

Robert Grondahl, MD

When some people think of U.S. Army doctors, they think of MASH, the 1970s television comedy-drama about a combat surgical unit in the Korean War.

For Robert Grondahl, MD, 17 years in the Army was so much more. The son of a school nurse, Dr. Grondahl entered the Army searching for direction. He returned to civilian life 17 years later with medical degree in hand and years of experience as a family practitioner, obstetrician and gynecologist.

Dr. Grondahl joined Waldo County Medical Partners Women's Health in the summer of 2019. His office can be reached at 207-505-4332.

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Who inspired you to go to medical school?

Well, my mom was a nurse, so she was probably my first inspiration. She did mostly school nursing, so I got to see a little bit about what she did, and occasionally I would see her helping people who were hurting. That made a deep impression on me. Out of high school, I went into the Army not knowing what else to do and realized, even though it was fun to jump out of planes and do Army stuff, that it wasn't a good fit. That's when I really became interested in medicine. So I requested an educational delay to go to medical school in Syracuse, New York. The Army said, "All right, it's worth it to us to have you as a physician as opposed to an infantry man. Go for it."

And you continued to serve in the Army after medical school?

I really wanted to practice in a rural setting and do it all. So I did a full residency in Family Practice before re-entering the Army. When I went back on active duty, I went to Fort Campbell in Kentucky and for the next four years I really got to "do it all" in the base hospital there. All kinds of cases - from obstetrics to internal medicine and pediatrics, and lots of them. It was a great experience. But it was a time that medicine was really starting to emphasize specialties, and I felt I had to make a decision about my career. I loved obstetrics. I mean, when I learned the cardinal movements of the fetus in labor, and when I got to see labor progress from start to finish - it was such a natural



fit. But I also loved surgery. So, combining the desire to do both surgery and obstetrics, I did a second residency in OB/ GYN in San Antonio, Texas. After that, I went to Fort Bragg in North Carolina and got to really practice my specialty in the base hospital. It was high volume, so we did about 300 deliveries a month. And there was a high GYN surgical volume as well. This is all while I'm still on active duty, so I still got to do Army stuff, because that's just fun, and then got to practice as an OB-GYN.

How does your military experience inform your practice of medicine?

The idea of flexibility comes to mind. In the Army, we always said, "improvise and overcome," because you just never knew what was going to get thrown at you. Doing field medicine, moving around, and dealing with all of the unknowns, I think, helps me. It gives me a broad base of knowledge and a calmness.

And then you decided to return to civilian life?

In the Army, they tend to keep promoting you until eventually you're in charge of

something. I have the utmost respect for administrators, but I know myself well enough to know that I'm not one of them. The Army wanted me to take over the department at Fort Bragg, but that would have left me with just a half day of surgery per month and a half day of clinical work. I didn't want to give those things up. What I love is what happens when I meet a patient for the first time. I have this privilege of being able to listen first, and then problem solve with that patient, and help make a plan that's going to make a real difference.

So what can a new patient expect when they meet you for the first time?

Very rarely is that first visit just a nonchalant, "Yeah, I'm here for my cough. Do I need an antibiotic?" It's filled with all kinds of questions, wonders, worries, fears, hopes, dreams. The first thing I do is to make the patient comfortable because it's natural that they'd be nervous about meeting a new provider, especially one who will be helping them with some of the most important things in their life. I try to listen more than I talk and understand their hopes and dreams. What's most important to me is that the patient knows they have been listened to.

So you start a successful practice in Indiana but end up in Maine...

Once out of the Army, I built my dream practice in Indianapolis. I knew all my patients. New patients would just keep coming in because of word of mouth. But then, as our kids grew up and went out on their own, it became clear to me and my wife that our hearts were Maine. We have friends throughout New England and were visiting Maine every chance we got. We love winter things. We love to put micro spikes on and hike up an icy mountain. We like to snowshoe, we like to cross-country and Nordic ski, we downhill ski, we just love that stuff. But we didn't want to just come here someday to retire. I'm not tired yet. I've got 20 more years of medicine in me, easy. I want to do a good job, and I want to have roots in the community where I practice medicine. I came here for my interview during a Nor'easter and someone apologized for the weather. But to me it was perfect.