

the WOMAN PHYSICIAN'S PLAYBOOK



7 Strategies to Gain
Confidence and
Control for Your
Personal and
Professional
Success

MODULE 3: DEFINE YOUR ALL!

Part 2

Transcript



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Woman Physician's Playbook: 7 Strategies to Gain Confidence and Control for Personal and Professional Success

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For Your Information:

We recognize that every person has different learning styles and therefore each module is accompanied by an almost word by word transcript of the video training.

Dedication:

To all the women physicians who want it all.



Linda Brodsky, MD
Founder and President of Women MD Resources

WELCOME!

Hi! Once again, welcome to module 3. I am Dr. Linda Brodsky of Women MD Resources. I am really glad you are going to continue your journey on this play book, because you are going to transform your life as a woman physician.

We are in part #2, strategy #1—defining your all. I want to say once again that I know that by the end of this course you are going to see how being a woman physician is really powerful. Your life will be transformed, and you will be able to leverage what you have learned. You can feel not only valued but also in control of your life as a woman physician.

At the beginning of the last module, we started to define your all, and we asked six basic questions. The first two were answered in the last module, so now we should have a pretty good idea as to what do we want our careers to look like and feel like, what are the values we hold important, and how do we preserve them.

Now we are going to be taking up the next four questions. Just to remind you, these are: What do we want our work place to feel like? What do we want our home to look like and feel like? What kind of life outside of work do we want? How do we keep really meaningful relationships alive in our lives when we have so many others to worry about?

I said before there is no question that defining your all is the hardest to create, because the final product is very personal. It is different from everyone, but the elements of defining your all are the same for everyone. So, it is time to get started.

Module Overview

Let's start with a module overview. First, we are going to do a review of the strategies, alignment and integration. These are going to become very familiar to you by the end of this course and your work environment in its entirety that is quite an in depth review.

We are going to look for what are signs of female or family friendly. Finally, we are going to go into the relationships at home, at work and in your community of colleagues and friends.

7 Strategies

By now, these seven strategies should be looking familiar to you. We are going to start part #2 of **define your all** that is the first strategy. Next is where we use your all to define as your all and your framework in order to **take inventory of where you are and take control** of where you want to be. That takes a fair amount of communication. So, we learned in strategy #3 to **communicate to connect and**

protect. All this takes place in the context of the work place, and therefore we work on #4 **master your work place: understand the people, policies and procedures.** To get what we want and what we need, strategy #5 is **negotiate your way to a better career.** This is something we do every single day. In strategy #6, we are going to give you a way to **rise above and defeat gender politics.** Finally, strategy #7 is how to take all of this and **create work-life integration.** That makes it possible to have so many roles without feeling constantly pulled apart and feeling as if we are not doing anything really well.

Alignment

Again, this is another reminder that to define your all you have to have these components aligned. What you do, what you believe which we learned in the last module, where you work, where you live and the people with whom you work, live and love. It sounds like a lot, but if you continue to break your lives down into their component parts, we can see how we can realign these parts and form an integrated whole.

Integration

So here we are once again in the center of our lives. Now we are going to take up your work environment, your home environment and after that the people, your family, your friends and your colleagues.

Your Work Environment

For the amount of time we spend at work, most of us fail to really understand what to look for in a good work environment. We need to analyze how that working environment will work for us before we commit to working in one place or another. We need to investigate environments before we sign on the dotted line whether it be the college, the medical school, the residency training program, the fellowship or any position or job we decide to do.

I want to say even if you are already working as a student or resident, you might think you already know quite a bit about the place, but that might not always be the case, because as your position changes the rules and relationships change. There is always more to know and always a few curve balls. There are a series of questions you need to ask, and these are organized into four areas. We will go into each one in detail.

- The first is the **work schedules**: How are they arranged?
- The **physical plant**—What does it look like?
- The **resources**—Are they adequate?
- The **culture**—What is it like?

Your Work Environment

The **work schedules**—How are they arranged? Are they arranged for maximum efficiency? A way to **determine efficiency** is by finding out how many different locations you have to be at in one day. For example, ask people how much time they spend in the car every day not just coming and going from work, because the less time you travel between places the more efficient you will be. Days that are split cause a lot of aggravation especially if you are a surgeon. To be in office hours in the morning and the OR in the afternoon means you are always going to feel pressed to stay on time which, in and of itself, it is not a bad thing to be on time, but it is not always possible. Keeping hungry people waiting for their surgery and having to apologize is not a good way to start any operative day.

