

Work Life Balance

Jessica A. Kaffenberger, MD, and Thomas Knackstedt, MD
Interviewed by Steven T. Chen, MD, MPH

STEVEN T. CHEN, MD, MPH: Hi, everyone. This is Steven Chen from *Dialogues in Dermatology*, again joining you from Columbus, Ohio, where we're in the middle of our Career Launch Boot Camp. Our next *Dialogues* installment is exciting, because I'm actually joined by two dermatologists, attending dermatologists, who are here to talk about the topic of work life balance. That's Dr. Jessica Kaffenberger, as well as Dr. Thomas Knackstedt. Thank you, guys, both for being here.—

--The first question I wanted to just throw to both of you: how do you define work life balance? How do you find that balance? What does it mean for you? And maybe we could start with Dr. Knackstedt?

THOMAS KNACKSTEDT, MD: Yeah, sure. Well, thank you so much for having us on the podcast. I think that work life balance, rather than give you a precise definition, is really a misnomer. And the first thing that I would encourage us is to get away from calling it a work life balance and to just think about it as a life balance. And then you have to realize that everyone's, every listener's, every guest's work life balance is probably different.—

--And what I consider to be an appropriate work life balance may be very different from what you or what Jessica consider an appropriate work life balance. And so rather than give you a definition of what I think a work life balance is, I would just empower all of the listeners to realize that they need to develop what they think of their work life balance. And then realize that they're the only ones who can ultimately make that judgment. But with that, I'll turn it over to Jessica and see what her thoughts are.

JESSICA A. KAFFENBERGER, MD: So again, thank you for including us today and listening on the *Dialogues*. So I very much agree with Tom. I have a very difficult time defining work life balance. I used to try to find this work life balance, where family was on one side and work was on the other side. But pretty soon, between having kids and having all of these different demands at work that I started accumulating and being excited to sign up for, I felt like everything was kind of spinning out of control and it was more of a stress to find a balance than it was in order to just build happiness.—

--And so I actually encourage people to not worry about a balance, of a work life balance, similar to what Tom said is it's finding – really, I encourage people to find happiness. And when you find happiness and build happiness, and we'll talk about what that means later, that to me is what a work life balance really is.

STEVEN T. CHEN, MD, MPH: I think that's really interesting, the idea of building happiness and how you do that. I'd love to hear from both of you in terms of what your day to day looks like or maybe what your week looks like. How you've accomplished that. Maybe some things that you had to let go or difficult decisions that you had to make, if that's okay?

THOMAS KNACKSTEDT, MD: Sure, yeah. So I'll start at the beginning. Well, not the very beginning, but the beginning professionally was that I finished my residency five years ago and I finished my Mohs surgery fellowship four years ago. I'm currently in an academic practice, as the only Mohs surgeon at our hospital, working with residents, doing Mohs surgery, and running a nail clinic. I'm married to another physician and I have no children.—

--And so I think, Steve, you bring up a really good point there, that again, the way that I describe my life may be very different than a person who has children and pets and many other social commitments that rival for their time. And I think hopefully down the road, we can talk about time management and prioritization and the value of saying no.

JESSICA A. KAFFENBERGER, MD: And I am also an academic dermatologist. I'm at Ohio State. I graduated in 2014, so I've been in academics for five years. I am also married. I have three children and a fourth on the way. I am a resident, a medical student director, as well as I direct our clinical trial unit. And I also have a strong interest in a lot of the complex patients. So I do a lot of complex dermatology and as well as psoriasis.—

--And so for me, kind of finding that balance, and again building happiness for me, is doing what I'm most interested in dermatology. And that for me is complex dermatology. And then what I'm most interested at home is raising a bunch of crazy kids and having fun that way.

STEVEN T. CHEN, MD, MPH: I will say just hearing you talk about having three kids and a fourth on the way, as someone who has two kids, I already feel like your definition of balance is going to be very different from mine. And that's something that I can't even imagine, can't even fathom what that looks like. But obviously, it's working for you. And obviously, there's tons of people who've done it before, before all of us, who've made it work. And so I really do think that that's a great point, in terms of time management and building happiness.—

--Maybe we could pivot a little bit to talk about building happiness and what that means for you. How do you do that, Jessica? How do you build happiness in your career?

