Personal Growth Feeds Professional Development

Physicians—surrounded by patients who present with interesting problems and colleagues who challenge them to deliver the highest quality of care—have the opportunity for personal growth on a daily basis.

Fast Facts

- A study conducted at the University of Michigan Health System revealed that physicians are more likely to experience burnout due to lack of control over their work hours and schedule than from other difficulties and challenges. Page 36
- According to the American College of Physicians, physicians who attend meetings and network with their peers report that they come away feeling refreshed, invigorated, and motivated to put what they’ve learned into practice. Page 36
- Career coaches recommend keeping a record of how each hour is spent during a week, then analyzing the log to see whether the time devoted to each activity reflects its value in your life. Page 40

As recently as two decades ago, most physicians typically completed training, joined or opened a practice, established themselves professionally, stayed put for a long time, and then retired—satisfied, respected, often with a tidy nest egg. Some physicians still follow this pattern, but they are becoming fewer. Today it’s not unusual for physicians to have several jobs or practices over the course of a career, to work in non-traditional settings, or even to change careers entirely.

Television medical dramas would have their viewers believe that life as a doctor is just one day of excitement after another.
LUNESTA is indicated for the treatment of insomnia. In controlled outpatient and sleep laboratory studies, LUNESTA administered at bedtime decreased sleep latency and improved sleep maintenance.

**Important Safety Information**

LUNESTA, like other hypnotics, has CNS-depressant effects. Because of the rapid onset of action, LUNESTA should only be ingested immediately prior to going to bed or after the patient has gone to bed and has experienced difficulty falling asleep. Patients should not take LUNESTA unless they are prepared to get a full night’s sleep. As with other hypnotics, patients receiving LUNESTA should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination (e.g., operating machinery or driving a motor vehicle) after ingesting the drug, including potential impairment of the performance of such activities that may occur the day following ingestion of LUNESTA. In clinical trials, the most common adverse events associated with LUNESTA were unpleasant taste, headache, somnolence, dizziness, dry mouth, infection, and pain.

LUNESTA has been classified as a Schedule IV controlled substance. Sedative hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. The risk of abuse and dependence increases with the dose and duration of treatment and concomitant use of other psychoactive drugs. The risk is also greater for patients who have a history of alcohol or drug abuse or history of psychiatric disorders. These patients should be under careful surveillance when receiving LUNESTA or any other hypnotic. Sedative/hypnotic drugs should be administered with caution to patients exhibiting signs and symptoms of depression. Suicidal tendencies may be present in such patients, and protective measures may be required. Intentional overdose is more common in this group of patients; therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

Coadministration of eszopiclone 3 mg and olanzapine 10 mg produced a decrease in DSST scores. The interaction was pharmacodynamic; there was no alteration in the pharmacokinetics of either drug. Coadministration of eszopiclone 3 mg to subjects receiving ketoconazole 400 mg resulted in a 2.2-fold increase in exposure to eszopiclone, but no impact on drug levels of ketoconazole.

Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. The recommended starting dose of LUNESTA for these patients is 1 mg.

As with all sedative/hypnotic drugs, somnambulism (sleep-walking), including eating or driving while not fully awake, with amnesia for the event, has been reported. Additionally, rare cases of severe allergic reactions have been reported. Patients who report these events should discontinue treatment and should not be rechallenged with the drug.

The failure of insomnia to remit after 7 to 10 days of treatment should be medically evaluated.

*Please see brief summary of complete prescribing information.*
LUNESTA, like other hypnotics, has CNS-depressant effects. Because of the rapid onset of action, LUNESTA is indicated for the treatment of insomnia. In controlled outpatient and sleep laboratory studies, LUNESTA administered at bedtime decreased sleep latency and improved sleep maintenance.

LUNESTA should be taken immediately before bedtime. Taking a sedative/hypnotic while still up and about may result in short-term memory impairment, hallucinations, impaired coordination, dizziness, and light-headedness.

Drug Interactions
CNS-Active Drugs
Eszopiclone 3 mg administered daily for 5 days did not affect the pharmacokinetics of either drug.

Drug That Inhibit CYP3A4 (Ketoconazole): CYP 3A4 is a major metabolic pathway for elimination of eszopiclone. The AUC of eszopiclone was increased 2.5-fold by coadministration of ketoconazole, a potent inhibitor of CYP3A4. 400 mg daily for 5 days. Cmax and AUC were increased 1.4-fold and 1.3-fold, respectively. Other strong inhibitors of CYP3A4 (e.g., itraconazole, clarithromycin, nefazodone) would be expected to cause increased plasma levels of eszopiclone.

