# Why Work/Life Balance is a Challenge Worth Tackling to Be a Better Pathologist

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**Julie McDowell:**

42% of physicians reported feeling burned out last year, according to Medscape's 2021 Physician Burnout Report, published earlier this year. And not surprisingly, COVID-19 appears to have increased levels of physician burnout. While 69% of physicians said they were somewhat or very happy in 2020 before the pandemic started, this figure fell to 49% during the pandemic, according to that same Medscape survey. Like most physicians, many pathologists find it challenging to balance professional and personal responsibilities. This balance can be particularly difficult for pathologists early in their careers as Dr. Yasmeen Butt and Dr. Jaclyn Rudzinski, will discuss in this CAPcast episode.

**Dr. Yasmeen Butt:**

Welcome everybody. My name is Dr. Yasmeen Butt, and I'm a thoracic pathologist at Mayo Clinic in Arizona.

**Dr. Jaclyn Rudzinski:**

And I'm Dr. Jaclyn Rudzinski. I am a pathologist in private practice in Dallas, Texas. I can share a little bit about my demographics. I am a mom, I have three kids, ages 10, five and three, and a dog. And last but not least, I'm married and have a husband at home. And both of us are working right now full-time.

**Dr. Yasmeen Butt:**

All right. So, we're going to share some tips and tricks that we have learned during our current journeys. So, I wanted to start out by discussing the flow of our days to get a sense of exactly what we're each juggling on a daily basis. So, Dr. Rudzinski, do you mind starting us out?

**Dr. Jaclyn Rudzinski:**

Sure. I'll tell you about my day, starting from 6:00 AM this morning. So, I got up and generally in the morning I'm able to do a little bit of work from home and that has been really nice. I've started to do that more during COVID, and I know that's kind of a controversial topic, just whether to work from home, how much to work from home, when to do it, but for me this is what's currently working. So, from 6:00 to 7:00, which is when my kids wake up, I'm able to either triage some cases that I bring home. And I do have a scope at home. I think when CAP was able to authorize use of microscopes at home is when I bought my microscope for home. So, that's a tip that might work for people. And actually I'm using it in order to not do any kind of definitive diagnosis, it gets reviewed also at work, but that triage step allows me to free up some time during the rest of my day.

So, 6:00 to 7:00 is work. I can also do some core lab CP stuff from home. And then from 7:00 to 9:00 is mostly kids, getting them ready for school, getting them out the door. And then I get to work and work from 9:00 to 5:00. So, my day, I get in about eight hours there at work. And that's great because that's focus time. And then from 5:00 to 9:00 again at home is getting the kids, getting them ready for bed, putting them all the way to bed. And then I'll do an extra hour or two at night, Monday through Friday. And then most of the time my weekend is basically free. How about you, Dr. Butt?

**Dr. Yasmeen Butt:**

So, my days are a little bit different. So, I have a pretty short commute, less than five minutes, which I'm extremely grateful for. In the past I've had up to a 45-minute commute, so that was fairly life-changing for me. I know that's certainly not something everyone has control over, but I would highly recommend if you ever have a choice, a short commute versus long commute, try to make that short commute happen. My daughter will typically wake up between 6:00 and 7:00. I have one daughter and a stay-at-home spouse. And I try to be at work between 7:00 and 8:00, and I try to leave work between 5:00 and 6:00. I do not take work home. I certainly have in the past, and I think that was tied to having a longer commute, but being closer to my office allows me to pop back up here if I need to, but in general I don't work in the evenings after I go home.

I am guilty, I think, of coming in on the weekends to work. Not every weekend, but certainly if I have a project I'm working on or something, then during the period of that project I'll be coming up almost every weekend until it's completed. So, I'll say I have patches of time periods where I'm here almost every weekend, and then patches of periods in between projects where I keep my weekends blocked out for family time. And I'm always very grateful for those stretches of time when I don't have to work on the weekends.

So, I would say that's generally my overall schedule. It certainly can be challenging to decide when to give up a weekend versus when not to give up a weekend. And we're going to touch a little bit more on this later, but balancing clinical work and academic work can be difficult, especially when clinical work is obviously the priority. And so, then if there isn't time during the regular 7:00 to 5:00 day, then you have to find a place to cram that in around the edges, which can be difficult.

**Dr. Jaclyn Rudzinski:**

What are pain points during your day, and any thoughts on how to diminish those?