JESSICA A. KAFFENBERGER, MD: So building happiness, actually there's a huge field of positive psychology. So there's a lot of publications about this in the psychology field. And what they encourage is that happiness is made up of almost you could think of it as a pie graph. So 50 percent of it is your happiness setpoint. What your parents gave you, you can't change. However, the other part you can. So 10 percent of that pie graph is your circumstances. And I think a lot of people focus on changing their circumstances to improve your happiness.—

--Circumstances are the size of your house, the car, what type of position you have, are you an assistant professor, an associate, were you the director of something, the owner. And I think a lot of times in order to try to improve ourselves, we focus on that. But that's really only 10 percent of your happiness. The other 40 percent is actually your voluntary action. And so what we encourage people to do is accept your setpoint but improve your happiness level.—

--And in order to do that voluntary action, I encourage people to think of really three things. And that's to think BIG, BIG being a mnemonic to stand for your bonds, the impact you have on people, and gratitude, a thankfulness. And so I think we could kind of go through that as we talk here today. But really focusing on bonds, impact, and gratitude is a way for you to build happiness and find your own balance in life.

STEVEN T. CHEN, MD, MPH: Do you mind me asking you personally how you've been able to do that over your career?

JESSICA A. KAFFENBERGER, MD: Sure. So finding bonds I think is incredibly important. And one of the reasons I love academic medicine is that I am able to, again as a medical student director, I meet with tons of medical students who are so excited about being in medicine, let alone dermatology. Residents are an absolute blast to work with. They are fun. They're extremely smart. They keep you on your toes. But those bonds you have with both the medical students and the residents alone are enough to keep me excited and want to come to work.—

--Not to mention, we have a very young faculty at Ohio State and very close. I feel very close with all of them. I text them frequently. So the bonds I have at work are one of my favorite things actually at work. Of course, then bonds at home with three young kids and a husband, I constantly feel very connected and very much a part of many things. As far as impact, I think as all physicians, that comes pretty easily just because we have a huge impact on people, the patients that we take care of.—

--And I think for the gratitude portion, it's just taking a minute or two each day to appreciate what you have. And I think it's so easy to lose that focus of there's so many things pulling you in different directions that everything seems to be spinning out of control. And I think if we take a couple minutes here and there, spersed through the day, of just being thankful for what we have, where we are, the ability that we have is really the privilege as physicians we have to treat other people. It really put things in perspective.

STEVEN T. CHEN, MD, MPH: I love that. I think I would echo those sentiments. I realize, just by hearing you talk about it, that there are things that I do in my job that don't necessarily come with salary support, don't necessarily come with time support, like mentoring students, mentoring residents, that type of thing. But that's really what gives me gratitude or that's really what satisfies me in my job and really gives me that happiness that we're all looking for. Dr. Knackstedt, would you add anything to that in terms of building happiness and thinking BIG? Anything that you've learned over the years that's worked for you?

THOMAS KNACKSTEDT, MD: Yeah, no, I totally agree. And if you all could see me, I'm sitting here sort of nodding my head, agreeing. And I think the mentorship and sort of the extracurriculars of our work are huge and it's why a lot of us do what we do. And it's very rewarding for both sides of that equation. And I do find that as you become more established in your career, you do have a degree of conflicts between simply too many opportunities, both in your personal life and in your professional life, to become involved.—

--So this comes up a lot with mentorship. Individuals that I mentor or teach, especially outside of the realm of just pure dermatology, I want to be able to give them the maximum amount of dedication. And so I think a lot of it is about time management. And probably even more than time management, it's about attention management. We now live in a world that's so filled with

distractions which basically start with your cell phone emails as soon as you wake up in the morning. Over 70 percent of us sleep with our phone right next to our bed.—

--And we've sort of lost the ability to say no and to say no in a graceful way. Realizing that every time we say yes to another opportunity, we are saying no to something else. And so as we go back to Jess and gratefulness, I think it's very important to be grateful for every opportunity that we're offered or given. But we should never be expected to accept every single one of these opportunities, especially if we can't do them in a way that meets our own expectations, reputations, or doesn't play along with what we perceive our mission, vision, and purpose in life to be.