Drugs That Induce CYP3A4 (Rifampin): Raloxifene razocipin exposure was decreased 80% by concomitant use of rifampin, a potent inducer of CYP3A4. A similar effect would be expected with eszopiclone.

Drugs Highly Bound To Plasma Protein: Eszopiclone is not highly bound to plasma proteins (52-59% bound); therefore, the disposition of eszopiclone is not expected to be sensitive to alterations in plasma protein levels. Administration of eszopiclone 3 mg to a patient taking another drug that is highly protein-bound would not be expected to cause an alteration in the free concentration of either drug.

Drugs With a Narrows Therapeutic Index
Eszopiclone was given by oral gavage to male rats at doses up to 45 mg/kg/day from 4 weeks premating through mating and to female rats at doses up to 180 mg/kg/day.

In a carcinogenicity study in Sprague-Dawley rats in which eszopiclone was given by oral gavage, no increases in tumors were seen; plasma levels (AUC) of eszopiclone at the highest dose used in this study (16 mg/kg/day) are estimated to be 80 (females) and 20 (males) times those in humans receiving the maximum recommended human dose (MRHD). However, in a carcinogenicity study in Sprague-Dawley rats in which racemic zopiclone was given in the diet, and in which plasma levels of eszopiclone were reached that were greater than those reached in the in vivo study, increased incidences of mammary tumors and mammary tumors plus adenomas in males were noted. However, inhaled eszopiclone is a metabolite of eszopiclone, and the effects in the Sprague-Dawley rat were thought to be due to increased plasma levels of eszopiclone, which were not seen in the in vivo study. In Sprague-Dawley rats, the highest oral dose was 20 mg/kg/day, which is approximately 100 times the MRHD of eszopiclone in humans. The MRHD of eszopiclone in humans.

In a carcinogenicity study in B6C3F1 mice in which eszopiclone was given in the diet, an increase in pulmonary carcinomas and carcinomas plus adenomas in females and an increase in skin fibromas and sarcomas in males were noted. The highest oral dose of 100 mg/kg/day. Plasma levels of eszopiclone at this dose are estimated to be 150 (females) and 30 (males) times those in humans receiving the MRHD. The mechanism for the increase in tumor formation in the Sprague-Dawley rat is unknown. However, the increase in mammary tumors and mammary tumors plus adenomas in Sprague-Dawley rats is thought to be due to increased plasma levels of eszopiclone, which were not seen in the in vivo study. The mechanisms for the increases in skin fibromas and sarcomas in the Sprague-Dawley rat are also unknown. However, the increases in skin fibromas and sarcomas in the Sprague-Dawley rat are thought to be due to increased plasma levels of eszopiclone, which were not seen in the in vivo study.

Eszopiclone did not increase tumors in a p53 transgenic mouse bioassay at oral doses up to 300 mg/kg/day.

Carcinogenesis, Mutagenesis, Impairment of Fertility
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Eszopiclone did not increase tumors in a p53 transgenic mouse bioassay at oral doses up to 300 mg/kg/day.
ADVERSE REACTIONS

The premarketing development program for LUNESTA included eszopiclone exposures in patients and/or normal subjects from two different groups of studies: approximately 400 normal subjects in controlled clinical trials, and approximately 660 nonelderly and elderly patients in open-label, single-blind, or placebo-controlled clinical trials. Eszopiclone had an adverse event profile similar to that of placebo. Most adverse events were mild to moderate in severity and were of short duration.

Body as a whole:
- headache (13%, 21%, 17%), viral infection (1%, 3%, 3%).
- Digestive system:
  - diarrhea (2%, 4%, 2%), dry mouth (2%, 3%, 7%), dyspepsia (2%, 6%, 4%), nausea (2%, 6%, 5%), vomiting (1%, 3%, 4%).
  - Special senses:
  - allergic reaction, alopecia, amenorrhea, anemia, anorexia, apathy, arthritis, asthenia, ataxia, breast engorgement, breast enlargement, breast neoplasm, breast pain, bronchitis, bursitis, cellulitis, cholecystitis, conjunctivitis, contact dermatitis, coryza, cough, dizziness, dysmenorrhea* (0%, 3%, 0%), gynecomastia** (0%, 3%, 0%), rash (1%, 3%, 4%).
  - Urinary system:
  - dry mouth (0%, 8%, 12%).

