

Chapter 2

Having and Raising Children During Physician Training: Medical School

Ashley VanDercar and Hilit F. Mechaber

I'm a med student with a baby. I get asked all the time how I 'do' it. Some weeks, it's no big deal, it's not that bad, and I feel the balance works well for our little family. But when she brings me her favorite book to read, pulls the charger out of the computer, and screams until I read to her, I think to myself that I don't know if I can 'do' this, or even if I want to.

I have friends who have babies, too. One is a full time SAHM. Her instagram pictures of nature walks, arts and crafts, and 'Sunday/Monday/EVERYDAY Funday' kill me a little bit inside. Another friend works from home and her pictures of 'lunch with the little prince!' make me sigh/roll my eyes/shake my head (depending on the day, the most recent Histology quiz, or whether I got to see my baby before heading out in the morning).

I picked priorities. She was drinking formula at 3 months (end of summer vacation) but I made all my own baby food. Her grandma takes her to music class once a week since I can't, but I put her to sleep every night. We read books and play all day Saturday, but Sunday mornings I go out to study.

My husband is awesome and supportive and doesn't understand how I can love the field of medicine, love school (nerd, I know) and still feel so conflicted. I guess that's the imperfect side of living your dream- other dreams sometimes get put to the side for a bit.

But as imperfect as the balancing act seems, when my baby is teething and only wants her mommy- and, since it is 3am, I am home (and awake), or when I get that HUGE smile and kiss when I come home, it feels so perfect. I'm sure some researcher somewhere has proven that listening bones, ligaments, and muscle attachments as a bedtime story, and speaking in mnemonics for disease presentations helps kids go really far in life. And keeps them happy. Here's to hoping.

—Boxes, "Guest post: When Imperfect feels like Perfect," May 2, 2013

A. VanDercar, MD, JD

Department of Psychiatry, Case Western Reserve University/University Hospitals,
10524 Euclid Ave, Walker Building, 8th Fl, Cleveland, OH 44106, USA
e-mail: ashley.vandercar@uhhospitals.org

H.F. Mechaber, MD, FACH (✉)

University of Miami Miller School of Medicine,
1611 NW 10th Ave, Suite 2155, Miami, FL 33136, USA
e-mail: hmechabe@med.miami.edu

Hilit Mechaber

You did it! You were accepted to medical school, and, professionally, you are on the road to realizing your dream of becoming a physician. But like many women before you, you're planning your future, your *entire* future, and how you will possibly have time to be the best doctor, partner, and mother, all at the same time. Those of us who are parents now, and reflect back on how we managed to have and raise our children, know that we all asked the famous question: "When is the best time to have children during medical training?" As you will likely learn, there is no one size fits all answer. For many, even the best attempt at making perfect plans can be met with a variety of outcomes. While some women are lucky to have biology on their side and hopefully to their advantage, many others can share stories of the trials and tribulations, frustrations, and downright surprises that come along with the hopes and dreams of motherhood.

There is so much to consider when having and raising children during medical school, that the thought alone can be overwhelming. Some will come to medical school having already experienced the joys and challenges of motherhood but are about to see some of those stressors explode exponentially. As a student affairs dean for over 9 years and medical student mentor and advisor for almost two decades, I have advised and supported many medical students who have successfully managed to have children during medical school. In this chapter, one of my former students Ashley shares her incredible story about managing all 4 years of medical school as a single parent by choice. Others, though, will want to hold onto the hopes of having control in planning for their futures. Why not? We are so used to meticulously crafting every next step of our personal and professional lives, so planning for children should not be any different. If planning is an option and in your favor, then timing of children in medical school can potentially make a big difference. Yet each woman is an individual, and factors important to one may be less important to others. Give yourself time to think, plan ahead, and communicate with those who will be part of your support system. Identify that support network, and if you are lacking one, reach out to those in your medical school administration who can guide and direct you to resources that may be of help. As you'll read in Ashley's account, creativity was key, and asking for help was part of her strategy for success.