**Dr. Yasmeen Butt:**

Yeah. That's a great question. So, the topic of this podcast is essentially work-life balance. And we probably should have mentioned this in the beginning, but I will say that I'm not going to claim that I have figured it all out. I think the concept of work-life balance is an ever moving target that we're always chasing and what work-life balance looks like for one person is different for another person. But I have come up along the way in the early part of my career with at least some tips that I think have helped me.

And one of those is identifying pain points in your day. And I think figuring out what it is that is your challenge and what it is that is becoming a time thief can be really helpful. So, for example, for me, it could be something as simple in how you triage your cases. So, if I have prostate cores in my pile of cases, in the beginning I would always put them off until the end because I'm not the hugest fan of prostate. I like pulmonary and cardiac and a lot of other things. Anyway. So, I would always put my prostates off until the end of the day.

So, I found that when I'm doing prostate cores when I'm tired in the late afternoon, they take me even longer to pull myself through. And then of course, if you need to order PIN stains, it pushes a case off to the next day. So, for that particular example I now, if I have prostate cores that particular day, I'll do them right away. Just get them taken care of, look at them when I'm fresh in the morning, get those stains ordered so it can be signed out by the afternoon. So, that's just one little example.

Another example is trying to figure out when the best time is to order your stains. So, again, a lot of this is just triaging your workflow. When I first started practicing, what I would do is essentially I'd have my big pile of cases and I would just go through the cases as they come essentially. And now I parse through my cases and figure out, okay, well, these cases are going to need stains. I should look at them first so I can get those stains ordered. These cases might need a consult, so I should look at them next to make sure I'm able to share that with somebody before they leave for the day.

So, being a little bit more in control of your workflow I think can be really helpful to manage your time. Something that takes you longer at the end of the day when you're tired, you may be able to do better in the beginning when you're fresh, even if it's perhaps not your favorite thing. So, don't scan your AFB slides at 6:00 PM. Try to get those done earlier when you're more awake. And of course, this is different for everybody. I have a colleague who's a complete night owl and she's like, I'm great in the evenings, and she'll come back and work late into the night, but she'll come in later, 9:30, 10:00, versus me, I'm done. After 6:00 my brain has turned into applesauce, so we're done. So, I'm impressed that you can come in, in the morning and in the evenings. So, definitely, definitely that's awesome. I'm pretty envious of that ability.

**Dr. Jaclyn Rudzinski:**

Those time slots are not created equally. I'm definitely a morning person and a coffee drinker. So, the morning time is... And I have a similar colleague who's a night owl. Pathology is so funny. And so, levels on polyps for finding the adenoma, that person is my go-to for showing those things to her later in the day, because she stays late. So, I think I can quickly identify what my pain point is in the day maybe because I'm driving my kids on certain days and picking them up, the mental work of transitioning to work and transitioning to home and then transitioning back to work during the morning time, I guess twice I'm switching back and forth and then switching back and forth in the evening too.

The mental work of switching in and out of work and home, those transition times are challenging, but also those are great opportunities for growth in terms of mentally switching and then applying those skills to other areas like administrative work. I am a recent appointee for an associate medical director position for one of the sections of our lab. So, now there is... I know. Thank you. Thumbs up on the visual video. Thanks. But now there are transitions that are happening during my workday where I need to go to... And to be honest, separate from the administrative stuff, I'm on service every day. And I think I know how your service works too. You're on service all days, most days.

**Dr. Yasmeen Butt:**

Every single day.

**Dr. Jaclyn Rudzinski:**

And closing, it's the same thing. The mental work that goes into transitioning, it's called task switching and it's been studied. And so, there is mental work that goes into those transitions. So, those are my pain points and that's what I'm doing, bringing awareness to how I transition mentally in and out of those different times.

**Dr. Yasmeen Butt:**

I think that's a really good point. It's funny, I mentioned a long commute versus a short commute, and probably the only downside to a short commute is there's almost no ability to change your mental gear that you're in. I'm in my office and then four minutes later I'm at home with my family. And sometimes I agree, it can be hard to change your focus and turn off your work brain and turn on your home brain. So, that is certainly an area of challenge. And as you say, depending on what service you're on, as you mentioned. So, even though I'm in an academic environment, we don't have time off service here. So, if we're at work, we're at work, we get cases that day, which certainly can make things a little bit challenging when you have other activities to work on outside of just signing out cases.

