

From Surviving to Thriving: A Guide to Navigating Life as a Physician Parent

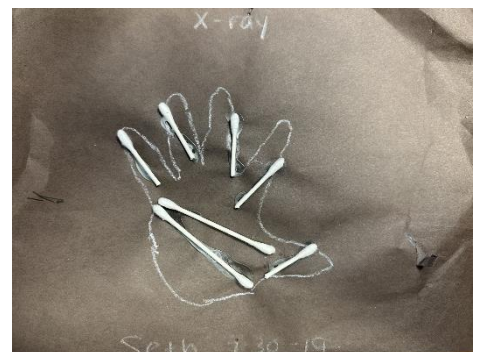
Written for Internal Medicine Physician Parents by Internal Medicine Physician Parents

Rachel Vanderberg¹, MD, MS; Diana Samberg¹, MD, MS; Jillian Kyle¹ MD, MS; Molly Ainsman Fisher², MD, MS; Kaylan Christianer³, MD; Paula Marfia⁴ MD, MS; Susan Lee⁵ MD; Rakhee Bhayani⁶, MD; Sneha Shirvastava⁷, MD

1. Division of General Internal Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA
2. Division of Academic General Internal Medicine, Allegheny Health Network, Pittsburgh, PA
3. Division of General Internal Medicine, Columbia University Vagelos College of Physicians and Surgeons, New York, NY
4. Division of Academic Hospital Medicine, Loyola University Stritch School of Medicine, Maywood IL
5. Division of General Medicine and Geriatrics, Renaissance School of Medicine, SUNY Stony Brook, Stony Brook, NY
6. Division of General Medicine, Washington University School of Medicine, St. Louis, MO
7. Division of General Internal Medicine, Northwell Health, Great Neck, NY

Who Are We?

We are a group of academic general internal medicine physician parents who are passionate about both our roles as physicians and parents! Making the transition into parenthood can be difficult to navigate especially while balancing a career in medicine. In this guide, we aim to offer practical advice on common challenges faced by physician parents so that they may feel like they are thriving rather than just surviving. The advice in this guide reflects our personal opinions and experiences and should not be interpreted to reflect the views of our institutions or organizations.



Introduction

“When is a good time to have a baby?” Medical trainees and physicians frequently ponder this question. There is never a perfect time to have a baby in medicine and ultimately, this is a question only you and your partner can answer. Our goal with this guide is to give you practical tips for common challenges parents in medicine across career stages (from medical student to resident to attending) face to make the transition to parenthood as smooth as possible. In this guide we address the following six areas: physical health, emotional health, navigating parental leave and lactation policies, childcare options, early career challenges, and work relationship challenges.

Physical Health

Diana Samberg, MD, MS

Family Planning and Infertility

For those in medicine that desire to carry a pregnancy, their physical health and fertility are major considerations. Prior to getting pregnant we recommend meeting with your obstetrician/gynecologist (OB/GYN) or primary care physician (PCP) for preconception counseling to review your physical health. A preconception visit will include a general health assessment, general conception counseling, reviewing any existing medical conditions and their impact/management during pregnancy, and counseling on health habits during pregnancy. For young, healthy people a preconception visit can be straightforward, but many in medicine may choose to delay childbearing until they are older which may add a level of complexity.

Most in medicine are well-aware of the fact that ovarian reserve decreases as age increases, and that complications in pregnancy also increase with maternal age. All must decide how to balance career goals and family planning. Female physicians are more than twice as likely to experience infertility as compared to all women of reproductive age (1). One major reason for this is that women in medicine have a median age at first birth at 32, as compared to 27 in the general population (2). One paper found that 60% of physicians and medical students reported delaying parenthood due to medical training, but only 23% did not have any regrets about delaying (3). While having children early in your medical career may be daunting, it is doable if you decide that is the best option for you and we address considerations at all levels of training in this guide.

Reproduction assisted technologies, including in-vitro fertilization (IVF), can be options for those in medicine, especially for those who choose to delay parenthood until they have completed their medical training. However, reproduction assisted technologies are very costly, and insurance coverage may be limited. One study looked at information on fertility benefits in the websites of the top 50 medical schools. They found that only 40% mentioned fertility benefits, which included infertility diagnostic workup (40%), intrauterine insemination (32%), prescription coverage (12%), and IVF (30%) (4).

Medical trainees are increasingly looking towards fertility preservation options, as they can help align one's family planning goals with their medical career. One study found that 80% of medical trainees that were surveyed had considered oocyte cryopreservation for themselves or their partners, and 84% worried about their fertility declining during medical training (5). Egg preservation is becoming more utilized, though the substantial cost can be a barrier for many. Women who are medical students or residents may not have fertility benefits from their employers, which substantially affects access.

Another consideration is the time commitment needed for reproduction assisted technologies and oocyte cryopreservation, as well as any potential medical complications like ovarian hyperstimulation syndrome. Timing of ultrasounds, medications, and blood draws can be challenging for medical trainees, and trainees may be hesitant to request time off for these procedures.

Health During Pregnancy

After becoming pregnant, maintaining a healthy pregnancy can also be a challenge for medical trainees. Research has shown that pregnant people who work rotating overnight shifts or long hours have an increased risk of adverse pregnancy outcomes like miscarriage, stillbirth, preterm delivery, small for gestational age, intrauterine growth restriction, preeclampsia, gestational hypertension, and gestational diabetes mellitus (6). Most people feel the best physically during the second trimester. By the second trimester the nausea and fatigue the frequently characterize the first trimester have usually waned and bothersome third trimester symptoms like Braxton Hicks contractions, back pain, leg edema, insomnia, shortness of breath have not yet started. If you are able to alter your schedule, we recommend doing the most difficult work, rotations, clinics, etc. during your second trimester. You will also want to consider building some flexibility in towards the end of your pregnancy as labor and delivery can be unpredictable. While you may not want to take any of your leave until the baby has arrived, we recommend trying to build some flexibility into the 2 weeks prior to your delivery date. Some examples to create flexibility are doing more administrative work during this time, being available for urgent care visit, but not regularly scheduled patient visits, or doing more telemedicine rather than in person medicine. We recognize that each workplace is unique and brainstorming flexible solutions with program leadership ahead of time may elevate anxiety.

Managing Your Child's Health

Once becoming a parent, one must also consider the health of the child. Children need pediatric wellness visits, which happen most frequently in the first year of life. Practically all children contract run-of-the-mill viral illnesses, which can keep them out of their childcare for up to several days per illness. Some children may also require hospitalization, surgeries, or other medical appointments. A parent is required to be present for most medical encounters, and many parents desire to care for a sick child who is not sick enough to require medical attention. However, calling off work is particularly challenging for physicians, when there are patients that need to be rescheduled or colleagues that must cover. Later in this guide we address

organization tips that can help keep your family organized as well as strategies for when unexpected events like childhood illness arise.

Our Advice

Many try to plan family planning with their career plans, but ultimately you need to make the decision that is best for you and your family. Many times, our plans don't work out as we envision them, or life happens outside of our plans. Be forgiving of yourself.

Managing Appointments

Try to schedule medical appointments at convenient times, but don't forget that you can always call for back up or cancel patients when necessary.

