

Finding Professional and Personal Balance as a Fellow: Part 2

BY EUGENE A. MILDER, MD; PAUL S. BAKER, MD; AND ALLEN CHIANG, MD;
WITH JASON HSU, MD; AND CARL PARK, MD



In part 1 of this two-part series, we began our discussion with Jason Hsu, MD, and Carl Park, MD, on how they balance their professional and personal commitments early in their career. The following is the continuation of that discussion.

— Eugene A. Milder, MD; Paul S. Baker, MD; and Allen Chiang, MD

Q: Vacation is a rare commodity during most retina fellowships. What were some of your best and worst uses of vacation time?

Jason Hsu, MD: I used my vacations to reconnect with family and spend time with my wife. I honestly felt that this was the best use of my vacation time and I have no regrets. We all need breaks from work, particularly in such a potentially stressful medical specialty. I highly recommend using time off to do something that brings you happiness, whether it is traveling abroad or just hanging out with family and friends. My number one tenet is to make time away from the office a true vacation. That means leaving all work behind and just purely enjoying that time for what it is. Fortunately, I did not need to use vacation time for interviewing, which in some ways I feel would be the worst use of this time.

Carl Park, MD: As any parent will tell you, vacationing with babies or toddlers is really not a vacation. My advice for new parents is to plan a vacation that requires minimal travel and hassle. Think of vacation as time off from the hospital to get reacquainted with your partner and your child.

Q: How did things change during the first few years

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after fellowship? In what ways did it differ from fellowship? Were there any similarities? Were there any lessons that you learned during fellowship that helped as you moved forward early in your career?

Dr. Hsu: When you become an attending, you are the one making the decisions for the first time in your career. Fortunately, I still felt that I had a network of colleagues who I could call on about difficult cases. The years of residency and fellowship were finite times. Even if your programs had continuity clinics, once you left the patients were gone. However, as an attending, you are responsible for all your patients almost indefinitely whether the outcomes are good or bad. I think the toughest part psychologically was dealing with patients who had surgical complications or poor outcomes. Learning to counsel these patients and continue to care for them was challenging and caused me a fair amount of angst. I found that honesty was always

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the best policy. Although I tried not to be too grim or negative, I would be straightforward about the issues and the prognosis. In my experience, patients seemed to appreciate this approach.

Being part of a residents and fellows training program, I have also struggled with the best ways to teach, particularly in the OR. In the beginning, I used my own experiences as a fellow to guide me; however, it is easy to forget the level of experience at the end of fellowship vs at the start of fellowship. The biggest mistakes I have made in this new role have happened when I have allowed the fellows to go too far beyond their comfort zone. With more experience, I have learned to take over a case when I first see signs of a fellow struggling.

The similarities of being an attending and a fellow are fairly obvious. You are going to see the same diseases and operate on the same types of cases. There is tremendous truth to the idea that being a physician means a career of lifelong learning. I learned as much in my first year of practice as I did during my entire fellowship. You still have to crack open the journals and books to keep abreast of the latest developments and refresh your memory on some of the more rare conditions that you may encounter.

Dr. Park: Surprisingly, when I made the transition from being a fellow at Duke to an attending at Wills, I felt that more things were the same than different. Perhaps it was the similar academic environment, but the overall mentality of maintaining the highest quality of care to patients with the help of great attending, colleagues, fellows, and residents was quite familiar and comforting to me. The biggest change within that setting was the freedom one feels when you are finally the one in ultimate charge of your patient. This freedom can be overwhelming at times, but overall, I felt that my fellowship training gave me the foundation to exercise this freedom with great confidence and with humility. Do not be afraid to ask for advice from your colleagues and all who surround you in your practice. They have been at this much longer and have the experience and the knowledge to help you through difficult moments.

Q: Looking back, is there anything you would have done differently during your fellowship in terms of balancing life outside of work?

Dr. Hsu: I have no regrets. My fellowship experience was difficult in some ways, but exciting and thoroughly enjoyable in many others. When I had free time, I spent it with family and friends. I was fortunate to have a supportive wife, a newborn son, and a fantastic co-fellow who remains one of my best friends. My advice is to enjoy every experience in fellowship, good or bad. Learn from the bad experiences and savor the good ones. Remember that you only have 2 short years to gather the skills and habits you will use for the rest of your career—make the best of it.

Dr. Park: Like Dr. Hsu, I also have no regrets. Fellowship is not the means to an end. Rather, it should represent a memorable path in your journey as a retina specialist. ■

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