So, I think that brings us to the next topic that we previously discussed. Deciding when to stop working and to go home, and the concept of being the last one to turn out the lights. I think this is something that, especially new in practice people, especially in your first job, in your first year or two, is really daunting at times. When you start in a new group, even if it's people you already know or if it's a brand new group and you only know them from your interviews, which is probably more often the case, you want to show that you are someone who's going to be there, you're going to be one of those hands on deck and you're going to be a good team player and that they made the right decision by hiring you into their group. Certainly all feelings that anyone new in practice faces. And anytime you have a new job, honestly, but especially new in practice when everything is just so, so new and you want to do the best job that you can.

So, then I think in a lot of places and just for ourselves, we have this concept of, well, we need to be the last one to leave. We need to be the one to turn off the lights in the office to show that we're completely dedicated. And I think that there is certainly a measure of truth to that if you're starting your job, don't leave at 2:30 in the afternoon. Probably not a good idea. But I would offer some thoughts, and I'll be the first one to say that I did that my first year. I was the first one there and I was often the last one to leave. And people commented on it. Sometimes in a good way and sometimes in a, don't you need to go home sort of way. So, I myself was absolutely guilty of that. But as time went by, I realized that once you're out of training and once you're actually in practice, you have to recognize that it goes from, in some ways, the sprint to the marathon.

And this is what you're doing for your life. This is your life. You're no longer trying to get a residency, get a fellowship, get a job. You're not jumping through those flaming hoops so to speak, and you have to be a little bit more balanced, or you will burnout. As Julie mentioned as she introduced this podcast, burnout is a huge problem in medicine. Arguably it's a little less of a problem in pathology, but it's still quite prevalent. And so, I think recognizing that every person in your practice is different and maybe somebody has older children and they don't necessarily need to leave at five o'clock to pick them up and so they can stay a little later, they can come in a little later. But maybe for you, you have to leave early to pick your kids up from daycare and for you, for your mental sanity, it's better if you get home a little bit earlier. And that will make you a better pathologist. That will make you a better physician.

If you are more content and happy in yourself at home, you're going to do a better job. And I think for me, one of those realizations came as I, we all worry about turnaround time, I remember, and this was not that long ago that I had a case and I was like, well, if I just stay another 20 minutes, I could probably get this case signed out. And I was like, what's the quality of this report? What is the quality of this report going to be if I rush to sign it out today versus if I wait, set it down, look at it tomorrow morning when I'm fresh and give a better report? So, I think recognizing that it's not always getting everything done as quickly as possible, staying later than everyone doesn't actually give you a better practice. It doesn't actually make you a better pathologist. So, you don't always have to be the last one to turn out the lights.

**Dr. Jaclyn Rudzinski:**

I would echo all of that, full stop. And the value that you are bringing to your patients, your group, your department, really is not determined by being the last one to turn off your lights. It's just not. We hear that in training, or at least I did, when you go out into your first job, make sure that, basically the teaching was, represent yourself well to a certain extent, represent where you trained well, or at least that was my thought process. And I was doing the same thing. I was getting there early and leaving late and it just wasn't working. And what was funny is that I think the more that I tuned into what worked for me, the energy that I was putting into my cases became easier to tap into because I wasn't trying to figure out what everybody else wanted from me. I was being a more authentic version of myself.

And I know that sounds buzz wordy, but really getting to where you figure out who you are and how you work best is the name of the game. Staying in clinical practice is how you're going to maximize your career. And there's some research to support that financially you're better off actually staying in clinical practice on average compared to other alternatives. So, really tuning into your process is the best thing that has worked for me. And sometimes I go home, sometimes I come in early, but I did all of the same things and now I'm just doing what works for me.

**Dr. Yasmeen Butt:**

And I've talked to colleagues as well, and it almost seems like everyone goes through some version of that. Not everyone comes to the same conclusion. I still know people who think that's the best thing for them and that's how they feel good about their practice is always being there essentially. And that may work for some people, and that's okay. I think recognizing that what work-life balance looks like for different people is so important.

So, another topic I wanted to bring up was being proactive versus reactive in your career as it advances. So, I think regardless of whether or not you're in private practice or academic practice, you're going to be placed in situations where decision points will come. Do you want to be medical director, do you want to take on this resident rotation, do you want to be the director of autopsy? So, there's always going to be things that are put in your path. And especially as a new in practice pathologist, I think when you come into a group, again, academic or private, oftentimes the natural flow of things is anything that the group has that they don't want to do or perhaps the people in the group have not had particular interest in. The natural inclination is to give it to the new person.

