

Healing the Healer

JUGGLING THE DEMANDS OF CAREER, FAMILY

Juggling the demands of a career, family and personal life often present challenges to female physicians. In 2005, the Medical Society of Virginia's Women Physicians' Section will focus on "Healing the Healer." The newsletter and the 2005 women's conference will address common sources of stress for female physicians and identify ways of dealing with these pressures.

Brenda Dintiman, MD will take over as chairperson for the MSV Women Physicians' Section. Although the Fairfax dermatology practice she runs with a partner keeps her busy, Dr. Dintiman said she wanted to get involved with MSV. "I'm interested in giving back, especially to MSV. The group has been very supportive of physicians," she said.

With all of the roles female physicians play, Dr. Dintiman believes they face multiple sources of stress in their lives. From the challenges facing medicine, to everyday issues such as children and relationships, strain comes from a number of sources.

"We need to help physicians refocus and take care of themselves.

Women may need help finding more pleasure

in their lives and careers to avoid burnout. We need to retain our high quality physicians," she said.

In addition to identifying sources of stress in themselves, Dr. Dintiman believes women need to look out for their fellow physicians as well. "By knowing what signs to look for, we can help our colleagues if they're in need."

Stress levels do vary among different specialty. Each specialty puts its own demands on physicians. However, regardless of the specialty, Dr. Dintiman believes physicians as a group may not be as well prepared to deal with life's difficult struggles.

"We have worked and studied so hard to establish a career, but physicians may not have the fall-back mechanism to deal with financial problems, marital difficulties or family issues such as a sick child," she said.

Dr. Dintiman wants to help women physicians learn to deal with the challenges of life and work. Helpful coping mechanisms include effectively balancing home and work, incorporating practices such as yoga, meditation and other alternatives into a busy life,

and identifying resources that offer support when needed.

How do you cope with stress?

**We're asking readers to
share the ways in which
they deal with the
stress of work and life.**

**Please submit your
responses to
aridolphi@msv.org.
Responses will be
published in the June
newsletter!**

Beware of Financial Blind Spots

Even doctors unknowingly make money mistakes

By Ted Shanahan
Northwestern Mutual Financial Network

Doctors may unwittingly be letting their spending habits sabotage their long-term financial futures. Research has shown that even those with higher incomes and advanced degrees are not immune when it comes to making irrational financial mistakes.

A 2003 study conducted by Synovate for the Northwestern Mutual Financial Network suggests several “blind spots” regularly handicap financial decision-makers. The survey of more than 2,700 individuals with household incomes of \$75,000 or more included a sampling of doctors, lawyers and certified public accountants. The results show that even doctors succumb to common psychological influences that affect the financial decision-making process, such as:

- Loss aversion – it hurts more to lose money than it feels good to gain.
- Framing – how an issue is presented can affect financial decisions.
- Mental accounting – though all money “spends” the same, people treat money differently depending on how they got it.

Losses loom larger than gains

Many doctors avoid sure losses at all cost, because, in their minds, losses loom larger than gains, even if it’s not true.

In the survey questions related to loss aversion, respondents were divided into two groups. The first group was asked to choose between a 100 percent chance of gaining \$240 versus a 25 percent chance to gain \$1,000 coupled with a 75 percent chance to gain nothing. Eighty percent of the doctors went for the sure gain of \$240.

The second group’s choices were: a sure loss of \$240 versus a 25 percent chance to lose \$1,000

coupled with a 75 percent chance to lose nothing. Here 69 percent of doctors opted for the latter, the chance to lose nothing.

Point: Be aware that a perceived loss may not always be the worst outcome for every decision; consider all angles when making a decision.

It’s all in how you ask it

Framing depends on your reference point and determines what is most likely to influence you. Survey respondents were asked the same questions in two ways to determine if they were susceptible to framing. Roughly half of the doctors said they could not comfortably save 20 percent of their household’s income. Yet, 7 in 10 said they could live on 80 percent of their income.

Point: Evaluate the best option next to the worst one, such as the implications of putting off saving or investing.