Timing

Premedical School Questions and Choices

If you will have the chance to plan for the birth of your child, there are important aspects you can review, possibly even influencing your choice of medical schools. If you anticipate having children while you are in medical school, you will want to review the curriculum, grading policies, student support systems, and campus

resources, including healthcare, health insurance, and even childcare on campus. In many healthcare systems where medical schools are located, resources may differ for faculty, staff, and students. Some medical schools are located within a healthcare system, others are connected to parent universities, and therefore access to resources differs. So reach out to the deans and administrative officers who can provide you with accurate information as you make important decisions for you and your future family. It's also best not to surprise anyone with the exciting news of your pregnancy. There is a lot that your administration will want to help you plan, and keeping things a secret might be more of a hindrance than you know. Things you may not think about, like your time in the gross anatomy lab and potential exposure to formaldehyde, for example, will be important for others to explain and guide you. The more you plan and communicate, the better off you'll be. Explore your options earlier than later so you remain informed along the way and can make the best choices for you and your baby.

Preclinical vs. Clinical Years

Invest in exploring your curriculum and the differences in responsibilities between your preclinical and clinical years. One of the major differences between having a child before or during your clinical clerkships is the amount of flexibility in the curriculum and schedule. Remember that pregnancy is not a disability, and as such, any medical issues you face during pregnancy or after your delivery would be managed by your school in the same way as any other medical issues. Most medical schools teach the preclinical curriculum in a sequential manner, with each new class building on the foundation of the prior one. So as you move along through your first 18–24 months of your curriculum, if you needed to take a substantial amount of time off, you'll need to be familiar with your school's policies around a leave of absence. While the administration will grant you the time you desire or may need medically, this time off during year 1 or 2 might ultimately translate into an entire year off. This is not something that everyone plans for and also has important financial implications, so it is important to ask and understand. As a preclinical student, how many hours per week are you usually expected to be in class? Are you at a school where class attendance is not always required, and are there options for remote learning? Personal questions to consider: Will you have time and a quiet location to study? Can you dedicate a substantial amount of time to your studies, and will you have some help managing childcare needs at times of increased stress on you as a student (i.e., pre-exams and during your preparation for national board exams)?

Students who have their first children during medical school often feel that the clinical years are more forgiving, only in terms of scheduling. Traditionally, the core junior clerkships run between 4, 6, and 8 weeks, with natural breaks in between. Some curricula have longitudinal experiences where this may not apply. But for the

most part, students find that having a baby in year 3 or 4 can lend itself to a natural “break.” Often students will choose this option when possible and work with their schools to also take extended time off either during the end of pregnancy or at the time of delivery. While not a formal “maternity leave,” because students are not employees, similar time is given as needed, without any academic penalty. Things to consider again have to do with finances and also desires to graduate on time. Each student will have to consider this individually, but many find that taking extended time off gives them flexibility to enjoy the first few months of motherhood with less stress of the clinical clerkship years. If your medical school allows for some flexibility in scheduling between your third and fourth year, then options to spread out the curricular requirements may also allow you some more time to devote to board exams, residency interviews, and preparing for that transition later on.

So, if planning is your strength, and the stars align and give you some control over this important life decision, then there is *a lot* you can think about and should think about ahead of time. But sometimes, no matter how much planning you do, you realize that you will learn best under fire. Ashley’s stories of her struggles and successes highlight just how amazing, strong, and resourceful we women can be and that you too can make motherhood work during medical school. Buckle up for the ride!

Ashley VanDercar

Two months after my emergent cesarean section, I was lying in bed trying to catch some much needed sleep when the phone rang. I received fairly unexpected news: I had been accepted off the waitlist into the University of Miami Medical School. At first I was overjoyed. Then the reality of the situation sank in. I would be leaving all of my family in Tampa to go to Miami—just me and my infant son. You see: I am a single mom. A single mom by choice. My darling baby boy was made with the help of a reproductive endocrinologist and a carefully selected sperm donor.

Fast-forward a little over 4 years: somehow, I survived medical school. Everyday was a struggle, but I made it. Perhaps because of that experience I am now exceptionally happy. I am working 60+ h a week as a psychiatry resident, but due to the tricks I learned during those 4 years, I am able to maintain a great work-life balance.

