we see on a daily basis. You know, when you're dealing with a difficult patient loss or with an unfortunate outcome, you know, bad days in other professions are obviously challenging as well, but usually it doesn't lead to such tremendous loss of life and emotional strife. So that can kind of be challenging to connect and to convey what exactly you're feeling and what, what challenges you have to go through.

I'm fortunate to have a lot of people in my residency program and my fiancée's residency program and in my family as well, who, you know, are obviously in medicine. And so it just really helps having that kind of support system, who, who understand.

DR. MALINZAK:

Absolutely. Now, Dr. Martinez, you mentioned, you have a couple of kids. How has your relationships with them been since going through residency and now as a fellow?

DR. MARTINEZ:

Great question. So, it's definitely more challenging this year as a fellow. My hours are definitely more strenuous than they were in residency, but thankfully both my kids are really young, pretty malleable. They have definitely made the adjustment. I did all of my training education in Texas. That's where all of our family is, all of our friends are. So moving to North Carolina was a, a big transition for everyone for the year. So it's been a challenge, but it's been, it's been good as well.

But to touch on like the aspect of relationships and specifically friends, since I grew up specifically in Austin, Texas, a lot of the friends I have are the same ones I went to high school and college with at UT. They're, they're all the same people, so I've definitely stayed connected with them throughout the years, through med school, through residency, and then even, even now here in fellowship. I had a couple of interviews in, in Austin, so we all met up there as well. So that was good. But you kind of just take it in stride. They recognize that we're busy and I, I definitely try and meet up with them when I can. And another aspect is my wife is not in the medical field at all, and I'm actually kind of thankful for that because it's nice to come home and not have to take work home with me, so to speak, because there's, there's enough medicine to go around at the hospital. I just, I like being able to decompress in the non-medicine way. But I definitely understand and can appreciate other people with spouses that can help relate a little bit

more because I don't know how many times I've had to explain what A-line and a (sic) is. But nonetheless, it's, it's good.

DR. MALINZAK:

Oh, that's so wonderful to hear from all of you, and you're very similar, but also different perspectives on that. I had one child in residency and my, my other child as an attending, so it's been interesting for me to kind of see how that's progressed and how my work-life balance has changed at, at different stages.

And on the topic of kind of mixing family and career, one of the things I've noticed this year with the increased of Zoom meetings and things like that is that my kids love to interrupt my Zoom meetings and my dog loves to start barking in the middle of them.

So, I want to hear from you all. Please just be honest about how family and career sometimes just collide in ways that range from hilarious, to absolutely terrifying. Have you had any experiences that you want to share?

DR. BARRERA:

Oh my gosh, yes. I totally relate to that. I feel like my dogs are quiet all day long, just being sweet and perfect until I have a meeting or something where I need to be serious and they start barking. But I think it happens all the time. When I was a CA1 last year, you know, we were doing lectures via Zoom. We couldn't really do our didactics in person. And so, you know, all lecture long they would kind of be like climbing all over the place and just like jumping on the sofa and stuff. And for that kind of stuff, it's great. Everyone kind of appreciates it. It's a nice little break sometimes.

The only times is when it's really, really terrifying is when, you know, in a really serious meeting a couple of weeks ago with my Program Director and, you know, we were kind of discussing my fellowship plans and, you know, life after residency. And of course, you know, the dogs are barking and, you know, all the, the noises happening everywhere throughout the house, and, you know, that's definitely a little bit terrifying. But thankfully, everyone was very, very understanding, so it wasn't a problem.

DR. MALINZAK:

I think people are becoming a lot more understanding of kind of those interruptions in the virtual setting. I remember at the start of the pandemic my daughter would bring her little pink bunny and gradually put it across my videos, and I didn't really know how people would react.

Dr. Plunkett and Dr. Martinez, since you guys have kids, how has that been for you?

DR. PLUNKETT:

Yeah, it's been in some ways, rewarding. You know, I think the most recent instances for me have been taking part in the ASA Open House a couple of weeks ago and then our own meet and greets that our program's conducting as interview season is ramping up. And in some ways, I think it showcases a, a facet of our personal lives that we otherwise wouldn't get to showcase with applicants who may relate or may just appreciate maybe the, the laidback-ness of the interactions when my daughter creeps up and jumps on my back as we're talking about passing boards and, and fellowship matching and things like that. So I think in some ways it is a very positive interaction, and, and framing it in the right way has been helpful for me.