You are going to find out are the work schedules **flexible**? Do the different people who work there all have the same schedule or are there variations? Variation is good and means that people are adapting to different situations. You want to know if there is anything that is not negotiable about the work schedule. For example, must the OR time always start and end at the same time? Are there times when the clinics must run? When do you have to make rounds? When do shifts begin and end? What are the conference and meeting schedules? It is good to know this beforehand so you can evaluate how this will fit in with your needs.

What is the **expected workload**? How many days a week do you work and in what kind of setting? Of course, what is the call schedule like? How many patients are you going to see? How often do people have to go in to take care of problems?

How is **productivity measured**? This is probably the most important issue you want to understand if you are going into a setting where your rewards are determined by your productivity which is almost always the case. Is it measured in the number of hours you put in? The number of patients you are going to see? And how about the relative value units of patient care, also known as RVUs? And the number of procedures performed? Even if you are salaried, the people paying the tab are going to watch over these productivity measures very carefully. I think you should understand how you are being measured and who is in charge of making sure that you are properly credited for what you do. This will we take up again under contract negotiations.

What does the **physical plant** look like? Is it modern? The building and some of the equipment may look old, but are they maintained, and do they work? You are going to have to look at how convenient the layout is. Are there ancillary services such as imaging, and where are they located.

You want to get a sense that this place cares about the environment you are going to work in. **It is clean?** You might think places are clean, but look around. This will give you an idea what kind of institution or organization you might find yourself in. Is there a lot of clutter? Are things in a bad place and improperly labeled? Attention to these details gives important clues as to how the program, the practice or the institution is run.

I am going to tell a story that will highlight this for you. I had a client who was a faculty member of a prestigious institution. She came to me because she was ready to be fired. She was told that her clinical productivity was low. As we looked at how her days and practice were set up, she told me that she had agreed to come and was promised a new office, three examination rooms and a procedure room. This was going to happen within three months of her arrival. Of course, like all construction they got behind in their schedule, and it was almost a year later, and she did not have this new office. What was she doing? She was working out of one examination room, and for her kind of practice it was absolutely impossible to have the kind of patient flow she needed to make her numbers and work from one room. So, she had a lot of down time when she could not see patients. She was dragged into the Chair's office with only a few days to respond to this warning letter about not being productive and perhaps not continuing there. Her response was to turn the tables on them and bring out the documents that promised her a practice space that she could do her job in. She realized, however, that she should have spoken up ahead of time. She should have been more firm before this crisis became a crisis.

The point to take away from this story is that when you are looking at the working environment you need to get a detailed breakdown of your workspace. If it doesn't materialize as promised, which was what should have been in her contract and wasn't, you must bring up the issue sooner rather than later. You are going to want to know is there **room for growth**. Specifically ask—Where is my office? Where will I see patients? Will I have an office or a desk that I can go to and have the quiet and the space to do my work? Many places are short on space. In fact, all places seem to be short on space these days. So, this is an important issue to address.

Your Work Environment

Continuing with the workplace—What are the **resources** that are available? In today's increasingly technologically dependent world, we can measure an institution or a practice by their resources.

So, let's take them one at a time. Are there secretaries and medical assistants? Are they shared, or do you have one devoted to your practice? How about mid-level providers such as physician assistants or nurse practitioners who help with the patient calls, tracking down tests and closing the loop on any number of patient related issues that happen outside of the physician-patient visit. What kind of back office operation is there? Who watches over the billing, coding and corporate compliance? If you are in an academic setting, are there research assistants, statisticians and others devoted to helping you get the grant or design a study properly? These are resources you need and the **adequate staff** to do your job.

Equipment—Is there enough medical equipment? In what condition is it? Make a list of all the equipment you think you should have to be in a practice. Ask to look at the clinical space. Is there equipment there? Is it being used? Is it being kept up? For example, is there only one dressing cart in a

very busy orthopedic suite, the emergency department or clinic? Is that enough? Is it well stocked? Do the rooms look bare? Are there examination tables, sufficient chairs for family members and educational materials? Are there enough supplies? This might sound funny, but are there tongue depressors, culture sticks, patient gowns and other supplies that are needed for you to take care of the patients or to do you other work such as pencils, pens or rulers? Are all these abundantly on hand?

Take the time to find out about that particular **EMR—electronic medical record**—its adoption, the ease of use and how is it used. Get into it and see what it looks like. The EMR is the one thing that can make your life easy, or frankly it can make it a living hell.