And this happened to me as I am sure Dr. Rudzinski can bring up her own experiences, and this can be a good thing and it can also be a bad thing. So, I think it's really important as you start out in your career to form a roadmap for yourself, what it is that you want to do, what it is that you're willing to do, and how much bandwidth that you actually have to do these things. Something that I have picked up along the way from much wiser colleagues than myself is that, know what your bandwidth is and know that sometimes it's okay to say, you know what, that's a great opportunity, I really appreciate you thinking of me, but I just don't have the bandwidth to take that on right now and do a good job.

I don't know about you all, but I'll say for me, one of the hardest things I've had to learn in my, albeit very short, career is when to say no. And that it's okay to occasionally say no. When I first started, I would say yes to everything, which is great in the sense that I got a lot of experience and I'm so grateful for the opportunities that were given to me. However, looking back on it, there are perhaps one or two things that I may have been better served by not taking on. And I think some of that is, what does that activity add to your career and your evolution as a pathologist and as a physician? And if it doesn't and it really does seem like something that is just not contributory to you and you think that it's not appropriate, it's okay to say no.

And that doesn't mean that your colleagues will think that you're a horrible colleague and not a team player. I think it's okay to say no sometimes. If you're someone, I bring up the autopsy example, so I've been medical director of autopsy. I personally love autopsy and it was a great experience for me, but I have had friends in other institutions who were given autopsy because nobody wants to do autopsy and they hated it. So, I think knowing what your career goals are long-term, at least an overall sketch, and just think to yourself, okay, I'm willing to do this and I'm not willing to do this, is really valuable.

**Dr. Jaclyn Rudzinski:**

Figuring that out too can be hard. How do you figure out, do I want to do this, it sounds like an opportunity. All of these additional political factors in terms of what impact does it have on your career, can you even vet all of those things? And for me, those types of questions end up getting overwhelming, or they used to be more overwhelming than they do now. And I think one thing that has been helpful for me is the trick of taking a step back from all of it and hitting the pause button and just giving yourself space to even ask the question, what if I don't respond yes or no right now? What if I take the weekend to not give an answer to this? Or if it's a pretty easy no, then why don't you just say no, not you, obviously.

But if there's an easy meeting that seems like my lab manager can handle it, I'll with no drama, no guilt, send an email and say, do you have this covered? Or the person who's above me and it sounds like an issue that is more global than just my section of the lab. I have gotten to a point where it's become more easy to just say, I'm actually busy doing something else during that time, can you follow up on X task or whatever is happening? So, the step back or the pause, it can be a firm no if it's an easy no, then go for it and have no shame, no guilt saying no, just say no. Give yourself some space to figure out what you really do want to do and see what happens, or play around with saying yes to some things and saying no. And then forgiving yourself when you get in over your head because it's all a learning opportunity.

That's what you're getting out of it. If you get into your first few years and you realize that you've gotten in over your head, that's okay. That's part of your learning journey personally. And I did that in training a couple of times and now I'm in an administrative role and it's the reprisal of a whole bunch of emails that are starting up again, and I'm so much better off and I'm being served now by prior experience. So, whether you're new in practice and you're listening to this or you're in training and kind of feeling the struggle right now, take a step back and give yourself some space. That's all.

**Dr. Yasmeen Butt:**

I could not agree more. I think something else that is valuable, and this is again echoing back to that proactive versus reactive way of looking and dealing with things, is knowing what your hard stops are and what you're willing to do and what you're not willing to do. And this also touches on the overall concept of work-life balance. So, maybe for you, your hard stop is, you want to have dinner with your family every night. Maybe for you is, Saturday mornings are family time and you will not spend that time at work. And I think a lot of this also involves just having a discussion with your family and saying, I have a very complex career. A physician's career, regardless of whether you're in pathology or not in pathology, they are complex careers. It's not a straightforward job and there's a lot of different moving parts and a lot of different pieces, especially if you're in an environment where you're trying to take on a lot of additional roles such as in administration, or in research, or in teaching, in addition to just the clinical work that you do.

