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# *The Challenge of Having a Life outside of School – An Essay for Medical Students*

**Lia Karina Kostiuk, MD**

## **ABSTRACT**

*This essay offers advice to current and aspiring medical students and residents for finding life balance and keeping priorities in the correct order. Key elements for ensuring your own health and wellbeing during the demanding days of school and residency are provided.*

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When I started medical school I quickly realized how my high school friends, who went into engineering, education, physics, or economics seemed to have more free time than I did. They could get together often, go to parties, join a gym (and actually attend), and be with their families. I suddenly saw myself missing a big part of this, studying until late hours and working during the weekends. But in my 20s, I did not mind. There was enough excitement already during medical school, everything was new and fascinating. Clinical rotations, labs, projects, and exams kept me busy and entertained.

I still found time to go to birthday parties, even though not as often, and to go the beach during breaks; I felt that I was balancing my medical school life and my personal life with grace. This perspective changed a little during residency. I started my general surgery training at 30 years old. I was married and living in a foreign country (United States), far away from the rest of my family, childhood friends, and other close friends in Venezuela. The call schedule was rougher than I remembered from my experience back home and the time to have any social life was limited. I struggled during my year as an intern. The responsibility is enormous and you have to learn a lot “on the job.” The good news is, you will learn, you will get better, and you can always ask for help; ask your chief, your attending physician, and your peers. No one expects that you know everything from the start; just remember to ask if you are unsure.

Part of the lifestyle of being a general surgery resident made me rethink my goals. Did I want to be a successful surgeon, with a busy schedule, and almost no family time, but able to perform a whipple procedure or an exploratory laparotomy in a trauma

patient? The answer I discovered was “not so much anymore.” My priorities changed. All of a sudden, having kids came into the picture, having breakfast with my family on Saturday mornings was precious, and just sleeping in my own bed everyday (or just been able to sleep everyday) became important as well. Whereas some can do it all, I was finding some trouble trying to balance it all. And, after talking to my peers, I was not the only one. Some of my fellow interns were thinking about quitting, and one actually did, and that moment was a wake-up call for the rest of us. The year as an intern can be daunting; however, knowing that everyone is feeling the same, at least at some moments, is comforting, as well as knowing that it gets better.

I, like my fellow intern, also shifted career paths after talking with my mentor and my program director at the time. I joined the Preventive Medicine Program, a two-year program that focuses on prevention at the primary care level as well as public health. During the first year of the program, you complete an MPH and during the second you get to complete the clinical rotations; I still wanted to help people but also to have a balanced personal life. In the end, you cannot help someone else if you are not content. Burnout became a popular subject among resident physicians after our friend quit; all short gatherings were full of venting, and some frustration, but also laughs and relief; we all felt the same. As Vassar (2016) states: “when compared with the general U.S. population, physicians worked a median of 10 hours more per week, displayed higher rates of emotional exhaustion and reported lower satisfaction with work-life balance.” Burnout should not be taken lightly. “An estimated 300–400 physicians die by suicide in the U.S. per year” (Center et al., 2003) and

burnout and suicide have a direct correlation.

Luckily, there are ways to mitigate and avoid burnout. Exercise is a key component of wellbeing, but it can be difficult to find time to enroll in a gym or practice your favorite sport while also being required to complete a 36-hour shift twice a week in addition to your regular “office time” schedule. According to Olsen et al. (2014): “achievement of national physical activity guidelines appears to be inversely associated with burnout.” Finding the time, even if it is taking the stairs instead of the elevator during rounds, walking or biking to work, or parking far away in the morning could be a start. Moreover, you will feel immediate results. There is a sense of accomplishment in getting through a rough day at work, while also finding time to keep moving. Find a nice trail near the hospital, or commit to going to the gym at least three hours a week. In comparison with everything that you are already doing, what is one more hour a day, on some days?

A second key component is your diet. A balanced diet also can be challenging to achieve while working long shifts at the hospital. The on-call team ends up bonding over cafeteria pizza and cake at 3:00 am, not the greatest choice, but at the time, a delicacy. Although, more rewarding, is to plan ahead and bring your own food. It is easy to pack in your white coat some nuts, peanut butter, or protein bars for emergencies. A healthy diet makes you feel happier. And, as much as you are always suggesting this to your patients, it is time to implement it yourself. “Meal prep” on Sundays means ‘be ready’. Not everyone can cook, or wants to cook; if you are forced to get something in the cafeteria (and sometimes that is the case for everyone), choose wisely – an apple instead of chips, wheat instead of white, baked instead of fried. And, of course, maybe once in a while, you can indulge or “cheat.”

Lastly, it is not all about work, spending time with friends and family is an essential factor for wellbeing. Sadly, activities that you were used to doing before can become sporadic or absent for long periods of time, which adds a layer of extra stress in your relationships. Finding time during free weekends, or on post-call days, to have some quality time is a wonderful way to keep you balanced. You will realize that your friends and family are understanding and supportive, you will miss some birthdays, and barbecues and holidays, so make your free time valuable and spend it in a meaningful way, with the ones you love.

Medicine is fascinating and rewarding but you should take into consideration that different specialties might have a different impact on your personal life. Sometimes you realize that after starting with a program (like in my case), so it is crucial to focus on this during your medical school rotations – spend time with residents, volunteer for

call, see how everyone looks, and ask questions. Finally, ask yourself if that particular residency is a good fit for you.

In conclusion, residency does not last forever; it will be rough, but you will make it through, you will make new friends, and you will help others learn and grow. Finding time to maintain a balanced diet, quality time with your loved ones, and partake in exercise and physical activity seems to be the key to reduce the risk of burnout that medical students and resident physicians suffer from – so, focus on having some “me time” and have fun.

## REFERENCES

Center, C., Davis, M., Detre, T., Ford, D.E., Hansbrough, W., Hendin, H. et al. (2003). Confronting depression and suicide in physicians: A consensus statement. *Journal of the American Medical Association*. 289(23), 3161-3166.

Olson, S.M., Odo, N.U., Duran, A.M., Pereira, A.G., & Mandel, J.H. (2014). Burnout and physical activity in Minnesota internal medicine resident physicians. *Journal of Graduate Medical Education*, 6(4), 669-674.

Vassar, L. (2016). How physician burnout compares to general working population. *AMA Wire*. Retrieved July 7, 2017 from <https://wire.ama-assn.org/life-career/how-physician-burnout-compares-general-working-population>.

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