Eszopiclone was also administered by oral gavage to pregnant rats throughout the pregnancy and lactation periods at doses of up to 180 mg/kg/day. Increased post-implantation loss (no-effect dose 25 mg/kg), abnormal estrus cycles (no-effect dose 25 mg/kg), and other effects included increased preimplantation loss (no-effect dose 25 mg/kg), decreased in sperm number and motility and increases in morphologically abnormal sperm (no-effect dose 5 mg/kg).

Adverse Reactions in Discontinuation of Treatment: In placebo-controlled, parallel-group clinical trials who received eszopiclone were 65 to 86 years of age. The overall pattern of adverse events for elderly subjects (median age = 71 years) in 2-week studies with nighttime dosing of 2 mg LUNESTA was not different from that seen in younger adults. LUNESTA 2 mg exhibited significant reductions in sleep latency and improvement in sleep maintenance in the elderly population.

ADVERSE REACTIONS

Adverse Events in Discontinuation of Treatment: In placebo-controlled, parallel-group clinical trials in the elderly, 3.8% of 208 patients who received placebo, 2.3% of 215 patients who received LUNESTA 2 mg, and 2.3% of 215 patients who received LUNESTA 3 mg discontinued due to an adverse event. In the long-term 6-month study in adult insomnia patients, 7.2% of 195 patients who received placebo and 12.8% of 593 patients who received 3 mg LUNESTA discontinued due to an adverse event. No events that resulted in discontinuation occurred at a rate of greater than 2%.

Adverse Events Observed at an Incidence of ≤2% in Clinical Trials: The following lists the incidence (%) of treatment-emergent adverse events from a Phase 3 placebo-controlled study of LUNESTA at doses of 2 or 3 mg in elderly adults (ages 65-86). Treatment duration in these trials was 14 days. Data are limited to events that occurred in ≥2% of patients treated with LUNESTA 1 mg (n=72) or 2 mg (n=215) in which the incidence in patients treated with LUNESTA was greater than the incidence in placebo-treated patients (n=99).

Body as a whole:
- headache (13%, 21%, 17%).
- infection (2%, 6%, 3%).
- Digestive system:
  - dry mouth (3%, 5%, 7%).
  - dyspepsia (4%, 5%, 4%).
  - nausea (4%, 5%, 4%).
  - vomiting (1%, 3%, 4%).
  - rash (1%, 3%, 4%).
- Neurological system:
  - abnormal dreams (1%, 3%, 0%).
  - confusion (0%, 0%, 1%).
  - depression (0%, 0%, 1%).
  - dizziess (4%, 5%, 4%).
  - hallucinations (0%, 1%, 0%).
  - insomnia (1%, 2%, 1%).
  - skin and appendages:
    - rash (1%, 3%, 4%).

Other events observed in clinical trials included the following: abnormal dreams, accidental injury, back pain, diaphoresis, dysmenorrhea, gynecomastia, headache, hyperesthesia, nausea, rash, and somnolence.

The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population.

Other Events Observed During the Premecharating Evaluation Of LUNESTA: Following is a list of modified COSTART terms that reflect treatment-emergent adverse events as defined in the ADVERSE REACTIONS section and reported by approximately 1550 subjects treated with LUNESTA at doses in the range from 1.5 to 3 mg/day. Phase 2 and 3 clinical trials through which LUNESTA was approved were conducted in the United States and Canada. All reported events are included except those already listed here or listed elsewhere in labeling, minor events common in the general population, and events unlikely to be drug-related. The events are listed in decreasing order of frequency according to the following definitions: frequent adverse events are those that occurred on one or more occasions in at least 1/100 patients; infrequent adverse events are those that occurred in fewer than 1/100 patients but at least 1/1000 patients; rare adverse events are those that occurred in fewer than 1/1000 patients.

Gender-specific events are categorized based on their incidence for the appropriate gender.

frequent: Arkemasthi:
- headache, nose, skin, and unpalatable taste.

infrequent: Abnormal dreams, accidental injury, back pain, diaphoresis, dysmenorrhea, gynecomastia, headache, hyperesthesia, nausea, rash, and somnolence.