Schedule as many appointments as far in advance as you can. Especially as a student or resident, try to schedule any routine medical appointments on lighter rotations and as far in advance as possible. If pregnant, you should try to schedule nearly all your prenatal visits early in the pregnancy. You may have to ask an office to make an exception for you, but it will make tending to your own health much easier. You can always adjust the appointments later if needed.

All institutions should have policies on inpatient or outpatient cancellations. Review these for guidance when applying for positions and during your employment.

We all feel guilty when we call off work. If a colleague has to cover you, remember that everyone has reasons why they need to miss work (family illness, deaths, personal illness, etc.), and you will likely be able to pay it back sometime. If you have to cancel patients, most will understand.

Calling Off for Childhood Illness

Don't feel guilty for calling off work for a child's medical need.

Calling off work for your own illness is straightforward. No one wants a sick doctor, and you can't work if you're medically unable to. But most of us feel guilty when calling off work for your child. Backup childcare for illnesses is helpful but not always feasible. You are allowed to and should call off work to care for your child.

Taking Care of Yourself

You need to tend to your physical health to be the best doctor and parent you can be. Don't forget your own health. Get your preventative health screenings. Schedule your dental cleaning.

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Protecting Your Emotional Health During Pregnancy and the Postpartum Period

Jillian Kyle, MD, MS

Introduction

Pregnancy and the postpartum period are exciting, exhausting, and emotionally turbulent times for new parents regardless of their profession. The alignment of medical training with the child-bearing years makes medical school and residency common times for trainees to begin families. Having a child can bring both personal joy and growth and impact your professional life. Becoming a parent can bring new purpose and compassion for others to your work. At the same time, adding a new responsibility to the rigorous expectations of training can cause new parents to experience heightened feelings of isolation, burn out, anxiety, and depression. In this section, we review the background of peripartum depression in the general population as well as physicians and trainees. We discuss resources and tips for managing your mental health during pregnancy and the postpartum period.

Background of Peripartum Anxiety and Depression

Depression is the most common complication of childbirth and the postpartum period, affecting 1 in 7 annual US deliveries (1). While a prior history of depression is a risk factor for worsening or recurrent mood problems perinatally, 40% of women will have their first episode of depression in the postpartum period. Anxiety prevalence has been estimated to be as high as 20-25% in pregnancy and 10-15% in the postpartum period (2). Depression and anxiety may be more difficult to detect and treat in the postpartum period as there can be overlap between normal postpartum symptoms and depression and anxiety symptoms. Symptoms such as fatigue, poor sleep, emotional lability, irritability, anxiety surrounding new tasks and abilities, and appetite changes may be underreported by patients or inappropriately characterized as “normal” by patients or clinicians (3). Postpartum mood disorders may also be ignored or downplayed in non-childbearing partners. However, 1 in 10 men experience postpartum depression which may more commonly present as irritability, indecisiveness, and limited emotional response (4). While many new parents experience these symptoms in the first two weeks post-delivery and to a lesser degree as they adjust to their new role, it is important to recognize when these emotions and behaviors are prolonged, severe, or impact functioning of parent or baby, which warrants seeking care.

Treatment options are numerous and varied depending on the needs and preferences of the individual patient (2). For mild symptoms, patients may seek out support groups, therapy, and watchful waiting approaches (see below for more specific ideas for trainees). For moderate symptoms, therapy and medication treatments are both acceptable after shared decision making. Medication options may include the use of a selective serotonin reuptake inhibitor (SSRI) which are efficacious in terms of both response and remission rates (3,5). While studies on SSRI use in pregnancy and breastfeeding are limited, SSRIs are largely considered safe both in pregnancy and breastfeeding, with particularly supportive data for sertraline (Zoloft) (5).

For more severe symptoms, intensive medication management and hospitalization may be necessary.

Post-Partum Depression in Physicians and Trainees

Physician and medical student mothers experience postpartum depression at twice the rate of the general population (25% or 1 in 4) (6). New parents in medicine cite sleep deprivation, infant feeding concerns, inadequate parental leave, and lack of work support as strong contributing factors to worsened mood. The average length of maternity leave in US physicians and residents is 6-8 weeks (7), and the re-entry into the workplace often requires the return to long hours and night shifts with the added new tasks of breast milk pumping, incongruent childcare hours, and unanticipated illnesses and time off. These additional stressors can make an already demanding career feel impossible, so seeking help early is essential to achieving balance.

Caring for Yourself during Pregnancy and Postpartum

Making a postpartum plan while pregnant is essential for a successful re-entry into the workplace after parental leave. Make sure to discuss the following points below with the appropriate personnel prior to your leave. For medical students this may include the office of student affairs, advisors, mentors, or other administrative staff. For residents this may include talking with your program director, schedulers, chief residents, or human resources. For faculty this would include direct supervisors, human resources, schedulers, colleagues, or other administrative staff.

1. What is the most appropriate amount of family leave for me? If increasing leave time is available and would help support your mental health, we encourage you to seek out all available options. See navigating parental leave policies section for more detailed information.
2. What will my return from leave look like? Plan ahead to determine if there are less intensive clinical responsibilities that you can prioritize for your return from leave to make the re-entry smoother and allow you to adjust to your new responsibilities. Every baby is different, but do not be surprised if your child is not sleeping through the night and even waking up multiple times per night still when you have to return to work. Coming back to a more flexible or lighter schedule/rotation can help ease this transition. Caffeine (in moderation) is generally considered safe in breastfeeding so if you need a couple cups of coffee to help after a sleepless or fragmented night, this is okay!
3. What additional support do I need? Securing adequate childcare arrangements will help to ensure your child is well cared for while you are working. This may require additional backup support in addition to your primary caregiver (nanny, family, daycare) in case your child is ill or cannot attend their primary option.
4. What supports are in place for lactation (if you choose to do so) when you return to work? Where are locations that you can pump and store milk? Are these locations equipped with a computer so you can chart while pumping? How are pump breaks handled?

By making these return-to-work plans prior to leave, you can ensure you have adequate support to improve your physical and mental health on your return.

In addition to workplace planning, we also recommend having a plan in place with your care providers. Talk with your OB/GYN, primary care physician (PCP), and if applicable, psychiatrist or counselor, ahead of delivery to determine what needs you may need or want for mental health support in the postpartum period. We recommend discussing your mental health status and needs with your OB/GYN provider at your postpartum visit (anywhere from two to six weeks after delivery), as well as scheduling a 12-week postpartum visit with your PCP to transition your health care back to the primary care setting. This is an important time to check in with providers on how you are doing both physically and emotionally, and seeking resources if you need support.

If you have a previous history of depression and/or anxiety, it is particularly important to be mindful of your needs and mental health during pre-pregnancy planning and pregnancy to ensure you have your support system in place as you enter the postpartum period. You may want to discuss with your providers any medication changes or tentative plans around resuming medications if you are no longer on pharmacologic therapy. As discussed previously, many traditional mental health medications are considered safe in pregnancy and breastfeeding, but you will want to discuss your specific circumstances with your providers. You may consider this as an appropriate time to start, resume, or intensify counseling and therapy to have strong support during the peripartum and postpartum periods. Talking with your partner and expected caregivers about your mental health concerns and anything you would like them to watch for during this vulnerable time can also be helpful to serve as an early warning system to seek care if needed.

