

ON THE LEARNING CURVE

Working Two Jobs: Pediatrician and Parent

Working and parenting is hard for all caregivers, whether it be mother, father, grandparent, significant other, or anyone else responsible for a child.

However, being a working parent does not have to feel like a constant tug-of-war—even though it undoubtedly sometimes will. My husband, who also is a pediatrician, and I have a 1-year-old daughter and so have struggled with many of these issues very recently. Through our experiences and those of our friends and colleagues, I have learned a few things.

One of the most important things I have learned is that there are many different ways to balance work and family and that what works for one may not work for another. Everyone seems to have an opinion about what the “best” arrangement is, but the only perfect arrangement is the one that reflects your family’s values, priorities, and needs. The two-stage question is, how do you determine what is best for your family and how do you get there?

First and foremost, whether you are co-parenting or are a single parent, it is important to decide for yourself and as a

family what you want the “big picture” to look like. Think critically and have candid discussions with those involved about what things are most important for your children, your family, and your careers. You don’t have to agree on everything, but it is very helpful to identify common goals and know where there are disagreements. My husband and I did this before our daughter was born, and it has been a pivotal factor in helping us make thoughtful decisions about how to spend our time. It allows us to step back and say—to ourselves or to each other—is this really what I need to be doing right now or could I be making a different choice? Sometimes, particularly when the two of us are working with patients, we need to be doing what we’re doing—but it helps to know that it is a conscious decision.

Second, develop a plan for your time that meets those needs as much as possible. Many other things will figure into this plan, including work schedules, child care arrangements, and finances. Recognize that there will be many exceptions to the rule, but if schedules just evolve without thought and planning, you may or may not end up where you want to be. Re-

member also that the plan can change depending on children’s needs, work schedules, and career priorities.

Be willing to hold each other accountable to the overall plan, even if there are glitches here and there.

One of our family’s priorities was for one of us to be able to pick our daughter up from day care early enough to play and spend time together before dinner, bath, and bedtime. My husband and I have been lucky to have fairly flexible schedules and on most days are able to help each other to make this work. Neither of us do full-time clinical work (we both also have administrative and teaching responsibilities), and our clinical time is on different days. This allows us to schedule our working hours to meet our family priorities. It comes back to what options you have and what is important to you as a family—when you decide what things are worth sacrificing (and are possible to sacrifice) and what things aren’t, the day-to-day decisions get a little easier (not easy, mind you, but definitely easier).

Don’t be afraid to be unconventional. Thinking “outside the box” allows your family to make the decisions that are right for you. As an example, in addition to my maternity leave, my husband took almost 3 months of paternity leave after I went back to work. While maybe not for everyone, my husband and I both agree this was

one of the best decisions we made. It helped us each to know what it felt like to be the working parent or the stay-at-home parent and ultimately led us to better share parenting responsibilities. Even more importantly, my husband and daughter had a great time together. It was challenging to make it work logistically, and while many others thought it was a great idea, it was not a universally accepted or understood decision. However, we had decided it was a priority and so we made it work.

Lastly, relax. No one has a perfect job, perfect house, or perfect anything. Go back to your priorities—focus your energies into the things that are most important. You don’t have to ignore the other things, but allow yourself to be less than perfect.

Parenting and working is a balancing act—one that is easily thrown off balance by a sick child, a sick patient, or a deadline—but the rewards are great for finding the balance that works for you and your family. ■

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BY LEE SAVIO BEERS, M.D.

Certification Panel Releases List of Ambulatory EHR Products

BY MARY ELLEN SCHNEIDER
New York Bureau

The Certification Commission for Healthcare Information Technology has unveiled an initial list of 22 ambulatory electronic health record products that meet its standards for functionality, interoperability, and security.

CCHIT was formed in 2004 by three leading health IT management and technology industry associations.

Since last fall, CCHIT has been under contract to the federal government to develop certification criteria for EHRs and evaluate products.

The CCHIT process has also been endorsed by the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics.

In this first round, CCHIT officials gave their seal of approval to 22 products that met all certification standards.

Going forward, CCHIT officials will evaluate ambulatory EHR products on a quarterly basis, and are expected to make the next announcement about newly certified EHR systems in late October. In the meantime, the group will begin work on certification for inpatient EHRs and for the network systems that support information exchange between physicians and health care institutions.

The certified products are designed to serve the spectrum of physician prac-

tices, Dr. Mark Leavitt, CCHIT chair, said during a press conference. Vendors whose products were certified in this first round received a CCHIT seal of approval that the product met 2006 standards, Dr. Leavitt said.

That certification is good for up to 3 years or vendors can come back to CCHIT each year to be certified under the updated standards, Dr. Leavitt said.

This year’s standards included some baseline interoperability functionality related to receiving lab results, but the bulk of the interoperability criteria will be applied starting next year, once standards in this area have been harmonized, Dr. Leavitt said.

“This certification process provides folks with a short list, if you will,” Dr. Michael S. Barr, vice president of practice advocacy and improvement at the American College of Physicians, said in an interview.

Having a list of certified products reduces some of the risk for physicians buying EHR systems, Dr. Barr said. But it does not mean that physicians shouldn’t do their homework when it comes to buying a system, since every practice will be looking for different types of functionality, he said.

“This is just a first step along a long, long path,” Health and Human Services Secretary Mike Leavitt said during the press conference.

Leaders in health IT are quickly approaching the time when they will no



Dr. Mark Leavitt, chair of the CCHIT, is shown at the podium during the recent press conference on EHR products; behind him is HHS Secretary Mike Leavitt.

longer have to sell people on the benefits of EHRs, he said, but there is a need to continue to talk about the importance of the interoperability of these systems.

In the long term, interoperable systems will become a condition of doing business with the federal government, said Mr. Leavitt, who is not related to Dr. Leavitt.

In an effort to aid physician adoption of EHRs, Mr. Leavitt said HHS will soon publish a final regulation creating safe

harbors in the federal antikickback statute and physician self-referral law (Stark laws) that would allow hospital systems and other large provider groups to donate health IT products to physicians in certain cases. HHS issued the proposed rule last October. ■

The full list of the commission’s certified products is available at www.cchit.org/certified/2006/CCHIT+Certified+Products+by+Product.htm.