Special senses:
- abnormal dreams (3%, 3%, 3%).
- confusion (3%, 3%, 3%).
- depression (3%, 3%, 3%).
- dizziess (3%, 3%, 3%).
- hallucinations (0%, 3%, 3%).
- insomnia (1%, 2%, 1%).
- skin and appendages:
  - rash (1%, 3%, 4%).

- Gender-specific adverse events in males:
  - **Gender-specific events are categorized based on their incidence for the appropriate gender.

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But physicians who have been at it for a while know that even the most interesting work can become routine over the course of time. How can physicians stay motivated, fresh, and energized about practicing medicine? Identifying what you want out of medicine—and what you don’t—can help a lot.

While physicians usually understand the value of professional development—keeping up with medical breakthroughs and scientific discoveries—what may not be as clear is the effect of personal growth and development on success in their chosen field. Personal development is important for physicians who want to have a fulfilling career that is also part of a satisfying and meaningful life.

The Control Factor

Enthusiasm for personal development tends to ebb and flow. Personal growth spurts are most likely to occur during times of transition, stress, or change—times when the physician may not have as much control as he or she wishes.

“Most of us [physicians] are highly controlling,” says Peter Moskowitz, MD. Dr. Moskowitz is a career and life coach for physicians and Founder and Executive Director of the Center for Professional and Personal Renewal in Palo Alto, Calif. He is also a practicing radiologist and clinical professor at Stanford University School of Medicine. “Because we [physicians] tend to feel uncomfortable in situations where we cannot anticipate the outcome, many of us won’t even start a new activity unless we can predict whether we’ll succeed or not,” he says. This risk-averse approach can be quite limiting.

Dr. Moskowitz advises physicians to establish a career plan, set goals, pursue their dreams, and hold themselves accountable as they move forward. At the same time, he says, they should remain flexible. That can be a tall order.

While there are no hard statistics available on how many physicians are opting out of clinical medicine and why they are doing so, the reasons seem connected, in one way or another, to regaining control. “Having everyone tell them how to practice, having their practices under a microscope, and all sorts of external reviews. . . this becomes trying and leads to quicker burnout,” says Patrick C. Alguire, MD, FACP, Director of Edu-
Are you spending your precious time in a way that is in alignment with your most closely held values? What motivates you? What drives you to live with purpose and passion? To help answer these questions, try this simple values exercise. First, read through all the words below. Note that some are similar. Circle 10 things that you want in your life—either those that you already have and wish to maintain, or that you don’t have but would like to gain.

**Values Exercise**

Accomplishment  
Adventure  
Authenticity  
Authority  
Beauty/aesthetics  
Community  
Consistency  
Contribution  
Control  
Creativity  
Education  
Entrepreneurship  
Excellence  
Excitement  
Family  
Financial freedom  
Flexibility  
Friendships  
Fun  
Generosity  
Goals  
Good parenting  
Happiness  
Health/fitness/ exercise  
Hobbies  
Home  
Honesty  
Humor  
Independence  
Integrity  
Intimacy  
Learning  
Leisure  
Life balance  
Love  
Marriage/ commitment  
Mentoring  
Money  
Mystery  
Nurturing  
Partnership  
Peace  
Personal growth  
Personal safety  
Power  
Presence  
Productivity  
Purpose  
Recognition  
Relationships  
Religion  
Research  
Risk taking  
Routine  
Security  
Serving others  
Sexuality  
Simplicity  
Spirituality  
Spontaneity  
Success  
Teaching  
Teamwork  
Tradition  
Travel  
Trust  
Volunteering  
Wisdom

Now narrow the list to your five most important values. Then, if you can (and this isn’t easy), choose the top two or three. This exercise should give you personal insight into what is most important in your life and in your work. Are you living your values?
A nationwide survey of 935 primary care physicians, surgeons, and obstetrician/gynecologists conducted by the University of Michigan supports this idea. The survey results, published in the April 2007 issue of the *Journal of Obstetrics & Gynecology*, revealed that physicians are more likely to experience burnout due to lack of control over their work hours and schedules than to other difficulties and challenges.