How to survive being a medical student + a mother:

- Be superwoman.
- I’m not joking. Be superwoman: overly *organized and efficient*.
- Let go of some of your pride: *ask for help*.
- *Accept imperfection* and don’t feel guilty about it.
- *Expect a lot* from your child, they will surprise you.

Organization and Efficiency

Every morning, when I dropped my son off at day-care, the staff would chide me to “slow down.” But slowing down was not an option. There was too much to do. As long as I kept going, pedal-to-the-metal, I could slow down at home in the morning and evening. Those special times of the day were my own version of family time.

As a mom in medical school, you have to throw your idea of parenthood out the window. You develop your own style. When you are working 6 days a week on a surgery rotation, getting home at 8 PM only to wake up at 4 AM, you must have your priorities straight: remaining sane. You do not want to stumble out of bed, make breakfast, pack a lunch, get your child into his clothes, serve breakfast, and then find yourself screaming at your child to hurry up because you are inevitably running late.

Before he learned to dress himself, I often put my son to bed wearing his clothes for the next day. As he got older, I began laying piles of clothes out for the entire week. He could choose his outfit and get himself dressed. This worked so well I started doing the same thing for myself. The pile included every accouterment, including underwear and socks. This cuts down on the inevitable last-minute search for matching socks.

To avoid a hurried breakfast, I made a mini-Crock-Pot each night before going to bed. I also set the breakfast table. Sometimes I made steel-cut oats, sometimes a French-toast casserole. It varied. Either way, I had a hot breakfast ready to go when I rolled out of bed.

I did not wake my son up until I was done getting ready. We were then able to have quality time during a leisurely breakfast.

School lunches took a while to figure out. The trick I eventually learned was to buy bento boxes and spend 30 min each Sunday making a week’s lunches. Every month I froze up a bunch of mini-pizzas and PBJ sandwiches in vacuum-sealed bags. I made dinner in the Crock-Pot twice a week and froze several servings for especially hectic evenings.

Tips for Organization and Efficiency

- Develop your own routine—you are not a normal parent.
- Be highly efficient so you don’t have to be hurried at home.
- As you fold laundry, immediately put it into “outfit” piles, for both yourself and your child.
- Invest in two good Crock-Pots: a small one for breakfasts and a big one (with a timer) for dinners.
- Make and pack school lunches ahead of time—get five high-quality bento boxes and fill them up on Sunday.

Ask for Help

I've always had difficulty accepting help from others. But, being a parent in medical school makes you realize that there are certain things in life you just cannot do alone.

There's this nifty little sticker that schools send home that says: "picture day is tomorrow." All of the other kids in my son's class had their sticker placed on their take-home folder. My child came home wearing his sticker smack-dab in the middle of his back. His teachers realized it was the only way to ensure I remembered picture day.

One of the biggest challenges of being a mother in medical school was childcare. Medical students and residents have very unpredictable schedules. It is hard enough to find affordable childcare that is available beyond the typical 8–5 PM schedule. When you add a lack of predictability, things become nearly impossible. In fact, one evening, I had a mandatory session on how to perform a pap smear (with a standardized patient). I couldn't find childcare! I ended up bringing my then 2-year-old son along—one of the nurses watched him out in the hallway. He sat there the entire hour, watching Netflix.

The most difficult period begins in the third year of medical school, when clinical rotations begin. Logistically, things get tricky. You often have to pre-round as early as 5:30 AM and then stay for admissions until 5 PM. But, 5 PM doesn't really mean 5 PM. It means that if someone comes in at 4:49 PM, you are there until much later. Similarly, during surgery rotations, cases scheduled to be 2 hours long often take at least twice that.

This was very problematic. When I learned how unpredictable my schedule would be (a few months before third year started), I sat down with my student services dean. We even started talking about whether I could go to school "part-time," only to realize that wouldn't solve the underlying problem. So, I became hell-bent on finding a solution.

I started my quest by making a flyer. I put my son's picture on it, a blurb with "my story," and the details of what I was looking for. I posted it all over his day-care, my condo building, and the medical school. Then I made an online version of the flyer and posted it on the medical school Facebook page. This paid off.

