

House of God Rule #15: Part 2 - Being realistic and making good choices

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Welcome back! In our introduction, we wrote about who we are and why we're talking about work-life balance in Medicine. If you missed it, the first part is [here](#). In this blog post, we'd like to talk about being realistic and making good choices. Nothing about these ideas is revolutionary, but aspects of each caught us by surprise and in retrospect, it would have been nice to plan for them.

"You don't necessarily learn more by spending countless hours on your attachments. But, you might be a better student the next day because you've had some time to appreciate your home life."

- Dr. Talila Milroy on being a [mother and a medical student](#).

To meet our ongoing aim of starting the conversation, here they are.

Being realistic with work-life balance means:

1. Planning to work full-time (sometimes).
2. Dealing with colleagues progressing ahead of you.
3. Being smart about keeping up to date.

Good choices for work-life balance are ones that:

1. Directly meet your goals.
2. Are containable (have a clear end).
3. Don't cost you better opportunities (in work or life).

Being realistic about working full-time (sometimes)

In [part one of this series](#), we made a big deal about working part-time and sharing our childrearing, but it wasn't always like this. Physician's specialty training is six years;

three years of basic training and three years of advanced training. And if we had worked half time for the entire program it would have taken us 12 years to complete. Being realistic, that's a long time to spend on the overtime roster.

The reality for us is that working part-time only became an attractive option in the final years of advanced training and as Consultants. Our first son was born when Chris had two years and Bridget had 18 months of advanced training left. In terms of job stability, finances, work requirements, and our health, this was a wonderful time to have children. We had passed our specialty exams and had well and truly started our advanced training programs.

Taking turns with full-time work when raising a family

It made much more sense to take turns with one person at home and one at work full-time, because it was much easier to find full-time work than two part-time positions with complimentary rosters. In the end, Bridget was off for the first nine months of our son's life and Chris was off for the next 12 months. Bridget's nine months were only curtailed because it fit neatly with term changeover, and in retrospect, she wishes she'd taken more time off.

Even with this plan, after 19 months of sharing, we still had training time left. At that point, it became clear that consultant jobs were getting tighter and the RACP was making changes to the training program. Being realistic, we wanted to finish our training as quickly as possible so our conditions didn't change. The best option was to become a classic working-family. So, we both worked full-time and our 21-month-old son had a nanny two days, daycare two days, and grandmother one day per week.

It was a busy, tiring, stressful, wholly unremarkable situation common to many of our family and friends. It lasted nine months, most of which Bridget was pregnant. And it ended with Bridget attaining her FRACP letters and the birth of our second son.

Plan for failure somewhere along the road

Most doctors are high-achievers who have rarely failed in their academic and professional lives. Unfortunately, failure becomes more common the more complex the training program. For example, many barrier exams have unexpectedly high failure rates. (For example, only 50% of candidates pass both the Written and Clinical physician specialty exams on the first attempt.)

We're hopeful realists and we planned to fail the exam once each (which thankfully did not happen). However, we didn't plan for Chris to have his advanced training project rejected and sent back for re-submission. This extended his training time considerably because it took several months to change, re-submit and have it re-marked. In *being realistic* we would encourage you to plan for failure somewhere along the road.

Watching colleagues progress ahead

There's not much to say about this, except that it was surprisingly difficult to watch people we had trained with start PhDs, earn jobs as Consultants, publish papers and

generally be fabulous, high-achieving doctors while we slowed down and spent days in the park. We both suffered significant periods of panic and self-doubt throughout these years. (...Even worse than the usual ones we were used to being afflicted by.) Those were the times we practiced being grateful, hugged our children, and booked study courses or conferences.

Keeping up to date

Everything is possible, but not all at once. In the periods, like now, when not working full-time, we still need to stay up to date with our Medicine and our CVs. Pleasingly, spending less time at work has given us more freedom to go to conferences, symposia, read journals, teach and learn new skills.

When we worked in busy full-time clinical roles we were often unable to leave for a 3-day course because there was no one to cover us. Now, it's both necessary but also possible to fit in a wider range of professional development opportunities more frequently. It also means our practice is influenced by a wider range of contemporary influences than just the last 500 patients we've seen.

Making good choices

Meet your goals. There are so many things that we all could and feel we should be doing. Audits, research, teaching, presentations, overtime, on-call, courses will all be implied, demanded or offered over the course of your career. We've done the ones we were delighted to be offered and ones that were a massive drag. The main lessons we learned from all of these are:

- the importance of keeping your eye on your goals,
- keeping your commitments contained, and
- accurately estimating the opportunity costs of new projects.

Keeping commitments contained

The most important of these in our experience is *containment*. There's nothing worse than being flattered into agreeing to take on a research project to boost your CV only to discover there's no plan for when or how the project will end and there is much more work than you anticipated. You can easily end up spending lots of time getting ethics approval for someone else's idea before discovering that the project is 5-years long with nothing to be published until the end. That's all admirable and educational but may be difficult to sell on your CV.

On the other hand, anything that has a clear endpoint is much more attractive. Anything can be an endpoint, but the best ones are measurable, can be described succinctly and be clearly understood by another person. Publications are obvious, but departmental presentations, posters, quality-improvement proposals, events you've organised, and teaching hours can all be useful endpoints as well.

Use endpoints as a way of getting involved, and then ending your involvement with a project in a way that leaves both you and that project something that can be described

to others. Don't forget that job applications will occur 6 months or more before the start of the clinical year. If you want to mention a particular project or experience in your next job interview you will need to make sure there will be an endpoint ready at that time.

Accurately estimate opportunity costs

Finally, before you agree to a new project don't forget to look ahead. You may have other terms or other obligations coming up that you would rather pursue than the one on offer in front of you. Realistically, you won't have much time during work hours to do non-clinical tasks. So, anything you agree to will take time away from your home life. Committee participation is almost the only thing that might remain contained to work-hours. But only if you keep your head in the committee meetings and don't volunteer for any tasks.

In summary

Being realistic and making good choices are common sense but easily forgotten. Know your goals and scrutinise any new project to make sure it has a clear endpoint that doesn't cost you more than you are willing to commit.

Of course, knowing what your goals are and politely declining offered opportunities will require you to *plan ahead* and *know how to say 'no'*. We'll tackle these topics in the upcoming blogs. Next month we'll discuss the common [requirements, pitfalls, and opportunities in JMO training programs and how you can plan for them](#).

Until next time, good luck out there.

Bridget and Chris

About Chris and Bridget

We're two consultant physicians sharing what we've learned about achieving work-life balance in Medicine.

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- [House of God Rule #15: Part 3 - Planning ahead](#)
- [House of God Rule #15: Part 4 - Learning to Say "No"](#)
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