So, I think creating hard stops and having those discussions with your family and involving them can definitely help alleviate some of those issues. So, if you're asked to do something that would push into those hard stop time periods, then you recognize right away that that's not going to work. Because I think it's a little bit like the proverbial frog in the boiling water, at least it was for me early on, every little request, it's like, oh yeah, sure, I can take over that. Oh yeah, sure, I can do that conference, or oh yeah, I can help you with that research project. And before you know it, you've built up to so many things that you just don't have the time to complete in a regular day's period. So, then you find yourself working at nights, you find yourself working consistently over the weekends. And for me at least, I seem to get in and out of those situations.

I'll have periods where my whiteboard is just overflowing with topics and things that I've agreed to do and things I've agreed to help with. And then I finally clear them out. I'm like, okay, I'm never going to take on that many things again at one time. And then invariably six months later, I'm in the exact same spot. So, for me at least, it's a constant push and pull, but I feel that I've learned a little bit over the years and it's getting a touch better with not taking on, trying not to take on too many things that I can't handle.

**Dr. Jaclyn Rudzinski:**

That sounds good. The balancing activities, I think we've already gotten to the next point here with balancing extra activities in academic environment and short on time. As you were touching on, there are periods of time in your life or seasons, probably more with your academic cycle with balancing extra activities. I don't have USCAP deadlines every year and residents starting in July. So, do you want to start this one?

**Dr. Yasmeen Butt:**

Yeah. So, I think that this leads us into our next topic of balancing extra activities, especially in an academic environment. So, in an academic environment in particular, in addition to signing out your cases and potential administrative responsibilities that you may have in the lab, you are faced with teaching responsibilities with medical students, residents, fellows, across the board, in addition to research. Research that is essentially required for most people in academic environments. And so, balancing teaching, research and clinical work can be extremely challenging. And of course every group is different. You're given different allowances.

So, in my first job I had time off to do research versus my current job, I don't. However, I still do roughly the same amount of research. So, that amount has to be crammed in around the edges and it can become quite challenging. And I think this touches back on what we were discussing previously in that you have to have an academic roadmap for yourself. I think for most people, probably your best bet is really deciding what is most important to your career. And perhaps what's most important to your career is you want to become an excellent educator, you want to be involved in creating curriculums, you want to be really right there in the nitty-gritty teaching and that's what you love.

And so, I think if you recognize that for yourself, you can then take a step back perhaps in writing papers and doing so much research, versus if you're someone you're like, teaching is okay, but I'd rather just do whatever the few required lectures are and not pursue that as much because I really love writing research papers, I really love doing collaborative projects, et cetera, et cetera. You need to recognize that for yourself and say, okay, so maybe I can pull back from teaching those lectures, which they can be quite time-consuming, and focus more on research if that's what it is that you're most interested in. And I think creating those roadmaps for your career, and this may change as your career goes on, I think that's another thing to recognize is that nothing is 100%. And so, maybe it is that you really just want to spread yourself equally throughout all of your different academic endeavors. And that's challenging. I feel like I'm not giving any answers, but I have not found them yet. I think it's just a matter of deciding for yourself what is most important to you at that moment.

Last year, for example, I had a big project that I was working on, and so I worked most weekends last year. And because of COVID, I couldn't travel as much as I usually do. And so, I used all of that time to work on this project. And looking back on it, it worked out. But I think this year I am putting more of my weekends to family, which has been a nice balance to come back. And I know some colleagues that do similar types of things. I've been told by a colleague that she worked really hard in a lot of her academic and her writing studies early on in her career when her children were younger and that worked for her. She was so grateful that she leaned into that when her children were younger. And now that her children are a little bit older, she's able to pull back just a little bit from research and writing so she can spend more time with her kids now that they're older.

And I completely respect that. And so, I've gotten so many different perspectives from people that I've talked to. So, I think the no one size fits all approach is really important. And just thinking about these things, talking about these things with your loved one and with your group, letting them know that for me, this is what's important. I need to be home by dinnertime or we need to split call in such a way that I have this time available to spend with my family. So, just figuring out what's important to you and how you can balance everything. It sounds simple, but I think it's a constant challenge that we all face.

**Dr. Jaclyn Rudzinski:**

Yeah. And you know what, if you accept that it is a constant challenge and accept that it is going to be a moving target and probably things are going to change, because almost certainly they are going to change. Let's just go with that assumption. Life is going to throw you what curve balls are out there because that's how it works and your goals might change. And I love the idea of trying to put together a roadmap and goals and I have the same thing. And you know what, I didn't even know what goals I had because going all the way back to the beginning of this conversation, especially if you are a young-ish attending listening to this, if you're anything like me, you get to your first job and there are no more boxes to check. You got through undergrad and you miraculously got into medical school and then you got through the entire medical training pipeline and now you're in your first job and it's supposed to get easy or be easy.