STEVEN T. CHEN, MD, MPH: I think that's so interesting, so important to realize. Especially because I think a lot of us as residents are taught to say yes to so many opportunities, because you never know what that's going to bring down the line. But something that you brought up in your talk is that as you transition from being a resident into being an attending, that's perhaps the time to start thinking about saying no to certain things, so that you can open yourself up to say yes to something else.—

--Do you think that transition is pretty apparent? Do you think that's kind of just a social construct that's not really there? Or do you really think the residency to attending transition is the right place for that to happen? And maybe this is too granular for us to delve into, it's probably different for every person. But I'm interested in knowing where you think that balance happens.

THOMAS KNACKSTEDT, MD: Yeah, I think, Steve, it's a really challenging transition point. And certainly, the transition from resident to staff is arbitrary in some way. It's simply completing one part of your training and going onto another. I mean, having been now junior faculty for four or five years, I still continue to learn every day. My wife is a resident in a much longer residency

program. And so, we now have this conversation on a regular basis: when does it become acceptable to say no, and here's what I think.—

--I think that it can be done in a very appropriate and almost empowering way. So I am a relatively organized person. I have a number of spreadsheets of ongoing research projects, of my activities and goals as vice chair. And if people, especially higher up in the hierarchy, ask me to assume another job or position or task, I will ask them, "What should I put on the back burner?"—

--And more often than not, people really respect that you consider yourself saturated. And we're productive physicians and we'll continue to come to you with good opportunities, but empower you to select those that you really think will help you down the road.

STEVEN T. CHEN, MD, MPH: Great, excellent. Jessica, do you have anything to add in terms of just thinking more broadly about time management, or really both of you? Any other tips that you have for our listeners in terms of time management, be it saying no to certain things or really focusing on really prioritizing certain different aspects of your life? Kind of like something that we talked about with Dr. Trotter earlier, in terms of trying to define what success actually means and being able to prioritize those things. Anything else that comes to mind when we think about time management for the purposes of finding balance?

JESSICA A. KAFFENBERGER, MD: I think both of you, both Steve and Tom, had great points about when is that change to say no versus yes. And I would encourage you to start that saying no whenever you do feel too overwhelmed. For me, actually when I started, I wouldn't say it's a firm line when you start as an attending, because I actually was just in the right place at the right time for many different opportunities. And many people did say no and I said yes.—

--And yes, it made life a little crazier, but I actually was able follow and steer my career in different ways. An example of that is the clinical trials that I do now, the physician that did them and directed them left. And no one else wanted to do them, so I stepped in and I absolutely love that part of my career. Now, I agree with Tom that sometimes it gets to be too much, and I do say no for different things. But everyone is going to find where that transition point is at some point in their career.

STEVEN T. CHEN, MD, MPH: Great, excellent. What other tips do you have for our listeners? I realize we're running a little bit short on time, so I want to make sure that we leave enough time for you to share what you feel are the most salient tips and tricks for the purposes of defining, first of all defining your own balance. But then finding that balance. What else would you like to share with the listeners of *Dialogues*?

THOMAS KNACKSTEDT, MD: Steve, I think the word "defining" that you just mentioned is really important. And it goes together with reflecting. And we're all so busy. We're finishing notes at the end of clinic. We're picking kids up from school, etc. But taking some time to reflect on where we want to be down the road, be it in a year, be it in five years, and setting your goals accordingly will allow you to have a much better work life balance. Again, I don't think you can design an ideal day and then assume or expect every ideal day to be that perfectly balanced day.—

--But on the other hand, life is too short to wait until you're retired and do all the things that you've always wanted to do when you're retired. So finding that appropriate timeframe during which to reflect and evaluate your own work life balance is really important. And taking that time to sit down, without interruptions, and thinking about where you want to go.

JESSICA A. KAFFENBERGER, MD: And I would say again just for the listeners is really to think BIG. To focus on those bonds, the impact you have, and the gratitude, and just appreciate

what impact you are having. And again, what a privilege it is to be a physician and to help others.

STEVEN T. CHEN, MD, MPH: Great. Well, that about wraps up our time. Thank you. Again, a huge thank you to both of you, Drs. Kaffenberger and Knackstedt, for joining me today on *Dialogues in Dermatology*. And as well, thank you for your wonderful talks here at the Career Launch Boot Camp here in Columbus, Ohio. I'm sure that we'll be hearing a lot more from both of you, both in the Academy and elsewhere in dermatology. So again, thank you for joining me today.

JESSICA A. KAFFENBERGER, MD: And thank you.

THOMAS KNACKSTEDT, MD: Thanks.