

Gregory S. Skopec, MD



Dr. Gregory Skopec is a Clinical Associate Professor of General Obstetrics and Gynecology at the University of Iowa Hospital and Clinics. He received a BA from the University of Northern Iowa, an MD from the University of Iowa College of Medicine and completed a residency in Obstetrics and Gynecology at the University of Iowa Hospitals and Clinics. Dr. Skopec worked as a private practitioner in Cedar Rapids, Iowa, before returning to the University of Iowa Hospitals and Clinics to serve as a clinical physician and on the medical faculty. He specializes in working with and teaching others to use obstetric and gynecological models and simulations. He stays busy with his active family as well.

Please cite this paper as: Gregory S. Skopec, MD. Proc Obstet Gynecol. 2018; 8(1):Article [6 p.]. Available from: <http://ir.uiowa.edu/pog/> Free full text article.

If you had not chosen medicine as a career, what field might you have gone into instead? Why?

I most likely would have gone into teaching. I have immense respect for teachers and would say that several teachers I have had in my life have made a huge impact on me as person and really made a difference for me in achieving my goals. Teaching would also open the door to doing some coaching, which is something that has always interested me.

Why did you choose to specialize in Obstetrics and Gynecology?

It was the specialty that really had everything for me--primary care aspects, surgery, long term continuity with your patients. Obstetrics is such an interesting field and to have the opportunity to help people start their families is very rewarding.

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

Dr. Ted Chapler was one of the main reasons I went into Obstetrics and Gynecology, he was a Reproductive Endocrinology and Infertility faculty when I was medical student here. He

was always teacher of the year, every year. He was a great clinical doctor, surgeon and teacher. He was humble and funny. He encouraged me to look at Obstetrics and Gynecology as a career. A close runner up would be Dr. Frank Zlatnik for the exact same reasons.

What did you enjoy most about private practice? Why?

I think the interactions and close bond you develop with your patients is what I enjoyed most about private practice. I think developing a partnership with your patients and helping them achieve their goals is rewarding. Over time you can learn a lot from your patients, and that can really help you to become a better physician.

Why did you choose to return to academics?

I think I was just ready for a change in what I was doing. Sometimes you just need a change to reinvigorate you.

What is the best part of working in academics?

Definitely working with our residents. They are smart, hard-working and love what they are doing. I find them inspiring. They challenge you with questions and make you think about why you do things the way you do. To see the progression from a first-year resident to a graduating senior is really incredible. To have a part in that is really special.

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

Listen and learn from your patients. They usually have some important insights into what is going on with them and what they want for their care.

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

Academic medicine actually makes it a little easier to have a home life as you are on call less than in private practice. But, overall, I just carve out that time to spend with my family -- it's a priority for me. I have a supportive spouse who is also a doctor so we have similar priorities. I couldn't do it without her help.

How would you summarize your personality using just three words?

Calm, steady, persistent.

How important do you think the simulations and models that you work with are to people in your field? Why?

Simulation is very important in training our residents. It gives them the opportunity to learn techniques and skills they will need to overcome situations that don't occur very often and to do so in a non-threatening, non-emergent, learning environment. That way when they encounter the same situation in real life they are ready to handle it. I think simulation can be useful for all practitioners for the same reasons.

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

I think medicine should be more preventative than it is. We should be focusing on healthy living, and wellness rather than treating the problem after the fact.

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

I think right now in our world we just need to more tolerant and respectful to each other.

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

My mom, who passed away much too early. She simply was the best person I ever met.