I found a delightful young couple—both first-year medical students—who were willing to wake up as early as 5 AM to watch my son and then drive him to school. I also found a teacher's aide at his school, with two children of her own, who took my son home with her at night when I couldn't get out in time. During interview season, she kept him for days on end.

This was pricey—but much cheaper than hiring a nanny. Plus, a little known fact is that the financial aid office can increase your loan amount to cover childcare costs. That was a huge help.

Tips for Managing Childcare Responsibilities During Medical School

- Attack the childcare dilemma full force and use all of your available resources, including social media.
- Make sure people know that you are in a tough situation and that you need all the help they can give you.
- Tell your colleagues about any time restraints you have.

Juggling life and parenting responsibilities particularly during the clinical years is likely the hardest part of having children during medical school. Schedules are unpredictable, you lack sleep, and you need to learn to take care of other people (your patients) while taking care of yourself and your children and/or family. Support, in any way you define it, will be the most important part of your success. Not all are fortunate enough to have family or a partner with whom to share these responsibilities. If that is indeed an option, then this may be a good reason why students choose to have their children born during their medical school years. If there is no set support to count on, reach out to anyone you can to help establish those networks so you can be as focused as possible at the times you do need to be at work.

Accept Imperfection! Redefine Your Successes

Some people might judge me for leaving my son with such a variety of caregivers. I questioned myself at times. It was the only way to survive medical school. I've now discovered that these experiences helped him become an amazing kid. He can sleep anywhere, can be moved from place to place while sleeping, and doesn't bat an eye at being left in the care of a stranger. In fact, he has an uncanny ability to charm people into doing his bidding.

Another difficulty was trying to study on the weekends. The weekend before my first final, I hired a nanny to watch my then 6-month-old son. That allowed me to study. But it cost well over a hundred dollars. It was not sustainable.

Next, I tried setting up a playpen with tons of toys, so I could study. That did not work. Eventually I bought a fisher-price iPad case, downloaded Netflix, and set my son up with "educational" cartoons. I felt horrible! But, I couldn't think of any other option. He is now 4 years old, and I promise those innumerable hours of watching PBS did not scar him for life. Shortly before preschool, I bought him an alphabet book and was shocked to learn that he had learned his entire alphabet from "Super Why" (a cartoon).

When you are working obscene hours, only to come home and have to study, you cannot fuss about being the perfect mom. You have to do what works for you and your family. It is more important that you feel sane—and not turn into a fire-breathing monster—than that you fulfill the demands put upon the typical mother.

Tips for Accepting Imperfection

- Do not look to others for validation—do what works for you, even if it runs contrary to what others consider “normal.”
- Realize that you are not going to break your kid by letting him or her binge on PBS kids or other kid-friendly shows.

Most mothers in medicine are well aware of the adage, “you can have it all, just not all at the same time.” Motherhood in medical training and especially in medical school will test your limits and your strength. It is critical that you define your own personal priorities and recognize that there is only one you, and you can only be the best that you can be on any given day. You are used to comparing yourselves to others, and most likely, you’ve been at the top of that competitive curve for a very long time, or you would not be in medical school! But now you are balancing so much more than only you, and each day the balance may tip a little. Try not to be your own worst enemy, and go easy on yourself. Allow yourself to define your successes perhaps in ways that you are not accustomed to. Lean on others, family, partners, or friends, and speak up when things are not going well. There will be days and times when you feel that you could have done things better, tried harder, worked more, scored higher, etc. When those little eyes look your way and smiles are directed at YOU, no matter how little you managed to study that day or whether you gave a perfect presentation or not does not matter to the little person who is looking at you. Your child thinks you’re perfect and that needs to be your most important thought for the day!

Expect a Lot From Your Child

I’m warm and fuzzy and have a great relationship with my son. But I also expect a lot and tolerate nothing less. When my son was a toddler, I let him “cry it out” at bedtime. Initially he cried for over an hour. I was in tears myself. But this approach worked. He can now go to sleep in any setting, simply by being told to “go to bed.”