Something that is so hard to measure is the **culture of the work environment**. What is its quality? What does it feel like? Is there collegiality or a lot of back biting? You are going to look at the office, the hospital, different places in the hospital, the OR, the emergency department, the clinics or any place else you are going to work including perhaps the laboratory.

Do people seem happy? Are they pleasant? Are you made to feel really welcome, or does it seem to be a hassle to get answers or appointments with the people you want to speak to? Do they treat each other with respect and care? Do they seem to like what they do? What do people talk about? You find these out by making it a priority. Just sit down and chat with people very informally and see what they talk about. Do they talk about ideas and programs, things they are proud of, what they have accomplished, or what is next on the agenda?

Do they talk about negative things that they don't like about the place or even about each other in a non-**respectful** way? There is one big red flag that I want you to be aware of. When you hear the statement "we can't wait until you come because we really need the help." This is the code for them being overworked or needing a position to buffer a bitter work environment. Granted, it also could mean they have a thriving business, and you are truly needed and truly wanted. When you hear that it means you need to take the time to find out what the situation is.

How Can I Tell if the Workplace is Family Friendly?

How can I tell if the work place is family friendly? Family friendly refers to how the people in that work place regard the importance of your and eventually their family in the work flow. By the way, this is not just a women's issue. It has become an important issue to the younger generation of men as well.

Talk to men and women physicians who are there. Get them to talk about their families and their other interests outside of work, and see how easily they integrate the two worlds and how they are willing to talk about their families at work.

Talk to women who worked there before. Find out who they were and call them. Some will have had legitimate reasons to leave not because of the work but because they wanted to be in a different place for a better job. Others will have been let go for real reasons that might not influence your

decision. They just could not make it or did not fit in. They may have left because they felt unwelcome as women. Usually you see this when you see a revolving door one after another leaving.

Talk to others in that work place such as nurses and staff and see what they say about their vacations, holidays and families. Do they feel safe in discussing their lives outside the workplace?

Inquire about family leave policies, and I want you to ask to see these policies. Then find out if people use these policies. Always ask with a smile and watch closely as to the reactions. Read the policies and understand them. Find out who has made use of them and how it has gone for them, because many exist but are not utilized.

If you meet resistance in getting the information, this might not be a female or family friendly environment yet. That does not mean you have to write it off, but it does mean that you have to have some caution, and you might have some hills or mountains to climb. I want to give you an example of how places can change.

I first came to the Children’s Hospital of Buffalo to interview in 1983, and I was greeted by the previous Chief of Surgery, Dr. Theodore Jewett. Ted was gray haired and definitely an old time surgeon, and during our half hour talk he called me “dear” at least a half dozen times. We did have a great conversation, and I actually really liked him. The reason I did not meet with the present surgeon-in-chief Dr. Donald Cooney was because he was away during my visit. I came back and found out that I was going to be the first and only woman surgeon, and I was the only woman in my department of otolaryngology at the university. I was also one of only a few woman on the full time staff at the hospital. Having come from a residency that was 25% women in which a number of the surgical faculty were also women who had families, I was a little bit hesitant. However, we had already committed for one year, so I figured I could tolerate being called “dear” by one charming old man. As it turned out, when I got there I was given such tremendous flexibility and control of my schedule I could not believe it. I lucked into a really great partner, John Stanievich, who not only trained with some great women, but he also wanted his lifestyle to be more manageable. By the way, Dr. Ted Jewett kept calling me “dear” until the day he died. He became one of my greatest supporters and sent his grandson for me to care for, and I did so for many, many years.

Over the next few years I was even able to get departmental meeting schedules adjusted both at the university and the hospital to fit some of my schedule preferences, because I was the only woman and actually had a preference as to when we met.

Your Home Environment

Let's go on to your home environment. Many of us do not think that we can or should carefully control this environment. I think we have to orchestrate our home environment so we have a good deal of control. Now we are going to talk about how each of us can do this and why it is important that we do it for ourselves and for our families.

I am a very big believer that you have to **make your home environment work for you**. This takes a lot of thought getting into routines where they can help, borrowing ideas from others and quite a bit of organization which in and of itself is time consuming. Once you get the organization in place it can be key. I am going to use an example from my own life again.