If you discover new or worsening mood changes in the peripartum or postpartum period, reach out for help from your OB/GYN, PCP, and/or medical school, residency program, or division. As mentioned earlier, both therapy and medication options are available. Your medical school, residency program, or division likely will have connections to local therapists and mental health support. Talking with fellow physician parents may be a source of support and guidance as well. Pregnancy and parent support groups, peer support programs, and doula services are often available to support you through new parenthood. Doulas can be an excellent source of physical and emotional support not only during antepartum care and delivery, but also as postpartum support and nighttime caregiving. Many other support options are likely available beyond what is listed here and talking with your local caregivers and school/workplace will be invaluable in setting up a treatment plan that meets your needs.

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Navigating Parental Leave Policies

Rachel Vanderberg, MD, MS

Parental leave and lactation policies vary across institutions and with career stage (e.g., medical student, resident, faculty). There have been several calls to action to standardize parental leave policies and to expand parental leave rights; however, progress remains slow. Unfortunately, there can be inconsistencies in how policies are applied and oftentimes physician parents find existing policies inadequate in both the amount of time off as well as compensation. Below we have listed and summarized laws and policies that affect parental leave policies (1). It may help to be familiar with laws and policies regarding parental leave, especially if you are in a situation where you must advocate for yourself or feel you are not being given your full rights. We recommend starting the conversation of parental leave as early as you are comfortable with your appropriate supervisor or human resources department. Starting the conversation early allows you time to understand the policy, ask questions/investigate areas of uncertainty, complete any accompanying paperwork, and negotiate or advocate for yourself if needed.

Medical Students

Medical students are more likely than residents or faculty to encounter a lack of parental leave policies and a lack of parental rights, in part, related to their status as students rather than employees. The Liaison Committee of Medical Education (LCME) has no parental leave policy, and currently many medical schools lack parental leave policies. A study published in 2021 found that of 199 MD-granting and DO-granting medical schools, only 65 (32.66%) had parental leave policies available online or in a handbook (2). Student advocacy has led to several promising advancements including student-led development of a New Child Adjustment Policy at University of North Carolina School of Medicine and the PRIME (Parent Resources in Medical Education) Initiative developed by students at University of Chicago Pritzker School of Medicine (3). These student-led developments are incredible steps forward in addressing the lack of parental leave and rights for medical students; however, the onus to develop appropriate parental leave policies should not fall to students, but rather medical school leadership and governing bodies.

Internal Medicine Residents

Residents are considered employees, and thus, programs must conform to federal and state laws.

Federal Legislation- United State Family Medical Leave Act (FMLA)

To be eligible for FMLA an employee needs to have worked for the employer for 12 months which means that interns are likely to be ineligible. FMLA requires employers to provide eligible employees with 12 weeks leave, continuation of benefits, and job protection. FMLA does not mandate paid leave and using FMLA is frequently unpaid time off. Of note, FMLA does cover adoption as well.

State Legislation

It is also prudent to check your state laws regarding parental leave. Currently 13 states and the District of Columbia have paid family and medical leave laws. A summary of these laws can be found here: <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>. The Family and Medical Insurance Leave Act (FAMILY Act) was reintroduced to Congress in May 2023; this act would establish a program of paid family leave in the US.

Program Requirements/Policy

Your program or institution will have a specific parental leave policy. Some Internal Medicine residency programs have developed their own policy, while others defer to the more generic institutional policy. The policies must conform to federal and state law, Accreditation Council for Graduate Medical Education (ACGME) and American Board of Internal Medicine (ABIM) regulations, as well as institutional specific GME (graduate medical education) policies. In addition to knowing your own program's/intuition's policy it can be helpful to know the requirements that your program must follow in case you need to advocate for yourself, or you find your program's policy is not following these requirements.

The (ACGME) Institutional Requirements state,

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ...ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence (4).

The ABIM has 2 leave policies: 1) the Leave of Absence and Vacation Policy and 2) The Deficits in Required Training Time Policy. The Leave of Absence and Vacation Policy states,

Up to 5 weeks (35 days) per academic year are cumulatively permitted over the course of the training program for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. For example, a resident could take 105 days of leave during a three-year internal medicine residency without needing to extend training. Training must be extended to make up any absences exceeding 5 weeks (35 days) per year of training unless the Deficits in Required Training Time policy is used (5).

The Deficits in Required Training Policy states that residents who have achieved required competence (verified by the program director and clinical competency committee at the end of training) are permitted to have an additional (in addition to the leave covered under the Leave of Absence and Vacation Policy) 5 weeks of leave (5). We recommend reviewing examples of how

to apply this policy in the article, *Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians Around Parental Leave* (6). There has been recent attention to these policies as Finn et al. demonstrated significant incorrect application of these policies by program directors resulting in shorter parental leaves (6).

Faculty

For faculty, the federal and state regulations described in the resident section above also apply. Faculty will also have an institutional policy and/or a division or departmental policy.

Navigating Lactation Policies

Rachel Vanderberg, MD, MS

Similar to parental leave policies, medical students have the least amount of protection as they are considered students and not employees. We recommend starting the conversation about pump breaks early. Again, this will give you time to review existing policies, ask questions, and negotiate or advocate for yourself.

Federal Legislation

President Biden signed into law the PUMP for Nursing Mothers Act on December 29th 2022. Under this law, employers are required to provide reasonable pump breaks to a nursing mother for one year following the child's birth. Employees are entitled to a private space that is not a bathroom to be used for expressing milk. If an employee is not completely relieved of duties during pump time, this time is considered hours worked. If an employee is completely relieved of duties, employers are not required to pay an employee during this time. This law does not supersede any state or local law that provides greater protection (7).

State Legislation

See the following link for laws on breastfeeding by state:

<https://www.ncsl.org/health/breastfeeding-state-laws>

Program Requirements

The ACGME Common Program Requirements state,

Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the resident and the resident's family, as outlined in VI.C.1.c (8).

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Managing Childcare as a Physician

Molly Ainsman Fisher, MD, MS

Introduction

Most of the literature about parenting as physicians is focused on pregnancy and the postpartum period. There is little discussion about how to manage childcare going forward. Childcare needs evolve as children age. What babies need for their daily existence is very different from a preschooler, school aged child, or teenager. The main challenge of being a physician parent is that our jobs often have very little flexibility. We take care of patients, and our patients need to have reliable, present, and healthy doctors. In this section, we will explore a variety of childcare options, the benefits and challenges of each, as well as ways to adjust your own clinical practice to allow for some flexibility if needed.

Types of childcare:

Childcare options include having a nanny, au pair, family member, daycare center, or in home daycare. Each of these come with benefits as well as challenges. When deciding on your options, it's important to consider your own personal circumstances including financial, familial, logistical, and emotional. Regardless of what option you choose, there will likely be days where backup childcare is needed. It is also important to consider your Plan B or even Plan C. Will you be calling off work? If you have a partner that works, can they call off work? Do you have a relative, friend or neighbor who can step in to help? Is there a backup childcare option through your work? Is there a community center that steps in on days that daycare is closed?

