

## Marygrace Elson, MD, MME



*Dr. Marygrace Elson is a Clinical Professor of General Obstetrics and Gynecology at the University of Iowa Hospital and Clinics. She received a BA from the University of Illinois, an MD from the University of Illinois College of Medicine and completed a residency in Obstetrics and Gynecology at the University of Wisconsin Hospitals and Clinics. She received an MME from the University of Iowa Carver College of Medicine. Dr. Elson worked as a private practitioner in California and Illinois, before joining the University of Iowa Hospitals and Clinics to serve as a clinical physician and on the medical faculty. She specializes in working with and teaching others through medical education. She stays busy with her family as well.*

### **Why did you choose to specialize in Obstetrics and Gynecology?**

At the time I entered medical school, I wanted to deliver babies, and had briefly considered nurse midwifery education. During my clinical rotations, I considered Infectious Disease, and I really enjoyed Surgery. However in the end I came back to Obstetrics and Gynecology. Performing surgery was appealing, I loved providing maternity care, and forming relationships with patients throughout the lifespan was desirable.

### **Who in Obstetrics and Gynecology do you find most inspirational? Why?**

In residency at University of Wisconsin, I was inspired by Dr. Dolores Büchler, who led our gynecologic oncology division. At a time when there were very few women in leadership in academic medicine, she had earned institutional stature and respect. Double boarded in radiation oncology and gynecologic oncology, a deft surgeon and outstanding teacher in the operating room, she was refreshingly frank and honest with all. She set the bar very high, motivated me to do my best, and treated me as colleague when I joined the faculty at Wisconsin.

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**What do you enjoy most about your current job? Why?**

Helping train the women's health care providers of tomorrow is an amazing opportunity and responsibility. As program director for the residency I endeavor to best prepare each resident for the career path he or she has chosen. Our residents are a fantastic group of men and women who each bring unique talents to medicine. It is a real joy to develop their skills and clinical judgment, and see them grow into competent providers ready for independent practice.

**Why did you choose to work in academics?**

My initial job out of residency was as a gynecology staff physician at University of Wisconsin. That was followed by twelve years of private practice in northern California and suburban Chicago in multispecialty groups. I gradually realized that I missed the academic environment, was growing a little stale clinically, and knew that I had developed valuable skills to pass on to trainees. I interviewed at Iowa and felt that this could be home for me and my family.

**What is the best part of working in academics?**

The generativity of this life, helping pass on skills and knowledge, cannot be beat.

**If you could give one piece of advice to Residents entering your field, what would it be?**

Don't think twice about asking for input or assistance from colleagues. You will be at the top of your game about ten years after you finish residency. Until then, stay humble and keep learning all you can from your mentors.

**If you could give one piece of advice to other practicing physicians in your field, what would it be?**

Stay flexible and open to change. In the time I've been in practice some aspects of medicine have been remarkably changed, such as advances in neonatology and in minimally invasive surgery. At the same time, we have gone almost full circle in some aspects of obstetrics.

**How do you balance work life and home life in your busy career?**

I do what I love. To me, being a physician is a vocation, not a career. I believe it's very important to be fully present for your family when you are home and fully present for your patients and colleagues when you are at work. This is always a work in progress as I am easily distracted by the next challenge. I keep myself whole by reading, gardening, exercising, and as a musician at my church.

**What book would you recommend for others in your field to read? Why?**

*"Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital"* by Sheri Fink. We take so much for granted in the USA. This portrait of post-Katrina Memorial Medical Center in New Orleans offers much food for thought about how little health care we can offer

without the basics of fresh water and electricity. This is likely how the hospitals of Puerto Rico were for months after Hurricane Maria. It's very sobering.

**How would you summarize your personality using just three words?**

Honest. Loyal. Persistent.

**If you could make one change in the way medicine is practiced in your field, what would it be? Why?**

I feel that medicine in the USA is losing its soul. We spend far too much time interacting with computers and devices and less and less time interacting with our patients and each other. It is the human interaction that defines us as physicians.

**If you could change one thing about the world we live in, what would it be? Why?**

We are not exhibiting the environmental stewardship needed by our fragile planet. We all could stand to use fewer pesticides, be aware of toxins in household products, be more conscious of our hydrocarbon footprint, re-use and recycle, and reduce waste.

**Who is the person in your life you would most like to thank?**

My husband is my rock. He has always encouraged me to continue to grow and pursue new interests while he held down the fort at home. He helped raise my daughters and provided a dose of common sense to his stubborn and opinionated wife whenever necessary.

He is a great partner in life.

**What do you feel is the greatest strength of the University of Iowa Residency Program in Obstetrics and Gynecology?**

The greatest strength of this program is its people. We have faculty members who are engaged and committed teaching and mentoring, and we have a phenomenal residency program coordinator in Nanci Wieneke. Our graduates have well developed clinical judgment and have experienced balanced training in the depth and breadth of our specialty.

**What would you most like to tell people about the effect of fetal heartbeat legislation on the Residency program?**

I anticipate that the so-called fetal heart beat law will be enjoined and ultimately not stand the scrutiny of the courts because of its invasion of the individual woman's privacy. This law not only puts the state in the exam room between physician and patient, but actually scripts the encounter. The residency program is required by our national accreditation agency to offer comprehensive family planning training including training in the provision of abortion and treatment of the complications of abortion. Should this law stand, the residency program will need to look outside of the state borders for opportunities to meet this requirement, and in order to continue to develop obstetrician-gynecologists prepared to offer full-scope women's health care.