I found one of the hardest things to do was to plan meals for a family. We don't often think about that, but it takes a lot of time and energy. We thought that meal times were very important, and we wanted them to be a stress free time when we could sit down and talk to our kids at the end of the day. We decided that when we had children we would also have our nanny and our housekeeper be responsible to have dinner on the table for both us and the kids. We tried to make it a priority that one of us would always be home for dinner by 6:30 pm every night, and I have to say most nights this happened. This meant keeping the kids up when they were younger and having them have afternoon naps when they were very young. We thought it was important to have family meals. It is really tough to leave meal planning to someone else especially if your family has special dietary needs, and in our case this meant keeping kosher. When the family was the two of us and one child, we started to standardize the meals. On Mondays it was meat and a vegetable usually broccoli, on Tuesdays a chicken dish with cauliflower or green beans, on Wednesdays fish with a side dish of spinach or zucchini, on Thursdays a dairy meal usually pasta, and on Fridays I helped prepared a Sabbath meal usually doing soup on Thursday night when I got home, and the prep work was done by my housekeeper. Every night there was a salad always, and the kids only ate what we ate. On weekends we had leftovers, and on Sundays we went out with the family or ordered in pizza or grilled. I left the house stocked with cookbooks sometimes leaving a note with preferences, but after a few years that was not necessary. Thirty years later the schedule remained more or less the same. We have the same meals every night.

I am telling you this story so you won't feel ridiculous putting a routine in place, because it does sound a bit ridiculous. When things become automatic, it helps your work week become much less hectic.

The next point is to **get help with the things you don't like to do**. This goes back to our power principles. We need to outsource whatever it is you don't like or don't need to do—whether it is the cleaning, the cooking, the prep work for cooking, the shopping, other errands, child care or car pooling.

We are going to go into this much deeper when we talk about work-like integration. Let's start making your list right now. If you have a spouse or partner, divide the chores fairly from the start. Don't fall into the trap that you need to do everything, and agree on what you can outsource.

In our family, I am in charge of the monthly bills, and I take care of the stuff that goes on inside the house including managing the help, anything to do with the interior design and upkeep and the cleaning. I don't actually have to do the cleaning, but I am in charge to make sure it gets done. My husband is in charge of everything concerning the outside including the cars. As far as the kids go, we never argued about caring for them, because we both loved giving them a bath, dressing them and getting them ready for school, although I did have to make all the doctors' appointments. That was my job.

Do not make excuses or feel badly for what you cannot do or don't want to do. Again, this means engaging help or just letting some things go. A big push back I hear on this one is that help is costly, and women physicians make less and might not be able to afford help. Well, yes women physicians make less, but we do make more money than others, and we can afford help. You have to make choices sometimes and give up some things like going out frequently; having the most up-to-date wardrobe, driving a fancy new car or the vacation hotel that you chose might not be the five star hotel. Make trade-offs that are needed so that your home can function like a place you really want to be in.

Make sure others are grateful for what you can do. Don't make it seem so easy that no one thinks you are working hard. As I mentioned before, the monthly bills are my responsibility, and I did them twice monthly.

My office where I did these bills was in the kitchen where we always made our children do their homework. While I worked I was available to them. It was also where I did my homework that included reading my articles, revising manuscripts and thinking about the surgeries I was going to do the next day. My kids saw that I not only did a lot of work for the house, I was there for them when they needed help with their homework. I also had my own work to do, and this was important.

Don't hide or make little of the fact that ***we have very important work to do as a doctor***. This helps your family and your friends understand that while you love them you still have to attend to other important work as well. What you expect them to understand is going to become their expectations. Here is where I am going to inject my own practices about child rearing. I don't think it is good for children to always believe that they are the center of the world. Sometimes they need to see that their needs are not at the top of the list. Then they learn to care about others, learn self-reliance and learn how to avoid becoming self-centered.

My now grown up kids still remember the weekend mornings when my husband was not around, and I had to take them on rounds because there was no one to help. They learned where all the great things were—the TV in the OR lounge, the play room on the surgical floor and even going into the Intensive Care Unit with all its noise and activity. They saw sick children, and I think it made an impression on them about how lucky they were. I also think it gave them pride to know that their mother and father were there to help sick children, and to see that we went to a place where very serious and important things happened.

Relationships at Home

It's time to move on to the important relationships in your life, your family, your friends and your colleagues. Relationships at home—***Is your family supportive?***

As we discussed before, we should have specific expectations from our children, our spouses, our parents and our siblings. They need to know that our schedules are not always predictable and can be unpredictable. This is a benefit to children, because children who have to adapt to the ***unpredictable***

may be able to be more adaptable and have realistic expectations from life's ups and downs. They may be able to handle the every day disappointments with resilience which is what we want to have our children learn—resilience.