Nanny

A nanny is a person who comes to your house to take care of your child or children. Depending on your agreement, they can also do other housework for you such as laundry, shopping, cooking, and cleaning. You can set a variety of schedules with your nanny, and some are open to working nights and weekends. Some families will participate in a nanny share, where two or more families share a nanny, and can split the cost. There are many benefits to having a nanny. Having a nanny is likely the most flexible childcare option. Other benefits include decreased illness as compared to daycare, other housework completed if part of your agreement, a more personal connection, and more relaxed mornings as you do not have to get your child ready. The biggest downside is the cost. It is important to get references and feel comfortable with your nanny, since they may be the only person in the home with your child. According to care.com, in 2023 the average cost nationwide of a nanny is \$17.35 per hour. However, smartsitting.com quotes prices at \$25-\$40 per hour. This can come to \$45-\$80,000 per year for a 40-45-hour work week. Federal law requires overtime pay at 1.5x hourly rate for any hours over 40 per week, and most parents in medicine require childcare for more than 40 hours per week. These prices can vary dramatically depending on where you live, how many children you have, how experienced the nanny is, and what services they are planning to provide. You also need to consider health insurance benefits, paying taxes for your nanny, and their paid time off and sick

leave. There are software packages and accounting services that can help you navigate tax requirements, but this is an additional cost. Finding a nanny can be challenging. Care.com is a popular website that lets you search for nannies and advertise your childcare needs at an affordable price. When using Care.com you have to do the work in terms of filtering applications, background checks, interviews, etc. Another option is using a nanny finding agency, which is a business that works to pair nannies and families. Nanny finding agencies can pre-screen applications and ensure appropriate background checks; however, their fee is much more expensive than Care.com. You can also often find nannies by word of mouth or through Facebook or other online groups.

Au Pair

An au pair is typically a younger person from another country who is doing a cultural exchange in the United States. They live with their host family and provide childcare. They are considered a member of the family and are included in family meals and activities. They frequently have specifications on how many hours they can work per week and what type of work they can do. Their work is limited to childcare and light household work related to the children. They are usually only allowed to work 10 hours per day and 45 hours per week. The cost of an au pair is much lower than a nanny, but you are required to provide them with room and board. The typical annual cost would be around \$20,000, plus a room in your house, food, and some spending money. Au pairs are usually arranged through agencies, and the agencies assist in all of the logistics. Some common websites are aupair.com, aupairinamerica.com, aupairusa.org. The benefits of an au pair are that you get to engage in a cultural exchange, have a new member of your family, can have more flexible hours than a daycare, and they are much more affordable than nannies. The challenges can be providing comfortable and private space for them and altering family dynamics with someone new living in the home.

Daycare

Daycare is when the child leaves the home and goes to another location with other children. There are in-home daycares, commercial daycares, and private daycares. Some institutions have daycares that are affiliated with them and provide care to the children of staff members. Some daycares offer extensive educational opportunities and look more like schools. When you are exploring your daycare options, it is important to consider the needs of your family. For physicians specifically, the hours are often very important. Starting and closing times can vary by several hours. Many doctors require longer hours. There are often waitlists for daycares, and in some locations, you need to get on the waitlist as soon as you find out that you are pregnant. The average cost of daycare for a single infant is over \$12,000 per year, but there is a wide range. The prices can vary depending on setting, size, and what the center can offer. The benefits of daycare include socialization for the child, more learning opportunities, and likely the most reliable childcare option. If a daycare worker calls off, it is the responsibility of the daycare to fill that spot. The downsides include scheduled days off, not being allowed to send a sick child to daycare, and limited hours.

Family or Community Member

Many physicians have family members or friends watch their children while they are working. This may be their partner or spouse or could be another adult. Each person's circumstance is different, and only the individual family can figure out if this is an option for them. Sometimes the partner is able to and decides not to work, or sometimes the partner has an opposite work schedule (for example if one of you works nights and one works days). If it is another family member or friend, they may live with you for a period, or may come to your house during the day. Sometimes these caretakers are paid, and sometimes they are not.

Back up childcare

No matter what you do for childcare, there will be days that it just doesn't work. Either the child is sick, the caretaker is sick, daycare is closed, or the caretaker is on vacation. Sometimes, even the best laid plans fall through. It's important to think through how you will handle these days. It may involve calling off work. If this is the most likely scenario, it could be worth speaking with your supervisor ahead of time about how these situations may be handled. Other options to consider are a partner calling off work, or a family member or friend helping. Some hospitals have a backup childcare option, and those would be worth exploring.

Remembering different ages and stages

It is important to remember that every age and stage of childhood and parenting will look different. A baby has a lot of physical needs, whereas an older child may have more emotional or logistical needs. When a 2-year-old is sent home from daycare, they likely need someone to pay attention to them for most of the day. When a 7-year-old is sent home, you may be able to get some administrative work done at home with them while they entertain themselves for much of the day.

Daycare usually has longer and more reliable hours than elementary school. As children enter school you will need to think about after school options and summer care. Some schools or community centers offer after school programs, or you may be able to hire a part time babysitter or nanny for after school. During the summer, summer camps are a great option, but can be expensive and usually provide childcare for times similar to a school day, not a full workday unless they are sleepaway camps. College students returning home for the summer may be interested in temporary nanny or babysitting positions. What makes sense for you with one child may not make sense if you have multiple children. Additionally, your financial situation or support system may change over time, causing you to make different decisions.

The decisions you make regarding work may also change over time. You may opt for a different schedule at times in your life, to accommodate parenthood. You may also choose different roles at work. For example, some people take on more administrative work and less clinical work to have more flexibility with their hours. Some people switch between hospitalist work and outpatient work depending on their life circumstances. Some may choose to go part time to better accommodate their childcare. Others will switch from nanny to daycare as their children age or they transition from training to a more predictable schedule.

There are many ways to make this work. Being a doctor and a parent is a lot of work and will be a juggling act. While you cannot be both roles all the time, you can take the time to figure out your own circumstances, and best set yourself up for success.

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1. <https://www.care.com/>
2. <https://smartsitting.com/>
3. aupair.com
4. aupairinamerica.com
5. aupairusa.org

Lactation in the Workplace

Kaylan Christianer, MD

Introduction

For physician moms who are breastfeeding, the return to work comes with an added responsibility and time-demand of breastmilk pumping.

The workday will likely become divided by blocks of nursing and/or pumping, often every 3-5 hours (about how often baby feeds with the caveat that women with a larger storage capacity can stretch pumps out closer to the 5-hour mark). This typically involves 1 session of nursing or pumping prior to leaving for work, 2-3 pumping sessions throughout the day, and 1 final session of nursing or pumping in the evening. How frequently you need to pump will depend on your storage capacity, general milk supply, and whether longer stretches between pump breaks negatively impact your supply (less frequent stimulation may generate a negative feedback loop that decreases your body's milk supply).

Pumping can take up a substantial amount of time. Having a pumping space that is equipped with a computer can help you multitask, and it is often feasible to do some charting, answering patient messages, process refills, etc. while pumping. Below is a brief overview of pumping basics, but we have included several additional resources where you can find more specific information.

Preparing for the First Day Back to Work

Usually, the milk you pump is used the following day to feed your baby. What about having milk available for you baby on your first day back to work? We recommend adding in a pump after your first morning feed to your daily routine about three weeks before returning to work to build up a small stockpile of frozen milk. We recommended adding the pumping session in the morning when milk supply is usually at its highest. This milk will need to be frozen as breast milk is only good for about 4 days in the refrigerator but can last much longer in the freezer. See the CDC link below for full recommendations about milk storage. If while nursing you have a lot of leakage from the non-feeding breast, a Haakaa manual pump may help collect that breast milk which you can store and use later.