And the trick in that thought is the word supposed to, or that phrase. It's not supposed to be anything other than what it is. And that was so hard. It was supposed to be easier, or I was supposed to have enough money to figure out childcare or extra nanny something, cleaning lady, and it wasn't getting easier. And I really have dug in more to being careful about telling myself that it's supposed to be this way. And at the same time, I'm not trying to give myself a pass for having an unclean horrible house that makes me feel bad. But those types of things, those all now for me fall under the mindset work piece. That's where I'm at anyways.

**Dr. Yasmeen Butt:**

That's amazing. I could not agree more. Myself and friends of mine and colleagues of mine, I've seen struggle with the exact same thing because we're so used to having these very clear cut outlines, very clear cut objectives, literally objectives that you have to check off, tests you have to take, courses you have to go through and everything is so laid out and so well illustrated in front of you. This is what you have to do to succeed. And then you get to the end of that and you start your job and you're like, well, now what do we do? And I think that saying yes to everything, because as a student, if the attending says, do this or can you do this, the answer is almost universally, yes, of course I can. I would love to. Please give me this project.

When you're out in practice, it's different. All of a sudden there are infinite possibilities. And as people who spend their entire lives much longer than your average person does in sort of a school setting, even after you're an MD, you're in a school setting for years and years and years, sometimes it can be challenging to have all of that free will, so to speak. You have to decide, whoa, now I have to decide what I want to do for me and how I want to create and balance my life.

**Dr. Jaclyn Rudzinski:**

Right. Figuring out who you really are minus all of those check boxes.

**Dr. Yasmeen Butt:**

Exactly.

**Dr. Jaclyn Rudzinski:**

You either go into the physician burnout free fall spiral where you're not paying attention because you're just too busy all the time, or you wake up and start to pay attention to what's going on with your life and then accept that you're responsible for the decisions that you're making now. And this is I think on a bigger scale where the culture of medicine hopefully is shifting as people make more of a commitment to this kind of work in addition to the clinical work that we're providing. I think there's a general movement in medical schools towards better work-life balance, and we can all learn a lot from paying attention to people who are coming behind us and what can we learn from them about how to do this better. I love that thought.

What can we learn from everyone involved? And your daughter is old enough, when my kids, for example, have really good ideas about what we should be doing to entertain three children on the weekend, and I try to fight them with whatever I think is happening or should be happening, there again, the should or supposed to. Man, it just goes better if I drop the resistance, accept what's going on and go with the flow and see how it goes.

**Dr. Yasmeen Butt:**

Yeah. It's such a learning process, honestly. And like you said, you can learn from people older than you, people younger than you, and everybody has a different perspective. And I think it takes a lot of trial and error to figure out, does it make me happy to do this, does it make me unhappy to do this? And I couldn't agree more about the culture of medicine seeming to shift in a more positive direction. 20, 30, 40 years ago, the good doctor, the good intern, literally we were called residents because we lived at the hospital, you wouldn't go home for five days. And now with work duty hours and stuff for trainees, at least they're recognizing that, that doesn't perhaps create a good physician who is making good decisions.

Now, of course, there aren't those work hour protections once you've graduated from training. So, then it's up to you to create your own work hour protections and realize that within the bounds of the work that needs to be done, because of course the needs of the patient come first. But I think if you're in a situation where you can't complete that work and you can't complete it well, then maybe some conversations need to be had with your group about how to better manage things. Because ultimately we want to do the best job for our patients. And if we're tired and stressed out and unhappy, we're just not going to be doing our best work. Because it all comes back to that, we want to be good physicians, we want to be good keepers of these decisions that we make that affect people's lives every day.

**Dr. Jaclyn Rudzinski:**

I totally agree. And once you get out of training, how do things work, quote unquote, out in the real world once there are less academic folks around you, or in my case, I'm in a private setting, but there are some residents, but for the most part I am away from training programs. And I'm trying to get to the point that still with the majority of the workforce being older than me, the culture is telling the stories to themselves, the culture of medicine. And I won't just say physicians, probably there are lots of people in all sorts of positions within medicine that tell the 15 miles uphill in the snow stories when it comes to back in my day it was so hard and we grossed all of our own specimens, and I really honor all of the work that got us to where we are here. All of that can be true. And it doesn't mean that we continue to hold onto those stories. Maybe we just start over and start writing a new story where we don't need to hold on to 15 miles uphill in the snow anymore.