I couldn’t spend my evenings battling with my child about going to bed. I had to study. I chose the controversial method of “cry it out.” It worked great.

Similarly, I did not clean up after my child. He had to clean up on his own. From the age of 2 to 4, the rule was fairly straightforward—he could not get a new toy out until the last one was put away. At the age of 4, I changed tactics, because it became more important to allow him “freedom” to play with many toys at once. Any toy left out after bedtime was taken away for 24 hours. We made it a game. We pretended there was a toy-eating monster in our house (we would then laugh about how silly that was) who only came out after bedtime. No matter how much of a mess there is, my son always cleans up all his toys at night. He does it with great glee. I only take away toys a few times a year.

Another thing that helps simplify life is that I expect him to eat whatever foods I eat. I refuse to be a short-order cook. I can't. I don't have the time. If he doesn't want what I'm serving, he can wait until the next meal to eat.

Please do not think my child goes hungry. He has developed an adult palate. He relishes Roquefort cheese and regularly tells people how his favorite two foods are broccoli and golden berries. Similarly, while meals are a leisurely affair, they are not playtime. If he gets up before a meal is done, the plate is taken away.

These types of expectations have allowed me to enjoy my time with my son. Other than vacations, we haven't had large chunks of time together. That was especially true during my third year of medical school. But, the time we have had together has been true quality time. I haven't constantly had to remind him to clean up his toys or stay at the table. I haven't had to scurry around the kitchen trying to make meals on demand. Instead, he has become a part of my life.

Tips for Expecting a Lot From Your Child

- Don't underestimate your child's ability to be a productive member of your family.
- Expect a lot from them, so that the time you do have together isn't monopolized by admonitions to behave.

The key thing to remember about having a child in medical school is that you are not a normal parent. Your child needs to become part of *your* life. Not the other way around. You already decided to become a doctor. That isn't going to change just because you have kids. Things will seem tough, and you will feel guilty. But remember: children are extremely resilient, and adapt to their circumstances. As long as you stay organized and efficient and enjoy your time together, you will survive. In fact, your child will probably flourish.

I have been tired since May 2015. I am so, so tired. But the sleep deprivation proved to be worth it today. You see, today was Match Day. The results were good. Outstanding, really. Not only did I match to my number one ranked program, but my future institution is one of the most prestigious medical centers in the world.

My journey to get to today was not easy. It took me three application cycles to get accepted into medical school. The emotional toll alone of receiving dozens of rejection letters is enough to make anyone go a little crazy. But with application cycles also comes time, and as we all know, with time comes a decline in ovarian function. Women physicians are all too familiar with that line graph comparing ovarian reserve to a woman's age. I was finally accepted into medical school at 27. By that time I was married to a man nine years my senior who was very eager to start a family. So we decided to have a baby... while I was in medical school.

(continued)

After a pregnancy complicated by complete placenta previa, studying for Step 1 in the height of my third trimester, and a major placental bleed during third year orientation- my beautiful Ben was born. I have loved my son with every ounce of my being since the second I heard him cry. He has brought our family indescribable joy and not a moment goes by that I am not thankful to have him.

But being a parent is even harder than I imagined (I still have PTSD from the newborn period). Being a parent while in medical school seems like an almost insurmountable challenge. It has been exhausting and challenging and there were times I did not think I would make it to today. But today is proof. When I celebrated the news of my match, I got to share that moment with my loving husband and our smart, wild, daring, and sweet little boy.

Yes, I am still exhausted. And no, I do not believe I will get to catch up on sleep anytime soon. But just as my increasing age correlates to my declining ovarian function (that damn graph), it also represents the passage of time. My grandmother used to say that the days were long but the years were short. So to all the women who wonder if they can be a mom while in medicine... the answer is YES. Do whatever is right for you and your individual circumstance. And if you do have a baby in medical school (or at any point in your medical career), there will be times when it's awful and times you genuinely don't believe you can do it anymore... but it is so worth it. And whatever you do, enjoy every second because my grandmother was right. There were so many long days, but these sweet, sweet years are ever so short.

—Maria Latham, "Guest post: Finally," March 24, 2017



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