Supplies / Preparation:

The 3 main components of pumping supplies include a breast pump and pump parts (flanges, tubing, bottles, adapters, etc.), storage, and cooling. This also requires preparation before and at the end of the workday.

Breast Pumps

Standard breast pumps function as a suction machine that requires battery charge or electrical outlet connection in combination with pump parts (flanges, tubing, valves, etc.) and bottles/bags to collect the milk. With the passage of the Affordable Care Act, insurance companies often fully or partially cover the purchase of a standard breast pump. Request a prescription from your OB and/or consult your insurance company website to order.

“Hospital grade” breast pumps are higher powered suction machines that are sometimes made available in communal lactation spaces or can be rented from hospitals, lactation consultants, or medical supply companies.

Newer “hands free” pumps allow for pumping “on the go.” These are often individual, battery powered, self-contained units which can be used in ORs, exam rooms, and inpatient wards. The models and technology are constantly evolving, however currently the Elvie and Willow brands are popular among physician moms. Individual experience varies widely with the function of these compared to standard or hospital grade pumps, so it is often worthwhile to start with a standard pump before investing in a “hands free” model (which are often not covered by insurance).

Owning multiple breast pumps can make life easier. If you are able to leave one pump in the office, it reduces the risk of forgetting your pump at home and negates the need to carry the pump to and from work each day. Insurance companies will likely only cover one pump so this would be an additional cost. Leaving a set of extra pump parts at work may also come in handy for the unavoidable occurrence of when you forget pump parts at home.

Storage

Breast pumps allow milk pumping directly into a bottle or freezable bag, which can be modified depending on the opportunities for storage. Sometimes for storage purposes it’s helpful to pool milk into a larger storage container. Though this hasn’t been directly studied, current guidance seems to support the pooling of breast milk, even if mixing warm and cool.

Cooling

The final component involves keeping breast milk cool throughout the workday. Some lactation spaces provide fridges or freezers for storage. There are also commercial products available to collect/store milk in a larger container for storage (e.g. Ceres Chill). Finally, one can bring a cooler with ice packets. Cleaning breast pump parts between pumping can also be time consuming. One frequently used hack is to store breast pump parts in the fridge in between pumping sessions and clean them at the end of the day. This may not be appropriate for all babies, especially for premature babies or babies with underlying medical issues.

Preparation / Processing

In addition to pumping / storing the breastmilk during the day, there is also a need to prepare / clean supplies and “process” milk at the beginning and end of each day. This process can be

facilitated by purchasing multiple sets of bottles and pumping supplies such that there is a “clean” and “dirty” set, or by bringing items to clean the pump supplies as you go.

Lactation Support at the Workplace

Lactation support varies across institutions and work places and involves considerations for 1) time to pump, 2) a private place to pump and 3) available accessories to support pumping and cooling.

Spaces to pump vary from private rooms to communal lactation spaces, to lactation pods. Some physician moms also choose to pump in their private offices if circumstances allow. A pumping space mainly requires a chair, but is made more convenient by an outlet, fridge, sink and computer access. As mentioned above, “hands free” pumps can be used in clinical settings but still require a private space to assemble / process collected milk

See lactation policies section above for additional information.

Lactation While Traveling (e.g. Conference Travel)

Traveling to a work-related conference may be the first time you leave your infant for an extended period. Navigating travel with breast milk and pumping while away from home can add additional stress to an already stressful time. See the following link for TSA regulations regarding traveling with breast milk: <https://www.tsa.gov/travel/security-screening/whatcanibring/items/breast-milk>. It is a good idea to travel with a printed copy of this policy as individual TSA officers may have different levels of knowledge about this policy. Anecdotally, there are very positive as well as very negative interactions people have had with TSA officers when going through airport security. Once through airport security you can ask a restaurant to provide you with more ice if needed to keep breastmilk cool. Airports will usually have a lactation space or lactation pods. Check the directory or airport website if you need help finding them.

Some parents may opt to travel with their baby and bring the baby to the conference. Conferences may have varying policies about bringing infants and/or childcare. Make sure to check the conference website ahead of time. Some conferences also offer dedicated lactation spaces. Calling the hotel ahead of time can help ensure you have a refrigerator in your room to store breast milk or the front desk staff may be able to assist you with storage.

Resources and References:

1. Facebook group for breastfeeding physician moms - Dr. Milk Facebook Group
2. Kelly Mom - <https://kellymom.com/>
3. La Leche League International - <https://lalli.org/>
4. FDA - <https://www.fda.gov/medical-devices/consumer-products/breast-pumps>

5. U.S. Department of Health and Human Services Office on Women's Health (OASH) - <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public>
6. CDC - https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
7. CDC - <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/breastfeeding/index.html>
8. Video guide to breastfeeding - <https://med.stanford.edu/newborns/professional-education/breastfeeding.html>
9. TSA regulations about transporting breastmilk - <https://www.tsa.gov/travel/security-screening/whatcanibring/items/breast-milk>.
10. Haakaa - <https://www.parents.com/how-to-use-haakaa-breast-pump-7229762#:~:text=The%20Haakaa%20Silicone%20Breast%20Pump,silicone%20to%20collect%20excess%20milk.>

Navigating Early Career Challenges

Paula Marfia MD, MS

Challenges of Parenting in a Medical Career

Navigating parenthood is difficult. Navigating parenthood and a career in medicine adds another layer of complexity. The challenges are both systemic and individual including deciphering parental leave policies, facing pregnancy and maternal discrimination, fighting for flexible scheduling options in the workplace, and dealing with both routine childcare arrangements and unpredictable events like illness. Additionally, studies show that work obligations may negatively impact family roles for women physicians and insufficient time for family life due to work demands is associated with lower career satisfaction scores (1). Home obligations can also interfere with career advancement. The entire endeavor can be exhausting.

Adding to this is the reality that early career opportunities and childbearing years typically overlap. In fact, 47-80% of women in hospital medicine are less than 40 years of age (2). Pregnancy and parenting are life-changing experiences and may account for differences between female and male doctors in career and leadership attainment and progression (3). Specifically, studies suggest that women with children experience barriers to career advancement and slower career trajectories (2). Pregnancy, parental leave, return to work issues, and maternal discrimination/gender bias are often cited as barriers to career advancement.

Currently, institutional leadership and culture (systemic factors) play a large role in shaping careers. Different physicians will have different experiences depending on their individual institutions. Lack of women in leadership roles may mean that men in leadership roles do not understand the unique situations of female junior level faculty or physicians (4). A qualitative study by Gottenborg et al, reported that a supportive work environment as well as a supportive boss was important in easing into the transition to parenthood (2). In a recent study in JGIM, despite a focus on normalizing parental leave and supporting women physicians, many doctors continue to experience discrimination, lack of support, and barriers to planning leave and returning to work at a systems level. This occurs especially when institutions do not have specific policies regarding workplace accommodations for pregnancy, returning to work, or parenthood. Decreased opportunities for career advancement once back from leave whether it be due to discrimination in not being asked or discrimination in being left out of projects that started before leaving due to assumptions regarding new “parenting responsibilities.” (3).