They need to know that we can be **distracted** at times. When you have other very serious concerns, don't pretend that you don't have these concerns. I know we talked about always trying to always be present in the moment, but let's face it sometimes this is impossible. Be open about when you are suffering through a sick patient, troubles at work or being accused of malpractice or some other trouble. Kids understand more than you think, and feel these things. If you don't try to explain it to them they might think it is them that you are upset about, and you don't want that.

You have **multiple responsibilities**. Our families, of course, are very important, but they need to know that the world does not always revolve around them. I think this is important and helps them to build character.

Let them know that you are always going to **try your best**, and let them know that you are always going to be there for the important things. This comes down to the definition of important things, and this catches a lot of us by surprise. So, let's take it one at a time. Do you have to or want to be at every soccer game---probably not. How about every parent-teacher conference—I think so you better try. How about that once yearly piano recital? Definitely yes! Try as hard as you can to get that coverage. How about weekly religious services? If that is important to your family, make it a priority. Then they will see that it is important and what you truly value. This is how we raise our children by example with our actions. Later we will spend more time on the question of who is raising my kid when we talk about work-like integration. I find it very disturbing when people say that if you have help someone else is raising your kids, but I do not think this is true.

Let them know through your actions as they get older and also through your word that there exists what I like to call an **"expectations-based" relationship**. What does that mean? We have high expectations for them and high expectations from them. What they are going to do and how they are going to behave. Hopefully, we can model for them so that they have high expectations for us and what we do, how we behave and what we believe to be important.

and

Relationships at Work

We are going to go on to relationships at work. **Colleagues** make your work wonderful or terrible--who they are, what do they believe and especially how do they behave as physicians. How do you find this out? Talk to the people directly and find out what makes them tick. What do they like to do at work? How would they change things? What are they excited about? What do they do for fun? What are their hobbies? Find out about their families. Ask others about them. You can find out a lot by talking to other people. Before you sign on for a position, research out the people including research the internet, go out for dinner, and see how they treat the wait staff when you go out to dinner. Use your own sixth sense as to what kind of people you are getting involved with.

Another critical group at work is the **healthcare team**, and this includes nurses and others. Most of them are females that you are going to have difficulty with, because the women physician-nurse relationship or even staff relationship is a whole topic in itself. Many women, including myself, have wonderfully close friendships with some of the nurses with whom we work and some of our staff especially my nurse practitioner of 30 years, Lucille Kingston, PNP. In general, while you might make some friends, you will probably make a few enemies as well.

It is important to put appropriate boundaries as to expectations on how you are treated as a physician in the professional setting from what you are called—your title, to how they act and listen to what you have to say. Of course, you are always going to want to treat everyone with respect, although I warn you that you will be less respected than the men are. Many of us try to overcome this by acting like the men, and this can be taken in the wrong way. We will talk about this when we talk about gender stereotyping in “Rise and Defeat Gender Politics.” My advice here is to be direct, be polite, be firm and smile a lot. When you get into any kind of conflict document it and take care of it before it gets out of hand. More on documentation in the “Communicate to Protect Strategy” coming up soon.

We all need advice, and this is where **mentors** come in. However, the mentor relationship is a two way relationship, and there are expectations on both sides. We hope to be guided and moved along in our careers. Usually mentors work one-on-one, and it is in a linear fashion over time. Why don’t mentoring programs seem to have worked for women? The reason is this model does not reflect how most women form and keep relationships. We tend to move in and out of relationships as we find the need particularly when the pull of home derails those nicely made plans that we promised our mentors we would fulfill.

It is not easy to find a woman mentor who might be more understanding, because women are usually very busy, and it is not easy to find a male mentor who can understand more than what is just happening at work. Mentors expect that you will not waste their time, and you will make the most of what has been taught to you. You can have mentors and get advice but be careful. You are going to probably need multiple mentors, and mentors differ at different times.

Another relationship at work is a **sponsor**. Sponsors are different from mentors. Sponsors are people who are going to pull you up and are going to get you into places or the clubs you want to be in or need to be in. This does not have to be a long term or particularly deep relationship, and it differs from mentorship. Everyone you meet has the potential to help you and be a sponsor, so treat everyone as a possible supporter or sponsor, even if they don’t seem that way at first. You will be very surprised. Keep your own council about how you feel about someone, and don’t make up your mind so quickly. You always want to keep ongoing communications, because you never know who you are going to team up with later on.