**Dr. Yasmeen Butt:**

Couldn't agree more. I think respecting what came before us, but continuing to try to improve things for everybody going forward is really the way to approach this. And as a new in practice physician, you're serving as an example to people that are younger than you in practice and trainees that you may or may not have interactions with, and even some of your older colleagues, you'd be like, huh, it's interesting how they're doing that. I wonder if it would be okay for me to do that. And I think conversations are so important to have with both your family and with your group. Certainly smaller groups versus larger groups versus subspecialty, academic versus private. There's so many different possible dynamics. And I think being more in touch with the group and with the feelings of the group rather than just your perceptions.

I've had friends of mine right out of training that entered a group. They hired him right out of training and seemed surprised that he needed to share so many cases. And the group was a little bit older and I guess had forgotten what it's like to be new in training. And that job didn't end up working out for him. He's with a great group now, but I think being open and communicating your needs to your group and your group to communicate their needs to you will create a better environment overall. And I think it's really important to make those expectations clear. And if they're not, to just ask. Because I think in medicine, there's a lot of preconceived notions about what's acceptable, what's not. And so, having more open conversations about these types of issues, and it's becoming more acceptable to do so. The concept of work-life balance now isn't a dirty word. It doesn't mean you're lazy. And I think not that long ago, if you're like, well, I need to have good work-life balance, the perception would be, well, you're lazy and you're not dedicated to medicine.

**Dr. Jaclyn Rudzinski:**

You're a millennial.

**Dr. Yasmeen Butt:**

Exactly. You're a millennial.

**Dr. Jaclyn Rudzinski:**

Just a millennial.

**Dr. Yasmeen Butt:**

You must not be dedicated to your job. You just want to goof off. And I think that's the farthest from the truth. Like we've said a couple of times, being happy I think makes you a better doctor.

**Dr. Jaclyn Rudzinski:**

Yeah. And figuring out what makes you happy. Really working hard, it used to make me happy, it makes me happy in a different way now because I feel committed to my own personal goals when I do it. So, it feels different because I don't feel like I'm working for someone else or working towards a goal. It's not an external box to check anymore because there are no more boxes to check. The boxes are gone. They were really never there. They are not real.

**Dr. Yasmeen Butt:**

Artificial constructs to keep us going.

**Dr. Jaclyn Rudzinski:**

Artificial boxes, yeah. Do you want to wrap things up with finding work-life balance for you really is not a one size fits all? And I'll let you, Dr. Butt, start with that one.

**Dr. Yasmeen Butt:**

I think you hit it on the head. It's not a one size fits all. And what work-life balance is for you or for me or for someone else is different. And I think as we've mentioned previously, it is an ever moving target. And so, what your balance today is may not be your balance tomorrow. And to recognize that it's a process, it's a marathon not a sprint, and every experience you have will hopefully teach you something, you can learn from those experiences and move forward.

And I would just say communication is so important, both with your family and with your group and with yourself, just self-reflection. I think it can be really challenging to get so caught up in just surviving from the day-to-day that you lose track of what the forest looks like because you're so focused on the bark on the tree to diagnose the tree. So, I think keeping those things in mind can hopefully help you find a little bit more balance in your lives. And thank you for listening to us.

**Dr. Jaclyn Rudzinski:**

Oh, yeah. I think Dr. Butt's theme is work-life balance is a moving target. And my summarizing thought is, work-life balance for me means a commitment to process. And I'll share this with you, in my group there are several older pathologists, including some that are much older and they are very committed to their process, and they are still enjoying their work a lot. And as far as pathology for a specialty goes, there is an opportunity in pathology because it's not like taking trauma call or neurosurgery we're you're coming in, in the middle of the night. And there's an opportunity to really provide a lot of great clinical care to lots of patients as a pathologist.

So, if there's anyone listening who's on the fence that's in medical school or thinking of going to medical school and what specialty to choose, if that's you, pathology is a great choice with the option to work for as long as you want. And the people who I see who are doing it and who really still enjoy it are very comfortable and happy. They look like they're just enjoying the process still. So, that's what work-life balance means to me and is what I'm going for.

**Julie McDowell:**

Well, thank you Dr. Rudzinski and Dr. Butt. If you are a pathologist early in your career, please visit the new in practice section under the member resources tab on cap.org.

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