Individual factors can also adversely affect career trajectory. Depression starts early in residency. Pre-internship levels of depression among men and women are similar but by 6 months into internship, both men and women have significantly increased scores. The increase in women is significantly more than it is in men. Additionally, an astonishing 25-30% of trainees have elevated symptoms of depression. In turn, depression may lead to increased rates of burnout and low job satisfaction with resultant career slowing (5).

Managing Challenges of Parenting while Progressing in your Medical Career

Despite all these barriers and challenges, hope abounds. Regardless of where you are in your career trajectory, strategies and resources are available. Some of the strategies are the same regardless of where you are in your career while others can be dependent on the stage of your career. There is no perfect time to have a baby during a career in medicine. Childbearing during each stage of your medical career (medical school, residency, or faculty position) will come with its own unique set of pros and cons.

Medical School and Parenting

The hardest part of navigating parenthood in medical school is that you may feel isolated because most medical students are not parents. The little data that is available suggests that as few as 3.1% of students entering medical school and about 7.3% of graduating medical students are parents (6). It is important to support these unique students so that they finish their training and can thrive in a medical career.

Here are some suggestions to help medical students who are or become parents in medical school to proactively plan and elicit support from others. Most of these tips are applicable even if you have no foreseeable plans on becoming a parent while in medical school.

1. Mentorship

Find a mentor. Think of this as building your own personal board of directors. This is not just one person. You need multiple mentors. If your medical school has a formal mentoring program, start with that person. If not, look for opportunities to meet physicians and faculty that intrigue you and don't be afraid to reach out to them. At minimum most students are paired up with a preceptor that can serve as an initial contact with other physicians. Most mentors are more than happy to introduce mentees to someone that has similar interests. Additionally, many medical schools have interest groups that provide mentorship programs. AWMSA is one. If you find a physician in a leadership position that has children, talk with them. Don't be afraid to ask for advice, guidance, or mentorship about how to navigate parenting in medicine. Mentors can advise you both on professional topics as well as personal topics! Don't limit your career choices because you have children. Some specialties are easier than others to raise children in while in training but women in all specialties have done it. Keep in contact with all the mentors that you have during your entire medical education. This is the start of networking.

2. Parental leave policies

Educate yourself on your medical school's parental leave policies. At a minimum know where to find the policy if you need it. Your school may not have a specific written policy. In that case, it is important to be aware of that as well. See the sections on parental leave policies for more information to get you started. Planning your leave and your return to school can keep you on track.

3. Support systems

Do not do it alone. Whether having the support of a partner or being a single parent, everyone needs a support system. Ideally, having your family living nearby is helpful, but of course, not everyone has that luxury. Other sources of support in your community are available. Look to church groups, mom groups, babysitting swapping arrangements, community programs. Be creative. Support also includes fellow students. Initiating and building collegial support may be more difficult while in medical school but it can be done. Get involved in medical school organizations. Bring the spirit of collegiality with you after medical school. If other medical students at your school are not parents, look for online groups of medical students or get involved in your medical societies to find other students who are parents. Don't forget your emotional needs. See the section on parental mental health for more information.

4. Organization

Establishing consistent routines and having organizational systems are essential to maximizing your time because if you have a child, you don't have time to waste looking for your car keys. Theoretically, most medical students have had success in organizing their schedules and activities otherwise they would not have gotten as far as they have. However, add in adult responsibilities and the additional responsibilities of child rearing, and it is easy to get overwhelmed. Having systems in place means you can save your decision-making for the important things instead of the daily tasks. The first place to start is with a physical planner or digital scheduling system such as Google calendar, Cozi, or any other online application. Then, take the time to plan your week, month, and quarter. After that open up any YouTube video on organizing, find a method that speaks to you, and adopt it.

5. Alternative options

Consider taking extra time to complete medical school. You can absolutely complete your medical schooling with your other classmates. However, the option to extend your schooling is available as another option. The one benefit of medical school is that, generally, your schedule is independent of others. Unlike in a job or residency, no one must take on any extra training or time for you to take leave. The extra time to complete training can still be covered by student loans and it may also be an opportunity to take more electives in areas you are interested in. Taking a longer parental leave will give you extra time to bond with your child and set up routines and systems that support you when you return to school.

Remember, even if you do not become a parent while in medical school, these suggestions are also some of the basic foundational skills needed to succeed in medical school and beyond.

If having a baby during medical school is not the right time for you, but you are considering childbearing during residency, we advise asking about parental leave and parental support when interviewing for residency. Ask about how leave is supported and how this impacts the work of colleagues. If you find programs are not receptive to answering or expounding on this inquiry, it is likely a flag that they are not family friendly. The worst scenario would be to face maternal discrimination because you find that the program matched to is not supportive.

Residency/Fellowship and Parenting

As many as 40% of residents start a family or plan to start a family in residency (7). The advice above for medical students still applies. Now let's take it up to the next level.

1. Mentorship

Continue modifying and adding to your board of directors. Start getting familiar with career pathways. Get involved in medical education, QI, ethics, research, or any other area that interests you. Many residency programs have pathways or special tracks in all these areas to help prepare you for a career. Someday it may be an option for an alternative career or become a facet of your career. Speak to mentors who have children and ask them what challenges they faced and how they overcame them. Finding an acceptable balance between being a parent and a physician is easier when you have other parent physician role models around you.

2. Parental leave policies

Learn where to find your program's written parental leave policy. ACGME has some minimal program requirements that can at least start as a guide. Investigate your institutional culture regarding leave. What accommodations have other residents been given and how did they navigate the challenges.

3. Support systems

More support may be available to you as a resident. Look to see if childcare options exist close to work or onsite childcare options. Otherwise, if possible, choose a residency close to family. Investigate the available resources in the community that you live in. Get involved with church groups, mom groups, babysitting swapping arrangements, community programs if you have not already done so. Continue to build collegial support.

4. Organization

If you have not already started using some of the planning tools above as a medical student, start now. If you are, continue to plan in a designated planner or app. Make sure to prioritize daily activities and try not to cram too much into your day. Instituting a "Sunday basket"—a box where you put all your actionable tasks or ideas and go through once a week--or another similar organization system can help keep track of weekly household tasks and errands until the time to do them avails itself. Consider attending an online virtual conference about organizing and productivity. Many organizational gurus have weeklong free summits or provide a pass with long-term access to the material for a low price. For example, every year I get the All-Access Pass to Get Organized HQ Virtual for \$49 so I have access to use any of the resources on my own time. You can also access the multitude of organizing blogs or YouTube videos to get ideas on how to systematize all your household workings.

5. Alternative Options

Residency training can also be extended if needed. Talk with your program director about this if you are considering this option. If you are planning a fellowship, this likely means taking a gap year.

Early Career and Parenting

Many women become parents during their early career, but many also continue to delay childbearing to grow their careers. It is possible to continue to grow your career and have children. It is challenging but possible! Additionally, there is no rule that says that your career trajectory must be linear. It can ebb and flow with your life circumstances.

At this point, if the foundational supports elucidated above have been put into place, these supports will support you on your parenting journey. Continue these habits or establish them if you have not already. Consider these additional tips.