DR. MARTINEZ:

I admittedly have not had any child sabotages up to this point. I've made a, a pretty concerted effort to ensure that the children are preoccupied before I partake in any Zoom meetings, and I'm usually not the one presenting. So, I, I guess I've gotten away with it, mostly because of that. That said, though, I have been sabotaged by some of my co-fellows. I was giving one of the journal clubs and someone had their, several phones on in the lounge, but they didn't realize they were not muted. And so they are a number of conversations going on during their presentation, but it worked out for the best. It was it wasn't a big deal, but yeah, so far I've been lucky to avoid any, any of the children sabotages.

DR. MALINZAK:

Well, I just have to say I really enjoy seeing when kids or dogs or cats or whoever kind of comes into the Zoom screen. Because it's nice to see what people's lives look like outside of work and get to know them in that sense.

So, another key aspect of all this is juggling kind of those competing priorities and maintaining personal boundaries. For example, unplugging from work can be very difficult during residency. Has the ability to unplug changed during the course of your medical career and from the pandemic and what changes do you anticipate moving forward?

DR. PLUNKETT:

So for me personally, it has definitely been challenging. I had unplugged from social media almost entirely before resuming residency. I spent time in the Navy and, and was able to unplug from a lot of that stuff and found that to be pretty satisfying. And I've found that plugging back in has been rewarding in the sense that it's been able to contribute to, you know, our program's social media presence and being helpful from that standpoint. And you know, I think at some point we'll unplug again. But in the way that it's framed, it's a struggle to, to not utilize those resources or those outlets when I'm spending time with the kids, whether it's giving them baths or a dinner and things like that, and knowing that, you know, the phone is going to go elsewhere. And even if I get phone calls or texts about call shift swaps and things like that, you know, knowing that it's, it's something that we have a little bit of time to take care of and still being able to devote that quality time to my family.

DR. MALINZAK:

Dr. Martinez, how about you?

DR. MARTINEZ:

Yeah. So I, thankfully usually have shifts. So, usually when the time comes and I hand off the unit to someone else, that is it. So I thankfully don't have work trailing closely behind me. There are some later rotations in the OR, so I have home calls, so that is what it is. But when I get home, that is time with my kids until they go to bed and I'll maybe quote unquote plug in after that. But when they're awake, I usually make a point of, you know, doing whatever it is that we can do for the day, whether it's going to walk, if there's still sunlight, if it's doing puzzles at night, what, whatever is, you know, amendable to them. I usually try and, try and make that happen.

On another note, from a social media perspective, coming into fellowship, I knew my time was going to be pretty valuable. So I, I actually ended up deleting my Facebook and I'd say I'm probably better off for it. You know, like I kind of mentioned earlier, a lot of my close contacts and friends are in Texas, and I've known them for most of my life. So I have, I feel like I haven't really lost much by deleting Facebook because all of the people that I guess I cared about the most are still very much present in my life, and I, I don't need Facebook to stay connected with them. But it's been good overall.

DR. MALINZAK:

Dr. Barrera, have you also tried unplugging from social media, or what other ways do you attempt to unplug from work?

DR. BARRERA:

Yeah, I think, I'm actually not really big into social media, so I don't find myself checking Facebook that much. But you know, there's other social media sites like Instagram, Reddit, Twitter, that kind of stuff that I definitely kind of find myself looking at from time to time. But I think what I try to do, you know, is during meal times, during times when I'm trying to have a serious conversation or hanging out with my friends, things like that, I will kind of just put the phone away and put it on silent or even just turn it off sometimes.

I think we're kind of fortunate in the field of anesthesia as a whole in that when we leave the hospital most of the time we're, we're gone. Like Dr. Martinez was saying, you know, you hand the shift off, you hand your case off, and then you kind of just trust in, you know, your colleagues and not have to constantly check or constantly, you know, feel pages and, and devote things to patient care. So it kind of gives us that ability to be able to turn the phone off, to turn our attention elsewhere. So I think we're very lucky in that sense.

DR. MALINZAK:

What about personal boundaries? Do you all have priorities that are no compromise priorities and things that are your must-haves when it comes to making day to day life work?