A healthy approach to professional and personal development, says Dr. Moskowitz, is to accept that not everything in life is controllable. He observes that “people who tend to be happier in their lives and in their careers have...a sense of trust that things happen for a reason, that it’s often not clear at the time why

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**In It for the Long Haul: Avoiding Burnout**

Much has been written about physician stress and burnout—recognizing the signs and symptoms; what to do about it; how to regroup, reassess, reevaluate and get back on track. But the best course is to avoid burnout in the first place. Here are some tips:

*Be clear about what you want.* Were you told early in your career that you must do research and publish in order to be a respected physician? Do these really interest you? If not, set them aside and focus on direct patient care as your calling. For some physicians, being an owner/partner in a group is the very definition of “success.” If you prefer to work per diem, part time, do locums, or change jobs several times over the course of your career, then do so.

*Teach and mentor.* “We hear from lots of physicians who teach—whether to medical students or residents—that teaching really helps them enjoy their careers,” says Patrick C. Alguire, MD, FACP, Director of Education and Career Development at the American College of Physicians. “They see teaching as an opportunity to give back to the profession, as a way to remember what it was like when they started. They feel good about what they offer the learners, and it forces them to keep up.” Dr. Alguire says there is no shortage of teaching opportunities for physicians who are interested. “Most medical schools and residency programs are begging for volunteers,” he says.

*Get out of the office.* According to the ACP, physicians who get out of their offices to attend meetings and network with their peers claim that they come away from those meetings refreshed, invigorated, and motivated to get back to their offices and put what they’ve learned into
something is happening, and that things tend to work out for the best. Our job,” continues Dr. Moskowitz, “is to go with the flow. That’s a difficult task for most physicians, myself included.”

In this case, “going with the flow” doesn’t denote a lackadaisical approach to life or practice. It means fitting one’s talents, skills, and creativity into the larger scheme of things.

Mihaly Csikszentmihalyi has become the authority on “flow.” In his book, *Finding Flow: The Psychology of Engagement with Everyday Life* (Basic Books, 1998, New York), the psychologist and author describes the flow state as when “a person faces a clear set of goals that require appropriate responses.” Imagine the perfect tennis match with an opponent whose skills are
equivalent to your own. Imagine playing a Beethoven sonata from beginning to end and feeling completely connected with the music and the instrument. With focused attention, a challenging task, and clear purpose, time seems to disappear. That’s flow. Being in flow at all times throughout a busy day isn’t possible. Mr. Csikszentmihalyi says in his book, “A typical day is full of anxiety and boredom. Flow experiences provide the flashes of intense living against this dull background.” Simply noticing when you find yourself in a state of flow can be a step toward achieving it more frequently.

When Dr. Moskowitz works with physicians in his coaching practice, the concept of purpose is one of the early topics for discussion. “It’s one of the first questions to come up, and invariably there is a pause because I’ve caught them off guard,” says Dr. Moskowitz. Most physicians have not thought about their life purpose since they were quite young and deciding on a career path. When physicians do answer, says Dr. Moskowitz, the reply is likely to be either “to be the best doctor I can be” or “to help people.” Dr. Moskowitz says those are good answers, but he wants clients to go deeper. “I ask them what it is about their work that vibrates in them, what gets them out of bed in the morning, and why it’s important to them that they’re doing what they’re doing.” Dr. Moskowitz adds that the answers to those questions get you closer to your true purpose.

What gives meaning and purpose to the practice of medicine? It’s different for each physician. For one practitioner, being involved in cutting-edge research and publishing in prestigious medical journals may generate the spark. For another, developing close relationships with patients by providing continuous care makes the work rich and meaningful. For others, it may be the camaraderie of working with outstanding colleagues, the opportunity for community or political involvement, volunteering, or teaching and mentoring.

**The Art of Work-life Balance**

Finding work-life balance is a challenge, and mastering it is an art. Here again, a sense of purpose can help. What are your priorities? Does your day-to-day schedule reflect those priorities?

Physicians in training and during the first decade of practice
are often juggling the obligations of young families as well as new careers. They’re working hard to develop a practice, establish a reputation, and earn money to pay off student loans, buy first homes, and pay for childcare. Later in their careers, physi-

**Are You Working on Purpose?**

For each of the statements below, rate how true it is for you. A “5” means you strongly agree that the statement describes you while a “1” means you strongly disagree.