1. Mentorship

Mentoring remains critical. If you do not have your board of directors in place, you must start now. If you do, then continue to modify and expand your contacts. At this point, it may be beneficial to organize your contacts into a digital system or a binder as well as in a designated email folder. An Excel spreadsheet will work too. Take advantage formal networking or mentoring programs such as SGIM's career development programs or SGIM's Women and Medicine Commission's career advising program otherwise referred to as CAP.

2. Collegial support

Finding an acceptable balance between being a parent and a physician is easier when you have other parent physician role models around you. It is essential to have leadership and other colleagues that value work-life integration to thrive in a work environment. A collegial work environment that includes other providers that value work-like integration will provide a sense of belonging, encourage open communication, and serve as a support network (8). This group can also support each other when unexpected events arise (e.g., a sick child is sent home from daycare, and you need coverage at work). Studies show that physicians with higher collegial support of work-life integration efforts also have higher career satisfaction scores (1). Look for women in leadership positions, transparent parental leave policies, and retention rates of other women. If collegial support is lacking at your institution, then find support elsewhere. Facebook groups like the Physician Moms group are there to support you. You can even start your own group on a different social media platform.

3. Coaching

This may also be the time to get a career or life coach. Entrepreneurs and business owners have been using executive coaching, life coaching, and other programs to scale their businesses for decades. Take a page from the business playbook. Paid and free programs exist. Doc Working Thrive is one such option that provides life coaching specifically for

physicians. Utilizing a life coach can help you refocus your priorities. Look into whether CME funds can be used for the services of coaching.

4. Parental leave policies

At this point, your employer will be required to have a written parental leave policy. However, that does not mean the policy is easy to find. Human resources at your institution are available to help you. Know the federal laws in place for your protection. Get the nitty gritty details from other physicians that have taken leave before you. Know your rights. See Navigating parental leave section for more details.

5. Support systems

This is the time to build on already existing support systems. If not already in place, start building them using the tips in the other sections above. It is never too late. Additionally, outsourcing has been the secret weapon of women CEOs. It is time physicians embraced this concept as well. Think of the time you spend doing activities around the house as lost time you have with your children. Hire someone to clean your house. Hire someone to organize your house. Use grocery pick-up services, Amazon subscribe and save, meal planning services, or even laundry services.

Additionally, you will need to continue to defy gender stereotypes. The reality in our culture remains that women still perform more childcare and housework than men. Even in career driven individuals, women with children spent an average of 8.5 hours more on domestic activities than men with children. Other studies report that physician mothers spent 2 hours more a day on domestic activities than physician fathers (9). These findings remain present in Gen X as well as older generations. (4,10). Talk to your significant other and equitably divide domestic activities. Don't take all the household burdens and childcare responsibilities onto yourself. Delegate anything that does not need to be done directly by you and save yourself for those moments with your children that matter to you.

6. Organization

When you no longer have just yourself to worry about and your roles and responsibilities at home and at work expand, having systems in place to support you can make the difference in attaining your career and parenting goals. It is often during early and even mid-career when women may find that the organizational systems that worked in the past suddenly no longer seem to work, or they realize that they need to set up organizational systems. In addition to a Sunday basket and planning weekly, monthly, and quarterly, here are some additional organizational solutions that may help:

- Start a family command (center <https://designertrapped.com/best-family-command-center/>)
- Get your paper organized, consider binders instead of a filing cabinet

- Keep a daily or weekly checklist of household activities
- Try a digital planning solution like Trello
- Join an organizational or decluttering group. There are paid and free options.
- Follow one organization expert that speaks to your needs

Many organizational based companies exist such as Organize 365, Clutter Bug, the Minimal Mom, Get Organized HQ, Anchored Women, and Jennifer at the Intentional Mom all have resources to help you get your schedule and house organized.

Additionally, organization for your work projects, committee responsibilities, speaking engagements, research, CME and conference reimbursement, and anything else that you are doing to keep track of promotion for those in academic appointments. Again, plan strategically. Planning makes sure that time is allocated to those tasks that align with your priorities.

7. Alternative Career Pathways Can Support You on Your Parenting Journey

Sometimes it may be necessary to redefine your career due to life circumstances. Numerous options exist if you need to do this. Both men and women have utilized alternative pathways to improve work-life integration and the parenting relationship. Below we discuss a variety of options that are both clinical and non-clinical.

Consider non-traditional work arrangements (NTWA). These arrangements usually involve a change of focus to a less clinical position but not always. NTWAs allow career to align with personal priorities, which in the long term can have a positive impact on career. These arrangements provide more schedule flexibility, less burnout, and more work life satisfaction. It is important to note that initially there is a risk that NTWAs can negatively impact career trajectory for both men and women (11). However, over the long term, multiple studies indicate that male and female academic physicians have equal rates of research productivity and that women's rates of publication increase and exceed those of men later in their career (12,3).

Another common option for a physician to employ is switching from full time to part time. Women are more likely to utilize this option. Obviously, financial considerations exist but it does provide more schedule flexibility and may decrease burnout. One way to offset financial implications to switching to part-time is to find grants or awards. In particular, SGIM has a grant award called the Mary O'Flaherty Horn Scholars in General Internal Medicine Program. This is a two-year career development award for a physician parent that would allow the recipient to work part-time and have financial support for scholarly activity. Overall, more research needs to be done to assess how moving to a part-time position affects career advancement but remember taking a step back early in career does not mean that you cannot go on and become successful or go on to senior leadership positions.

Telemedicine is becoming an increasingly attractive option for physicians with children due to its inherent flexibility. A physician can choose their work hours, vary them from week to week, and be able to practice from their home office. This may be especially helpful for those with young children.

Nocturnist is another alternative. According to the State of Hospital Medicine report from 2022, approximately 8% of hospitalists are nocturnists. Generally, nocturnists get paid more for less shifts than daytime hospitalists. Fewer shifts a month can mean more time at home. There may even be options to do nocturnist work from home using telemedicine.

Concierge medicine is emerging as an alternative to the insurance model. However, it may be difficult to switch to this model as a parent due to current financial obligations that exist with children.

Locum Tenens is an option that has been around as long as 1979 and has recently become more popular. These physicians work in healthcare on a temporary basis filling gaps in coverage such as when a physician is on leave or vacation. It can also be used to fill a temporarily vacant position. It remains an option to continue to work in healthcare but on your own time schedule. Essentially, it allows a physician to choose jobs and work when you choose to work.

Time-sharing is another option in which a full-time position is shared by two providers. There is little research on this option and its effect on career.

Working as a physician advisor (PA) is a more flexible option for scheduling when one has a family. A PA generally has a broad base of clinical experience and is skilled in acting as a liaison between administration and clinical staff. The PA helps with efficient utilization of health care services and can have a huge impact on patient care indirectly. Additionally, many companies provide remote, advisory services which is an option when childcare is an issue.

Decreasing your clinical presence while pursuing an administrative or other leadership role is another option. Depending on the job, administration duties added to reduce clinical duties can help decrease workload and provide more scheduling flexibility.

Information Technology is a burgeoning field as well with many options. You can be on the vendor side creating, maintaining, and selling electronic health records or other healthcare IT. You can be on the provider side as well implementing and using the technology to the benefit of your institution. Computer programming experience is generally not required.