All dollars are not created equal

Mental accounting causes people to categorize spending into different accounts. Often the same amount of money is regarded differently depending on our mental view of the situation. For example, in the survey, two-thirds of the doctors would drive 20 minutes to save \$8 on an alarm clock, but three-fourths would not drive the same distance to save \$8 on a new TV.

Point: Remember that all money “spends” the same.

The best advice for overcoming financial misbehaviors is to learn about your potential “blind spots.” Talking with a qualified financial professional is a good way to understand these misbehaviors and improve financial decision-making skills.

Dr. Romero selected for DHHS Fellowship

Cynthia Romero, MD, FAAFP, has been chosen as a 2005 Department of Health & Human Services (DHHS) Primary Health Care Policy Fellowship fellow. She will join more than 30 individuals chosen from healthcare organizations throughout the country.

The purpose of this intensive six-month Fellowship is to provide a unique learning experience for early-to-mid career professionals with five to 10 years of professional experience in any combination of primary health care/service, academics, research and administration. The program provides a better understanding of the dynamics of primary health care policy development, the legislative process, and resource identification, with the overall goal of increasing the capabilities of primary health care leaders to affect health policy at institutional, local, state, and national levels.

Fellows will participate in three weeks of on-site training.

This cadre of professionals will:

- Learn about the DHHS initiatives on primary health care, service and research
- Identify interdisciplinary approaches to become more effective advocates for improving primary health care, service and research.
- Examine primary health care programs and policy issues.

Today, many Americans lack access to an ongoing source of primary health care services. The DHHS believes that in order to improve access to essential clinical preventive services and contain costs, it must join with other public entities and the private sector to revitalize the nation's primary health care delivery system.

However, primary health care is delivered in a constellation of providers from different health professions and does not benefit from a unified professional voice. There is no central organization of leadership that promotes improved primary health care services, training and research. In this context, the original DHHS Primary Care Policy Fellowship was initiated.

Please send your Accolades to aridolphi@msv.org so we can share your accomplishments with our readers. For more information, contact Amy Ridolphi, 800-746-6768, ext. 1025.

SAVE THE DATE

MSV's Annual Women Physicians' Conference will be held Friday, September 23 at the Sheraton West in Richmond. This year's theme will be "Healing the Healer." Speakers will discuss the various sources of stress for women physicians and offer ways to enjoy a more harmonious life. See the June newsletter for more details.



Announcements

Women Physicians Summit scheduled

The American Medical Association Women Physicians Congress 2005 Women Physicians Summit will be held Saturday, March 12 from 7 a.m. to 6 p.m. at the Mayflower Renaissance Hotel in Washington, DC.

Entitled "Food for Thought, Action and Advocacy," the summit will focus on the following: expanding leadership development skills, networking with new and known colleagues, and learning more about your role in combating the obesity epidemic.

For more information, visit <http://www.ama-assn.org/ama/pub/category/9132.html>

Website offers mentoring program

Woman to Woman is an innovative Web-based mentoring program created specifically to meet the needs of female medical students and physicians. The Web site gives female medical students and residents the opportunity to ask questions, make connections and share experiences with women physicians in both academic institutions and private practices. The program is a collaboration between the American Women's Medical Association (AMWA) and Duramed Pharmaceuticals, Inc.

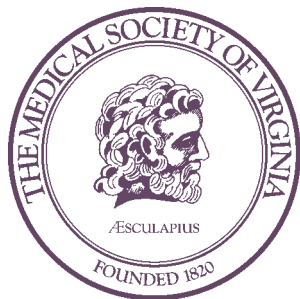
The interactive Web site con-

tent is always new and fresh — on topics ranging from Academic & Clinical Experience, Career Track, Family & Relationships to Money Management. The site includes a multitude of practical tips, strategies and advice culled from some of the most highly respected women in medicine.

Woman to Woman members and **mentors are welcomed**. It's easy to join. Just visit www.woman2womanmentoring.com and sign in.

Need more information? Please contact Stephanie Schiel at 973-635-6669 or stephanie.schiel@cstratinc.com.

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