<table>
<thead>
<tr>
<th>Statement</th>
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<tr>
<td>I wake up most Mondays feeling energized to go to work.</td>
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<td>I have deep energy—feel a personal calling—for my work.</td>
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<td>I am clear about how I measure my success as a person.</td>
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<td>I use my gifts to add real value to people’s lives.</td>
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<tr>
<td>I work with people who honor the values I value.</td>
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<td>I speak my truth in my work.</td>
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<td>I experience true joy in my work.</td>
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<td>I make a living doing what I most love to do.</td>
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<tr>
<td>I speak my purpose in one clear sentence.</td>
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<tr>
<td>I go to sleep most nights feeling that “this was a well-lived day.”</td>
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**Your total score**

Tally your score to get an idea of whether you are working on purpose. The average score is 29. If you scored above 40, you’re doing fine. If you scored below 20, consider doing some introspective work. To take this quiz online, or for a more complete analysis of your score, visit [www.inventuregroup.com](http://www.inventuregroup.com).

cians may find themselves wearing a different collection of hats: clinician, entrepreneur, committee member, department chair, or faculty member. No matter the career stage, the demands on physicians’ time are great.

When his clients are struggling with time management and work-life balance issues, Dr. Moskowitz gives them a homework assignment. He asks clients to track all 168 hours in a week and then break them into categories. “Having to account for 168 hours and see them in chart form is an eye-opening experience,” he says. “They discover they’re sequestering time in areas where

Add Purpose through Mentoring

Brian Sabowitz, MD, FACP, started mentoring medical students in his office each summer the year after he opened his internal medicine practice in Lake Havasu City, Ariz., a resort community about 3½ hours from Phoenix. He started because he remembered how important this type of experience was to him when he was in medical school at the University of New Mexico.

At that time, first-year students were required to spend eight weeks in a rural practice. “That was the most important eight weeks,” says Dr. Sabowitz. “It helped guide me through the rest of medical school. I feel like I owe it to the students because [my own experience in medical school] had a huge impact on me.”

Dr. Sabowitz enjoys starting each day over breakfast with the student he’s mentoring. “Most of the time we talk about patients from the previous day,” he says, adding that he not only teaches but also learns from the young medical students. “It’s fun. You get to be an important person for this young kid so it’s good for your ego,” says Dr. Sabowitz. “But the more exciting thing is when the student comes to the table knowing more than you do about something.”

Doctors considering having students rotate in their offices should know that it is a responsibility. Dr. Sabowitz points out that the students must be given tasks appropriate to their level of training, not just mundane duties. One-on-one teaching time is important, ideally with the student asking a lot of questions. This interaction, coupled with what the student learns in the exam room, makes for a rich learning experience.

“We have a responsibility to do this. These will be the kids deciding if we’ll go into nursing homes or not,” adds Dr. Sabowitz with a laugh.
they’d rather not be, and other areas where they’d like to be spending more time.

“Most physicians let life circumstances control them,” Dr. Moskowitz explains. “They work until the work is done, regardless of the impact on their personal lives and families. After clarifying one’s values, it becomes much easier to look objectively at the management of this precious resource,” he says. Dr. Moskowitz calls this “values-based time management.”

Work-life balance goes beyond just making time for family. It’s also about making time for you. Self-care can be exercise, participating in a team sport or league, engaging in hobbies, carving out quiet time to read and reflect, spending time alone or with a friend on a weekend excursion, or pursuing any number of other activities or retreats. Take care of yourself, and you may find that you have more energy and patience to handle the physician’s demanding lifestyle.

Becoming highly effective at tending to the activities of daily living—chores, errands, meetings, phone calls, e-mails—is a key component in mastering work-life balance. Time wasted—forever searching for things, making lists only to lose them, and feeling constantly behind the eight ball—can be better used to set things in order. In his book Getting Things Done: The Art of Stress-Free Productivity (Penguin Books, 2002), author David Allen stresses the importance of (a) capturing everything that needs to be done—now, later, eventually, big things and small things—into one system; and (b) being vigilant about what you let into your life and onto your list. That “b” part gets to the value-based time management that Dr. Moskowitz recommends.

Although many of us pride ourselves on our ability to juggle several simultaneous tasks, multitasking may not be all that it’s cracked up to be. Is multitasking the best approach when examining a patient, standing at the operating room table, writing a research paper, or dictating medical records? Isn’t time spent having a meal with your spouse, cheering from the sidelines at your kid’s baseball game, or having drinks with friends better when thoughts of work or other tasks don’t get in the way? By doing many things at once, do we do any of them well?

