As a medical student, do you ever wonder what it’s like to specialize in pulmonary and critical care medicine? Meet Gabriel Bosslet, MD, MA, associate professor of clinical medicine and fellowship director for pulmonary and critical care medicine at the Indiana University School of Medicine and featured physician in the *AMA Wire® “Shadow Me” Specialty Series*, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in pulmonary and critical care medicine might be a good fit for you.

**“Shadowing” Dr. Bosslet**

**Specialty:** Pulmonary and critical care medicine.

**Practice setting:** Hospital-based academic health center.

**Employment type:** Hospital.

**Years in practice:** Seven.

**A typical day and week in my practice:** My days are all different! But on a representative day, I am up around 6 a.m., let out the dog, wake up my four kids (ages 2–11) and help them get ready for school. Most days, I am responsible for school drop-off, so I get them there around 7:15 and am at my office by 8. If I am on service, rounds start at 8:15 and I usually round with a large inter-professional ICU team with a fellow, four residents and three sub-interns from 8:15 to about 11 a.m. I usually go to conference at noon and then have family meetings or procedures in the afternoon.

Fifty percent of my time is protected for non-clinical duties as the fellowship director for pulmonary and critical care medicine and to teach physicians around our health system how to have difficult conversations with patients and families. So when I am not on service, my day consists of a lot of computer work and paper pushing and meetings with collaborators, colleagues or fellows. Or half-day communication skills courses with faculty-level learners. And writing—a lot of writing (which I enjoy).
I usually get home around 5 or 6 p.m. depending on whether I have to pick up my kids from school or after-care. Then it is dinner or shuttling them to soccer or swimming, helping them with music practice, bedtime routine and cleanup (it never ends). Then I usually go for a run (either in the dark or on the treadmill), shower, read a book (nothing medical), hang out with my wife and get to bed usually around 11. Wash, rinse, repeat.

I generally do not do clinical or academic work at home in the evenings unless I absolutely have to—maybe 5 percent of the days do I find myself doing this. I think it is important to protect the time for my wife and kids. And my dog.

I would say I average about 50 hours per week. This can vary greatly. If I am on service in a busy ICU that can go up, but I don’t think it ever goes above 70 hours. I work about every sixth or seventh weekend. That consists of leaving my pager on at night and rounding during the day on patients in the ICU or on the pulmonary wards. I have clinic one day per week (Monday). I love my clinic, but it generates a lot of work and I would say I do another half day of clinic catch up—phone calls, coordinating care, etc.

The most challenging and rewarding aspects of pulmonary and critical care medicine: An ICU physician sees a lot of people die—almost daily. And that can get difficult. Because if you are doing it right, you are connecting with those patients and families and there is a little bit of grief that accompanies every death. Adjusting to that is hard for everyone. Those who say otherwise are not being honest with themselves. I have struggled with anxiety and depression a bit, and getting to know that part of myself, admit that I needed help, and showing that vulnerable part of myself to my colleagues and loved ones has been important and formative for me. I don’t think that my specialty is what led to my depression or anxiety—it was present before even medical school.

I love my job and my specialty. The most rewarding aspects for me are the daily connections and relationships—with patients, family members, students, respiratory therapists, nurse practitioners, etc.
It is an awesome responsibility to be present for difficult decisions and to be trusted with shepherding a family through a really tough time. My well-being is dictated by these relationships and I have gravitated toward academic pursuits that have allowed me to cultivate the relational aspects of my profession.

Three adjectives to describe the typical pulmonary and critical care specialist: Driven. Leader. Communicator.

How my lifestyle matches, or differs from, what I had envisioned: Funny question, because my wife and I talk about this a good bit on date nights (she is a pediatrician). I would say that things are about what I had expected. My lifestyle is by no means extravagant. With four kids you can’t have nice things, mostly because they will destroy them. But certainly our family is very comfortable and we value time together; we go on a couple of vacations per year.

Here are some work-life balance pearls:

- Take your email off of your phone. It will change your life.
- Put down the remote and pick up a book.
- Listen to podcasts. I can recommend several.
- We take a two-week vacation every year. It is awesome and well worth the time away.
- Meditate for 10 minutes per day.

Skills every physician in training should have for pulmonary and critical care medicine but won’t be tested for on the board exam: Communication skills are of utmost importance for ICU docs, but really for all physicians. Most poor hospital and clinic experiences have little to do with the medical decisions that are made and everything to do with whether the patient connected with the physician. (Hint: They just want to feel like you listened.)

One question physicians in training should ask before pursuing this specialty: “Hey, honey: Is it OK if I do pulmonary and critical care medicine?

Books every medical student interested in critical care and pulmonary medicine should be reading: When Breath Becomes Air, by Paul Kalanithi, MD. Attending: Medicine, Mindfulness, and Humanity, by Ronald Epstein, MD. Into the Silence: The Great War, Mallory, and the Conquest of Everest, by Wade Davis. That last book is a relatively random pick, but I figure I ought to recommend a good read that has nothing to do with medicine.

The online resource students interested in pulmonary and critical care medicine should follow: The Trainee Resource Hub on the American College of Chest Physicians website. Pneumotox, the drug-induced respiratory diseases website. EMCrit, a blog about emergency medicine and critical care.
Quick insights I would give students who are considering pulmonary and critical care medicine: Any specialty can fit into a lifestyle. It is a matter of developing habits of efficiency so that you work smarter, not longer.