Dr. Barrera, why don't you start?

DR. BARRERA:

Yeah, I think my biggest must-haves is, you know, really devoting time to my fiancée and my dogs. We take them for, you know, a 30 minute walk around the neighborhood every day with dinner. And so, you know, even if I get home really, really late or my fiancée gets home late, we always, you know, we go for an evening walk or something. And so that's just a great time to unwind, to relax a little bit and kind of just reflect on our day. Just kind of catch up with each other.

In terms of boundaries, I think that it's really hard to, to get away from medicine sometimes, especially when you're hanging out with, you know, co-residents, fellow people in the medical field. So, we kind of have an unofficial timing system, I guess, you know, we all get together, you know, just kind of a natural tendency to talk about the rotation you're on, or kind of reflect on attendings, or difficult case that you were doing. But we kind of we kind of limit ourselves to like 10, 15 minutes of that. And after that,

we're like, all right, that's enough work, let's talk about something else. And that's, that's kind of a good way to just set up a, a soft boundary, if you will, to to not have our lives just be only focused on medicine.

DR. MALINZAK:

It's a really good point.

Dr. Plunkett, what are your personal boundaries or no-compromise priorities?

DR. PLUNKETT:

You know, I think a simple example is when I'm not working in the evening, I really take, try and make an effort to be present at dinner with my family. And that's something for me personally that I strive to, to be present for. And it is hard with meetings and late shifts and calls and things like that. But I think I also have to be careful about not being too rigid because I think there's a lot of stress that can come with that as well. And understanding that there are times where I have to sacrifice an opportunity, like sitting down with my family, to do something else which may ultimately allow more freedom, you know, the following night, and being able to communicate that with my family about that. So they understand, so my kids have, you know, some expectation about presence or absence has been helpful in maintaining that balance for me personally.

DR. MALINZAK:

Dr. Martinez, what about your perspective on this as a fellow compared to as a resident?

DR. MARTINEZ:

Yeah, I, I would kind of echo Dr. Plunkett's views. I, I don't know that I have anything that would adhere me to being rigid enough to do an all or none kind of thing. I, I have to be, I guess, somewhat flexible within my schedule as a, as an ICU fellow. But there are certain weeks where obviously I work harder and then what do you know? Like a week or two later, I'm on a float week where I can do any number of things research, ultrasound, whatever education, whatever it might be. You know, there might be tough weeks, and it's like, man, I feel like I'm not getting any time with my family or whatever. But then, you know, looking ahead and having enough fluidity within that week to kind of roll into the next week or two when, you know, a whole new rotation shows up and you do have time for all of that. So I think just keeping, for me, just keeping things, the long, the long game in perspective helps me to, you know, have fluidity with, within a day or

within a week across those varying rotations to kind of make the best of whatever time I have to, to be with my family.

DR. MALINZAK:

Well, I really admire all of you being able to try to make work-life balance actually work out during residency because I don't remember it working for me at all, so let's take a little detour.

I'm wondering if you all are familiar with the concept of work-life harmony. Very similar to work-life balance, but it's not exactly the same. We've been talking about work-life balance, it's about the how, the what, the when, about managing your time and work-life harmony is about the why it's about integrating your work into your life in a way that, in theory, works for you at home and at work. Proponents of this idea promote being present, setting priorities, embracing your work as meaningful, and there are some other terms that are very similar to this like work-life integration or work-life conflicts. Are there any other terms that you know about and which of these framings makes most sense to you? For example, does the word harmony make the idea, idea of integrating work with the rest of your life feel more doable?

Dr. Martinez, let's start with you.

DR. MARTINEZ:

That is a tough question. I, I don't think, you know everyone just kind of defaults to balance. I don't know that that's necessarily the right word because I just feel like there's too much fluidity within, you know, a fellow or a resident or an attending's schedule, there's just, you know, it's too variable to, to balance. So yeah, maybe there's some other word for it. I don't know that I'm smart enough to come up with it of my own accord. But you know, I, I think for me, at least, taking things day by day is, is probably the biggest thing, just because there's so much variability, especially, you know, coming from the ICU. And not to say the OR doesn't throw some curveballs at you by any means. But you know, in the ICU there's just tons of variability. Everyone is just so sick. So you have to be, and you know, you handed them off, and then you, one night and you come back the next morning and it's a whole new ballgame with even the same patient. So having a balance, even within work can be challenging because you thought you handed off someone all packaged up or in the OR, you've handed off a case and you're like, oh, they're all packaged up, ready to go. And sure enough, it's not the case like an hour later. So even within work, I, I don't know if balance is truly attainable, but I don't know if I have a word to really sum up what it would be across both work and, and at home.