“I’m constantly teaching people how to live more in the present,” says Richard Moss, MD, author of The Mandala of Being:
Dr. Andrew Moss, author of Discovering the Power of Awareness (New World Library, 2007) and five other books. After training as a physician, Dr. Moss left active practice and became a spiritual teacher and author. He has worked with hundreds of physicians individually and in the workshops he leads.

Seeing patients as fast as is necessary today isn’t fair to anyone, Dr. Moss contends. He says this pace is one reason physicians experience career burnout. The antidote is “presence,” or truly being engaged in the moment. “Even if it’s a brief time with a patient . . . something is transmitted between human beings when one or both are present,” explains Dr. Moss. “The relationship with the patient is actually a healing relationship for the physician. It’s a learning relationship, one deeply rooted in how well we can listen.” This “brief slowing down and touching something that is fundamental and real and essential” is useful for both patient and physician. Patients will feel grateful not only for the information and treatment given to them by physicians, but also for their attention and the respect it represents.

How Much Is Enough?

A discussion of personal and professional development goals would not be complete without giving at least a polite nod to the financial side of the equation. Cleveland-based healthcare consultant Jack Valancy spends a lot of his time helping residents and young physicians make decisions about their careers. “Finance is on people’s minds,” says Mr. Valancy, “and I expect that it influences some decisions.” But money, he says, is not the primary driver for most physicians. Mr. Valancy has found, in his experience, that the top four things driving physician satisfaction are these (notice that compensation is on the list, but not at the top):

1. The work itself—the specialty, the cases, the patients.
2. The culture—a healthy work environment.
3. Location—a sense of place and a lifestyle that works.

Still, income issues influence career path decisions. Michael Glowacki, a certified financial planner based in Los Angeles, works with high-net-worth individuals, including physicians. He hears all too often about the impact of declining reimbursement
in health care. “The stories I hear are that a guy who made four hundred thousand to a million dollars ten years ago is now struggling to make two hundred thousand,” says Mr. Glowacki. So, if reimbursement levels aren’t likely to head upward anytime soon, what’s a physician to do? The answer depends on what motivates the physician to practice medicine.

Mr. Glowacki opens conversations with new clients by getting them to clearly articulate why physicians are doing what they are doing. “Are you doing it for the money? Are you doing it because you want to find a cure for something or help people? Be clear about that,” advises Mr. Glowacki, before doing any planning around money.

But even those whose primary mission is to cure also need to pay the bills and attain their personal financial goals for themselves and their families. Mr. Glowacki says that physicians should have an understanding about how much money they actually need. However, he notes, “the issue of ‘enough’ is complicated.” He uses a model in his financial practice that he calls “above and below the horizon.” Below the horizon are the finan-

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**How Much Is Enough? A Reading List**

Physicians grappling with the “how much is enough” question may benefit from one of the following books on the topic:

*Money and the Meaning of Life*, by Jacob Needleman (Currency Doubleday, 1994)

*The Number: What Do You Need for the Rest of Your Life and What Will It Cost?*, by Lee Eisenberg (Free Press, 2006)


*The Seven Stages of Money Maturity: Understanding the Spirit and Value of Money in Your Life*, by George Kinder (Dell, 2000)


*Your Money or Your Life: Transforming Your Relationship with Money and Achieving Financial Independence*, by Joe Dominguez and Vicki Robin (Penguin Group, 1992)
cial vehicles that will help clients reach their goals. Above the horizon are their goals, their vision, what they care about. “Too often people look below the horizon because that’s the easy place to go. Above the horizon requires more introspection, and people are afraid to go there,” says Mr. Glowacki.

When clients have an idea about how much money they really need, both while they are working and after retirement, Mr. Glowacki says they tend to relax and become happier. “Some people go out and make as much as possible, maybe at the sacrifice of other goals that they went into their profession to achieve, because they don’t know the number. They grab for more because they haven’t taken the time to figure out what life is about other than making money.”

**Career Gone Off the Tracks?**

Clear purpose, careful attention and planning, deft management of resources, and a sense of balance between career and the rest of life can all add up to a long and satisfying career. But what if something isn’t working? What if despite taking these steps, a physician still feels unhappy in his or her profession?

It’s not good to feel “stuck.” So the first response is to recognize the possibility of change. Writers and philosophers remind us that even when we don’t see the way out of a situation, the possibility of change exists.


“This very moment, we can change our lives. There never was a moment, and never will be, when we are without the power to alter our destiny,” says author Steven Pressfield in his book, *The Art of War: Break Through the Blocks and Win Your Inner Creative Battles* (Warner Books, 2002).

