

What it's like in reproductive endocrinology and infertility: Shadowing Dr. Kudesia

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As a medical student, do you ever wonder what it's like to specialize in reproductive endocrinology and infertility? Meet Rashmi Kudesia, MD, a featured physician in the *AMA Wire*® “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in reproductive endocrinology and infertility might be a good fit for you.

“Shadowing” Dr. Kudesia

Specialty: Reproductive endocrinology and infertility (REI)

Practice setting: Academic group practice.

Employment type: Employed by group.

Years in practice: 2.5.

A typical day and week in my practice: A typical day for me starts with morning “monitoring.” The first few hours of my day are the time when all of our patients going through fertility treatments come in for bloodwork or ultrasounds to monitor their progress through their cycle and into early pregnancy. Sometimes this means seeing up to 50 patients in a span of two hours.

From there, I might have office hours for the rest of the day. During that time, I see patients for new consultations and follow-up visits for women and couples looking to conceive, manage hormonal issues such as polycystic ovary syndrome or preserve future fertility potential (egg or embryo freezing). Other days, I might be operating—whether doing in vitro fertilization (IVF) procedures or hysteroscopic or laparoscopic surgery. I also spend some time doing clinical research, so on a more administrative day I might be working on manuscripts or preparing research presentations.

I usually average about 50 hours a week, and take weekend call every four to six weeks. Since

fertility treatments are based on the patients' menstrual cycle, and given our high volume, we are open 364 days a year (every day but Christmas). So there are always ultrasounds, egg retrievals and embryo transfers to be done.

The most challenging aspects of reproductive endocrinology and infertility: Hands down, the failed IVF cycle. Patients typically have a bit of a journey to get to that point—sometimes years of trying on their own, followed by lesser fertility treatments such as timed intercourse or insemination cycles. We always hope that the first IVF cycle will get us to a healthy pregnancy and success rates in 2017 are high enough that we are more often successful than not, but we still have to deliver plenty of bad news.

For couples who are desperately hoping to be able to start or expand their family soon, a failed IVF cycle means another dashed effort, after all the time, emotional and physical energy and sometimes tens of thousands of dollars (if insurance is not covering them, which still happens all too often). We have to try hard to help provide emotional support, but despite this, some patients burn out or get angry or simply don't have financial resources to continue treatment.

The most rewarding aspects of reproductive endocrinology and infertility: Of course, the opposite outcome is the best. I always ask my patients at their discharge ultrasound to think of us after delivery, because I love getting birth announcements. The emails or cards with baby pictures and the thank-you notes at that time make this job the most fulfilling and rewarding experience. It is such an honor to help people build their families.

Three adjectives to describe the typical physician working in reproductive endocrinology and infertility: Compassionate, persistent and analytical.

How my lifestyle matches, or differs from, what I had envisioned: People seem to have a misconception that REI is a “cush” field and, certainly, I don't miss spending nights in the hospital. However, the balance is lots of early mornings and all the time spent on emotional support for patients. I email my patients, which means that 24 hours a day, seven days a week, I can get desperate emails or notifications of failed IVF cycles, miscarriages or other bad news.

Often times, if not emergent, I'll save these until the next weekday, but this job still comes with a heavy emotional burden and the feeling that you could always “do more.” Furthermore, we still take weekend call with heavy frequency—most REIs are probably on call every three to four weeks. So, although I think I got the right idea from when I was in medical school, I have put up with a lot of teasing about how our job is “easy money,” or “not as critical to women's health” as other areas.

Despite all of this, as an attending physician, I have been able to bring my life back into a pretty good balance. I have lots of free time now to spend with my husband, or on hobbies, travel, etc. I feel very fortunate to be in this specialty, and I think that the time I spent rotating through the REI division as a

medical student prepared me to make the right decision for me.

Skills every physician in training should have for reproductive endocrinology and infertility but won't be tested for on the board exam: Patience and compassion. As I mentioned above, emotions run high in our field, and you have to be ready for patients to pin their hopes and dreams on you.

One question physicians in training should ask themselves before pursuing this field: Are you ready to ride the emotional rollercoaster with patients? Extremes of joy, anger and sadness are all part of the ride.

Advice you'd give to students who are considering reproductive endocrinology and infertility: Like any other specialty, make sure you've spent a good deal of time shadowing an REI, so you get a feel for how life goes. Medical school and residency are very centered on the hospital setting, but we work primarily in the outpatient world, so it's a totally different experience. When it's the right fit, it's a dream job—just make sure it's right for you.

A mantra or song to describe your life in this specialty: If at first you don't succeed, dust yourself off and try again!

More about your specialty options

- | Read more profiles in AMA Wire's "Shadow Me" Specialty Series to learn additional insights from physicians in such specialties as infectious disease medicine, adolescent medicine, physical medicine and rehabilitation, radiology and orthopedic surgery, among others.
- | Check out more information from the AMA on choosing a medical specialty.
- | Be sure to avoid these five common mistakes students make when choosing a specialty.