DR. MALINZAK:

Dr. Barrera or Dr. Plunkett, do you have any input on work-life balance versus work-life harmony or any sort of other terms?

DR. BARRERA:

Yeah, I kind of like the idea of work-life harmony. I think it's nice when you can, you know, kind of get some of your personal life at work. I find myself with my colleagues and we both are taking lunch breaks at around the same time. We will just take a walk to the cafeteria and chit chat and catch up, and I think, you know, that's the time when you can just be away from work. You can just reflect on other things that are important to you, even though you're at work and you're on the clock. I think that's kind of that's kind of fun and interesting.

I guess I'm kind of lucky in this sense because my fiancée is in medicine too. So lots of times we're on call together at the same hospital. So, you know, we can actually get dinner together from our on call and kind of integrate our life a little bit that way. So I guess harmony is a term I like better than balance, but I think they're both just really, really difficult to obtain and kind of this elusive concept that I don't really know if anyone has figured out how to do yet.

DR. PLUNKETT:

You know, I certainly agree. I think as a physician, it's very, you know, balance remains extremely elusive, especially when you compare yourselves to non-medical colleagues who, while being completely devoted, their careers don't face the stressors and the challenges that we face as physicians. You know, I, I think harmony strikes, I think the better tone because at least for me personally. I find that because I'm not balanced, there is certain guilt with how I approach my personal life in comparison with my professional life. But I think what keeps me sane is remaining task oriented, you know, with where I am and my training and then expectation management with what residency is really supposed to be, you know, and, and what sacrifices that I may be making now will hopefully pay dividends when I become an attending in facing difficult challenges at that time. And that's been helpful for me to fall more in line with this notion of harmony as opposed to balance.

DR. MALINZAK:

There's a lot of advice out there about how to find work-life balance or work-life harmony, whatever term you want to use. And one of the ones, the pieces of advice I see most often is learning how to say no. Are you comfortable saying no, or is that hard for you?

Dr. Plunkett, we'll start with you.

DR. PLUNKETT:

For me personally, it is not hard. I, I am pretty transparent with my, with my colleagues, my attendings, with the priorities that I have in my life. And, and while I have a deep sense of devotion and duty to the role that I'm in now and, and my job as a resident, I think there are plenty of instances where being able to delegate tasks or just flat out saying, I, I, I can't complete this task. And so for me personally, I think it's, it's just about keeping priorities and being able to justify why you're going to say no.

DR. MALINZAK:

How about you, Dr. Barrera?

DR. BARRERA:

Yeah, I, I wish I was as good as Dr. Plunkett at saying no, but I find that, that it's very difficult. I kind of feel like our whole life, whether it be in, you know, high school, undergrad, medical school, we're always kind of taught to go the extra mile to, you know, do just one extra research paper or study a little bit longer for that test. So because of that, when, you know, people ask if I want to write up a case report or if you know, I don't mind staying a little bit later for a shift, you know, a lot of times I want to say no and I'm trying to get better, but a lot of times I kind of feel that pressure to be a good resident, to be a good teammate, you know, to be a good co-resident. And so, it's definitely a challenge.

DR. MALINZAK:

I was probably more like you, Dr. Barrera. It's hard to say no.

DR. BARRERA:

Yeah.

DR. MALINZAK:

Dr. Martinez, what's your perspective as a fellow?

DR. MARTINEZ:

You know, it's tough because like in residency, you're essentially on like a four year extended work interview. So, there's definitely a lot of pressure to one perform, slash two, do well. And usually that means saying yes to things. Well, that said, though, as a resident, at least at my program, I never felt like anything that was asked of me was egregious enough to really get a firm no out of me. I mean, I guess everyone has their limits, but between residency and fellowship, I've, I've never really had to put my foot down and say no. But at the same time, I would have no problem doing it if I felt, you know, that we were getting to any kind of boundary issues.