Gandhi is famous for saying, “You must be the change you wish to see in the world.”

The message here is that if you are unhappy with your career, you can do something about it. But outside assistance may be necessary. Dr. Moskowitz sees far too many physicians trying to go it alone when they’re struggling professionally or personally, in part due to the way they are trained. Doctors are supposed to
be the helpers, not the ones who need help. But in this case, “The best thing they can do is reach out and ask for help,” says Dr. Moskowitz.

Transitions are not necessarily easy, but sometimes they are essential. Dr. Moskowitz often works with physicians who are at or near the point of professional burnout. “It’s important to try to uncover with the clients why they ended up in burnout in the first place,” he says. “Otherwise, they are destined to fall back into burnout again. It may be poor self-care, not having sufficient resources in the practice to support the physician, or it may be a mismatch between the physician’s basic values and those of the organization, to name a few.”

When a physician is dissatisfied or burned out, and on the threshold of a practice transition, Dr. Moskowitz says it’s helpful to look back and evaluate why he or she went into medicine in the first place. Dr. Moskowitz asks his clients to keep journals to uncover stories about what led them into the field. Both he and his clients are often surprised at the discoveries made during this process. “Journaling takes you to a deeper level of self-understanding,” he says. It’s the beginning of the process of evaluating the purpose of practicing medicine. These discoveries initiate the decision tree of whether to continue practicing. “They’re able to come back into real time with this personal insight; and we say, okay, now let’s look at what this means, the feelings, the awareness that you have in your everyday job and how that relates, if at all, to the more basic motivation you started with,” Dr. Moskowitz continues. If an alignment can be found between purpose and practice in daily life, physicians often realize that despite the daily irritations, they are actually still quite satisfied practicing medicine. If, on the other hand, they realize they’ve gotten off track, then they may need to modify, re-engineer, or recreate their practice or career. In some cases it may even mean opting out of clinical medicine or direct patient care.

It’s not an easy choice to make—or to implement. “You have to be prepared for challenges from everyone around you. The challenges come not only from within your family and immediate circle of friends, but also from other professionals,” says Dr. Moskowitz. One thing that sustains physi-
When faced with the opinions of others, says Dr. Moskowitz, is that by the time they’ve made the decision to change the way they practice medicine or live their lives, they’ve done enough internal work that their future vision is strongly aligned with their purpose and values. They are resolute and confident about their decisions moving forward.

“Being in transition is a bit scary for everyone,” says Dr. Moskowitz. “The only thing physicians have to hold onto—but it happens to be extremely powerful—is their purpose. It’s that anchor of knowing that the direction they’re moving will bring...
them into synchronicity with their values. All the fluff and the money and the ego and the business success drop away. What remains is their new vision for themselves.”

Dr. Moskowitz says career transitions tend to occur in midlife, when physicians have learned to trust their own intuition and other people’s opinions aren’t as important as they once were. When questions do arise during times of transition, Dr. Moskowitz finds his clients “surprisingly able to deal with them because they’re really focused on their passion and grounded in their personal values.”

Dr. Zuroweste’s role with the Migrant Clinicians Network, he and his wife work as consultants for organizations with federal contracts to support migrant health clinics around the country. Dr. Zuroweste has consulted at migrant health clinics in 31 states.

He also takes students from Johns Hopkins Medical School to Honduras for two-week rotations about three times a year. He does this in coordination with another non-profit organization called Shoulder to Shoulder, Inc. (www.shouldertoshoulder.org), which provides primary care, public health, dental care, nutrition, and education to poor communities in Honduras. “When you’re trying to get people to work with the homeless or with migrant farm workers, it’s hard to recruit primary healthcare providers who are culturally competent to do that work,” says Dr. Zuroweste. “How are you going to fill those slots? You have to mentor students. If you want to have another generation doing what you do, you have to find them now.” One of his dreams for the future is to start a program that would provide paid sabbaticals for providers who want to experience working in clinics internationally without having to use up all of their vacation time.

Practicing medicine with purpose and passion is a way of life for Dr. Zuroweste. “If you really want to be happy as a physician, a lot has to do with your family, your spouse,” he says. “I’ve been very fortunate. My wife and I work with the same organizations; my daughter has gone to Honduras with us; my son spent a year in Mexico and became bilingual during high school. It’s not just a job, it’s the way we live.”