Finally, your **supervisors**, and this is very tricky. There is a hierarchy that changes over time, and there are boundaries, and you have to understand them. So be respectful, but also expect the people whose job it is to help you actually do that job. They are not there to do you a favor. They are there to

do their job. Your boss or your supervisor is supposed to be there as a guide not just when you get into trouble. I suggest that you meet with that person or persons and make sure they know who you are and what you are doing.

Let's go through everyone's career stage. For **pre-meds**, meet with your pre-med supervisor and meet with the Chair of the department with whom you are going to major. Meet with some of the professors of the science courses.

For **medical students**, get to know the directors or your clinical rotations and if you can the Chairs but definitely the Chair of the specialty you want to go into. Talk to the Dean of Student Affairs at least once a year and even better twice a year. Get to know the residents, because they can help you figure out who the good guys are and who the bad guys are. They are going to help you move along in your career, and they are the people who give a lot of input as to how you have done on your rotation.

For **residents**, create relationships with as many of the faculty in and out of your department. Not only that, but create relationships with the others you are training with, again, in and out of your department. These are going to be your future colleagues.

For **practicing physicians**, talk to the Chair of your department and go to the Dean of the medical school. Find out about what is happening in the organizations you are in. Talk to the President and other people who run committees. Talk to people like the CEO of the hospital and seek out chairs of important committees. Sometimes there are boundaries that need to be respected, and they might not have time for you. Don't be afraid to push the boundaries a bit. This is how you make connections and you learn the hierarchy, and this is how people learn about you. We will have a lot more on this in upcoming modules.

Friends and Community

Finally, your friends and your community. Unfortunately, as we get very involved in our work and our families, **we tend to give up on our friendships first**. This is not a good idea. We need to maintain friendships the rest of our lives so we have people who are sounding boards and can help us out when we need help and for whom we can do things so we feel we have a life outside of just people who come to us for help and are sick. This is especially important when we are young and have kids. It might be helpful to find friends where your kids are.

Actually, most of my friends in Buffalo are parents of my kids' friends especially when they were little. Guess what? Most of them have stuck. Why? Because we had **shared interests** in our kids and what our kids did. That doesn't last forever, so try to find people with other shared interests just not your kids. This is a great way to maintain friendships. Find people you might want to travel with. Get involved in a book club or a tennis league. Sometimes you can find friends through organizational work at churches, political or an advocacy action group. Try to keep some of your friends separate from your work environment, because this lets you get away from your life at work. For medical students and

residents in particular, it is hard to do this because you are with these people all the time. It is easy to be friends with people you see every day, so make a special effort to find some friends outside of your school or work environment.

It is very helpful if you **make every activity you do have two purposes**. Exercise with friends. Give back to your community with friends. Find activities your kids enjoy and your friends' kids enjoy like kayaking or going to the zoo so you can do it all together.

Most of all, find people who bring **positive energy**, who are low maintenance and understand your limitations. This might sound a little selfish, but it really isn't. We are used to helping people who have problems, and sometimes we find friends who have a lot of problems. It's OK to help your friends with their problems, but it is helpful if you surround yourself with people who **understand your struggles and your time limitations** and who also have positive energy to give back to you, because you are going to need to replenish your positive energy. If you have friends from early childhood, try to maintain them. They give you a lot perspective on how far you have come and how special you really are. My experience has been that even if you have to maintain these relationships long distance, they are going to understand when there are big gaps. Connecting and reconnecting is so much easier with social media, cell phones, the internet and all those other things that we use, and there should be no reason that you can't find these friends and keep them in your lives.

Homework

Well, the next step is our homework, and we are going to ask you to do three things.

First is map out your weekly work schedule as it is now, and then find three things you would change to give yourself more flexibility, predictability and control. For example, would you like to change the time of your committee meeting, or have your sitter come an hour earlier in the morning so it is not so hectic?

List two things you love about your workplace and wouldn't change and two things you hate about your workplace and would love to change.

Finally, finish this statement: "These are the three things I want to eliminate from my 'to do' list."

Be kind to yourself! Go write it down.

Congratulations

Congratulations! You have completed module 3, and I want to thank you for joining us. I hope you are going to continue discussions in the comment area just below. Now that you have learned how to define your all, it's time to move on to the next strategy—**Take inventory so you can take control**.



We will see you in module 4, and thank you again for joining us at Women MD Resources, where we help women physicians create clarity, build confidence and take control for your personal and professional success.