But it's definitely challenging, especially carries into fellowship as well. You know, this is, I guess, a one year interview, if you will. So, you want to please everyone, especially coming from a, an institution that's not where you already trained for residency. So I'm meeting tons of new people who don't have any rapport with me whatsoever. Unlike residency where everyone knows you, they know what you can do, they're like, yeah, go do it, you know how to do it. In fellowship, you're kind of like de facto intern, but you're not because you're starting from scratch. So, it can be challenging.

What is nice is that at least in the ICU, it's all shift work. So, while you're there, you might as well say yes, there's not really a lot to say no to because your, I guess your existence is well defined within the hours that are the shift. So, it's really easy to say yes because you're already there. So, for me, it's like, yeah, let's, let's, let's get this done. Let's do it. But thankfully, the shift comes to an end, and at that point, you can be relieved of everything and carry on with your life. And you really aren't obligated to, at least from my point of view, I've never really been obligated to have to say no. But if it came down to it, yes, I would have no problem saying no.

DR. MALINZAK:

All right. So before we wrap up, I want to hear some advice about how to make your personal lives work with your professional life. You've given some examples already. For example, going on dog walks or being present for dinner. And these are just habits that make us cope better. So, I'd love to hear your best practices or advice you've received from other people.

Dr. Barrera, why don't you start?

DR. BARRERA:

Oh, sure, no problem. I think one of the favorite quotes that I've ever heard one of my attendings is, you know, a surgeon's favorite place in the whole world is the OR and the anesthesiologist's favorite place in the whole hospital is the OR, but I'd much rather be home with my kids. And so I think that kind of just an attending, you know, someone that I respect and admire who's just a wonderful anesthesiologist, I think having someone like that just verbalize that it's okay to do things outside of work. It's okay to have a life outside of work. It's okay to not just be 100% devoted to your craft and you know, go home and you just study, and that's all you do. But it's okay to, you know, have a family and to care about them. That really kind of opened my eyes a little bit and gave me permission to think about that aspect of my life more and that you could still be a successful, wonderful anesthesiologist and have this other whole aspect of your life.

DR. MALINZAK:

That's really, really good advice. I may have to steal that to give to some of my residents.

Dr. Plunkett, how about you?

DR. PLUNKETT:

You know, I think setting and understanding expectations for whatever stage of life you may be in as you rotate through times of med student and then resident and then a young attending. And I think framing the challenges that you face at work and, and with the balance, you know, are helpful. And I think that can help you overcome challenges that you face. And I think also identifying those things that are most important to you, that help you find or establish harmony in your life and trying to do a little bit of those things frequently. You know, whether you used to run marathons or used to read books in their entirety in one sitting, you know, I think while you're in residency, those a lot of those things are going to be feasible. But I think chipping away and finding time where you can devote 15- or 30-minute blocks to do those things so that you're able to establish some continued happiness in your life, despite some of the challenges you face at work are important.

DR. MALINZAK:

That's a very, very good perspective as well.

Dr. Martinez, any best practices or advice that you have?

DR. MARTINEZ:

Yes, I would say probably the best thing is just, have a routine. Obviously, we can't always adhere to it with all of our crazy schedules, but you know, especially when it comes to sleep, like sleep hygiene. You all work crazy hours like me. But when you finally do get that week where you're on days, you know, having a good routine to get, to get actual restorative sleep, I think is pretty underappreciated by a lot of people. So, you know, not looking at the phone, you know, 30 minutes before bed, not eating meals right before bed, you know, those little things that you probably don't think about too often or a lot of people don't, but having, having good sleep hygiene, I think, is probably one of the most important things, especially in residency when you're really trying to learn all the time and everything's new. Not to say I'm not learning and not doing any things in fellowship, but I think that's often lost upon people and they think, you know, everything is just go, go, go all the time. But taking time to take care of yourself will probably make you more productive on those times when it is time to finally go.

DR. MALINZAK:

Well, I wish I had these tips and this advice when I was a resident, it certainly would have helped. You guys are, are, very, very perceptive.

Thank you so much for joining us for Residents in a Room, the podcast for residents by residents. And please join us next month for more of our conversation.

DR. MARTINEZ:

Well, thank you for having us. I really appreciate it.

DR. PLUNKETT:

Thank you.

DR. BARRERA:

Thank you so much. I really appreciate.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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