Many other fields exist as well in areas such as patient quality and safety, population health, and wellness. If you enjoy any of this work or have experience in any of these areas from residency, it can launch your career. Getting buy-out time from clinical duties can allow you to work on projects that can eventually lead to promotion, speaking engagements, and leadership positions.

This is by no means an exhaustive list of options. Be sure to explore job fairs, catalogs on non-clinical careers, and career guide resources for even more options.

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Resources:

[Society of Hospital Medicine Releases 2020 State of Hospital Medicine Report | Society of Hospital Medicine](#)

<https://www.hospitalmedicine.org/news-publications/press-releases/society-of-hospital-medicine-releases-2020-state-of-hospital-medicine-report/>

[Home - Welcome To Physicians Mom's Group \(mypmq.com\)](#)

[Professional Organizer Services for Efficient Home Organization \(organize365.com\)](#)

[Home - Get Organized HQ \(https://getorganizedhq.com/\)](https://getorganizedhq.com/)

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[Welcome to Anchored Women! - Anchored Women \(anchored-women.com\)](#)

[The Intentional Mom - Parenting, Planning, and Spending and Saving With Intention \(https://www.theintentionalmom.com/\)](https://www.theintentionalmom.com/)

[Home | Abby Organizes \(justagirlandherblog.com\)](#)

Building Positive Relationships with Leadership and Colleagues

Susan Y. Lee, MD, FACP

Introduction

Growing as a parent often occurs simultaneously with career growth. To thrive in both roles as a physician and a parent, it is important and advantageous to build positive relationships with your division chief, supervisor or other leadership, and your colleagues.

Joining an organization, such as a health system, can be overwhelming. Beyond the usual onboarding, it takes time to understand the organization's culture and dynamics of the workplace. Some organizations may have formal programs or groups, such as a mentor-mentee program or a women in medicine group, that can be helpful to newly hired physician parents. In the absence of formal programs, colleagues and direct supervisors can play an important role in navigating the transition to a new workplace and finding balance between work and parental responsibilities. Forming strong, positive relationships can help with parenting related information sharing, mentorship, sponsorship opportunities, networking, and the creation of ally groups, ultimately impacting work life integration, wellbeing, and satisfaction.

While this is not evidence based, we include some tips that have helped us, and our colleagues navigate career and relationship building as a physician parent.

The 1/3/5-Year Plan?

Although creating short- and long-term goals can be very challenging as a new physician parent, it can help envision your career trajectory, create a framework for work-life integration and build relationships at the workplace. We do recognize that long term plans change due to parenting and career demands. Early in your career your 5-year plan may include being able to attend important school events for your children. Later in your career, your 5-year plan might include growing in your professional capacity since your children are older. A few questions that can help with self-reflection and creating 1/3/5-year plans are:

1. What is important to my family and how can I work with my leadership to attain that goal?
2. How can I interact with my leadership so that they understand that my family is important and must be a factor to be an effective faculty member?
3. What projects do they lead that have meaning to me but will not detract from my family life?
4. Do you want to advance your career at this time and how can your leadership help you to do this?
5. What is flexible at work to achieve work life balance or work life integration?

An example statement might be:

I envision that within 5 years my supervisor and I will have a positive relationship. I want them to include me on meaningful projects (XYZ) while understanding that family life is important to me. I will negotiate for a flexible schedule so that I can be available to my family needs while working towards goals of meeting RVU targets and advancing my career at my own pace. I will aim to focus on projects that I can realistically do and say no to those that have little meaning to me.

Creating a Sustainable Action Plan

There is a saying that “a goal without a plan is a wish.” Meeting strategically and periodically with leadership can be helpful in communicating goals and creating a plan. This approach is also helpful for leadership to know where you are in your career path, what you want now and in the future from the organization, and provider mentorship and sponsorship opportunities. It is helpful to write down your goal and plan, keep it handy to refer to and adjust it regularly if needed.

You can brainstorm action plans individually or with a trusted colleague as well. Early in my career, I had a trusted colleague, and we would meet monthly to talk to each other about this. His action plan was much more career focused, while mine was about not burning out and not letting my work cut into family time. An example of an action plan might look something like this:

- 1. I only accept opportunities to work on projects that are meaningful to me and allow me to work closely with my division chief. By doing so, this will strengthen my relationship with them, and I can be valued as a member of my division.*
- 2. I will work with my division chief with the goal of gaining their mutual trust and do the best work that I can to show them I am a reliable and hardworking faculty member.*
- 3. I will schedule regular meetings with my division chief to get feedback, both positive and negative so that I may improve and understand what their goals are for me. During the meetings I will demonstrate and reinforce that I am a valued and hardworking faculty member.*
- 4. I will resist the need to say yes to opportunities that are of low value, not meaningful to me or require me to do work during my family time. In declining, I will positively suggest another faculty member.*
- 5. I will continually adjust my vision of my future self to incorporate what I have learned about my division chief and our relationship so that my goals are never too far from reality.*

Creation of an action plan and following it will allow you to build a relationship with your division chief that has a better chance of matching your vision. You need their support as a sponsor to move forward, especially in academia.

Monitoring Professional Relationships

As you grow into your role, and get busier, it will be easy to stray from your vision or lose track of your progress. It is important that you also monitor your relationship with your colleagues and leadership.

When you first start your job, mark a date on your calendar to reevaluate how your relationship is progressing. You may want to do this more frequently when you first start your job. As you progress, it can become a semi-regular activity (e.g. 3 times per year). Block off an hour on your calendar and use that time to check in on your vision and reflect on how close, or far, you are from your vision.

Here are a few questions you can ask yourself:

1. What do I like about our relationship? What don't I like?
2. Which parts of my vision have become a reality? Which parts have not?
3. What challenges, if any, did I face in making progress on our relationship?
4. Does my vision still reflect my goals and values?

As you reflect, do not be afraid to ask your leadership for advice or suggestions. They should be invested in your relationship, too, and being open and honest about your goals will help them better understand your needs.

Take Small Actions Everyday

Not every aspect of your vision or action plan will involve long-term planning and monitoring. The daily actions you take at work and home to support your work-life integration can improve overall wellness and reduce burnout.

Power in Numbers

Know that there is power in numbers and if there is an issue that needs advocacy, working as a group is more powerful and effective than working individually. When I wanted to work 60% FTE there was a colleague of mine who wanted to do the same. We wrote a detailed job share proposal on how we would cover each other and how it would benefit the organization and division. We offered it as a 2-year trial, and it worked so well it was extended for 15 years while our children were in grade school. We were able to prove that flexible schedules result in increased job satisfaction as it allows faculty to meet family responsibilities and commitment to physician careers.

Colleagues as Part of your "Village"

In medicine, you will probably spend a significant amount of time with your work colleagues. These relationships can be critical and often helpful to new physician parents. There is a good chance that your colleagues are also physician parents. Those that have older children may be

able to advise you on questions related to local childcare, work flexibility, and work benefits for physician parents. They will probably have experience with navigating challenges that you may be currently facing. Colleagues with younger children can create a support network and help each other when unexpected events happen such as childhood illness leading to unexpected daycare pickups in the middle of the workday. Cultivating positive relationships with colleagues can be instrumental in your success as a physician parent.

Resources and References

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