



Spring Cleaning

Jessica C. Hauser, PhD

(Fam Med. 2021;53(6):468-9.)

doi: 10.22454/FamMed.2021.560776

“Dr Hauser, come quick! Your bookshelf broke!”

“Broke” was an understatement. All five shelves had collapsed in a domino effect. A decade and a half of textbooks, years of journals, promotional stress balls, and photos of my young children were piled up in a heap. I think the universe was telling me it was time to purge, time to shed old identities, both real and wished for.

As I sorted through the physical evidence of my 10 years in training and practice, I realized I can no longer call myself “early career.” When I had started as a behavioral scientist, I thought I had to be the jack-of-all-trades, psych-wise. I wasn’t trained in behavioral medicine specifically, and I wasn’t well-versed in substance abuse treatment, smoking cessation interventions, or chronic disease management. My specialization was child and adolescent psychology, with interests in eating and feeding habits, mood disorders and assessment. In an effort to fight the imposter syndrome I felt, I bought books on health psychology, integrated behavioral health in primary care, and medical terminology; I went to motivational interviewing training courses, and signed up for listservs. Meanwhile, my books on pediatric assessment, dyslexia, and child behavior management started to collect dust.

How long do I keep old books from jobs I don’t have anymore, things I haven’t found the time to study? Maybe part of me was hanging onto these things just in case I got the itch to focus on something else. I had been in family medicine for 5 years, the longest I had spent in a position. Graduate training, internship, and post doc positions are time-limited by definition. I was aware of a professional restlessness that left me wondering where I fit in.

One of the pieces of advice I find myself repeating to each class of graduating residents agonizing over finding the perfect job is that your first job out of training doesn’t have to be your forever job. After sacrificing so many years to training, most residents can’t wait to start their real lives, and put so much pressure on themselves, looking for a job that ticks all the boxes. I share with them the wisdom my post-doc mentor gave me when I was in the job market. Jobs come down to three factors: location, pay, and type of work. She told me that if I could find a position that offered two out of the three, that was usually good enough. At different points in your life, the priority of those three factors may change, prompting a career change. For my first real job, it was type of work (a tenure-track position at a small liberal arts college) and location (Midwest and near a city where my husband could find a job)

that won out. I thought this position was my dream job, the culmination of years of effort. When the reality turned out to be less fulfilling than I had hoped for, I was crushed. I felt guilty for dragging my spouse along to a state where we knew no one, and disappointed in myself for not enjoying this job I had put up on a pedestal. Location (back in my home state and near our families) and pay (buying a home and starting a family aren’t cheap) brought me to my second job in developmental pediatrics at a large metropolitan hospital. After a year and a half, I felt this position had served the purposes for which I had originally needed it. Giving occasional lectures to pediatric residents as part of this job opened my eyes to the opportunities for psychologists in graduate medical education and ultimately led me to make connections in family medicine and my next position.

It wasn’t until my third posttraining job that I lucked out in all three areas. My career as a behavioral scientist in a family medicine residency has allowed me to integrate those previous identities as a teacher, researcher, mentor, and clinician. Like most of my physician colleagues, I find family medicine appealing because I enjoy doing some of everything and this field doesn’t make

From the Department of Family Medicine, Ascension St John Hospital St. Clair Shores MI.

me chose one narrow focus. However, while intellectually stimulating, trying to be a jack-of-all-trades can be overwhelming. The desire to be everything to everyone is a pressure many of us face, especially early in our careers. Finding points to take stock of where we've been and where we want to go can help us to refine and build confidence in the skills that best serve us, our patients, our learners and our organizations. Six years into my position, I'm still considered the "new Dr X" to some folks. Yet, I am forging my own identity in my department and in the hospital with new initiatives in scholarly

activity, wellness, diversity and integrative behavioral medicine.

When my new bookshelf arrived, I organized it to reflect both my past and my current needs. The old, heavy psychology textbooks and treatment manuals of my earlier days of training form the foundation. The behavioral health and integrated primary care materials come next, easily accessible in the middle shelves. The volumes on communication skills, emotional intelligence, and mindfulness in medicine are at eye level, reminding me to always keep those topics in sight as I teach and counsel. The pictures of my family provide breaks between the books and

journals, reminding me of my values outside of work. Sorting through my academic ephemera made me realize that I don't have to give up the old parts of me, but I also don't need to hold on to that which no longer serves me, or moves me in a direction of guilt instead of growth. Who I am now is exactly who I'm meant to be.

CORRESPONDING AUTHOR: Address correspondence to Dr Jessica C. Hauser, 24911 Little Mack Ave, Suite C, St Clair Shores, MI 48080. 586-447-9070. Fax: 586-447-9062. Jessica.Hauser@ascension.org.