A Residency Program Harmonizes with Parenthood

The overall framework of medical education has remained essentially unchanged for a century. Although women are entering medicine in record numbers, and women bear children during the phase of their lives when they also train for a medical career, for the most part women must somehow manage to accommodate their lives to the rigid framework of medical training at the risk of a hectic homelife. Those who become pregnant can feel like prisoners who are hesitant to ask for special consideration. Some opt to forego parenthood.

Now that men are increasingly becoming full or part-time fathers during at least part of their early careers, they, too, can bump against the rigid medical mold.

With persistence, imagination and good will, however, arrangements can be worked out between physicians who are parents and the academic centers where they want to train. The story of Drs. Gail Allen and Elizabeth Neary, both mothers and both 1991 graduates of the UW Medical School, illustrates how one department, the UW Department of Pediatrics, altered its residency program to accommodate non-traditional physicians.

Gail Allen, with a degree in engineering from the UW, worked as an industrial engineer for four years before deciding to begin medical school. She gave birth to a son at the beginning of her fourth year and later bore a daughter. Allen was faced with a dilemma: she wanted to be a pediatrician, but she also wanted at-home time with her children during their critical early years, concepts considered incompatible by many in medicine. When Beth Neary, also a mother of two somewhat older children, and a medical school classmate of Allen, had approached the UW Pediatrics Department and asked for a part-time residency, her request was refused. Neary and Allen then put their heads together, believing there must be some sensible way to solve their similar problems. Neary proceeded to contact many residency programs around the country and discovered that some schools had been successfully offering part-time residencies for many years. The University of Rochester Medical School, for instance, has a 20-year history of allowing non-standard residencies. These programs had proved that unconventional arrangements can work well. Even the Residency Matching Program now contains a Shared Residency Match, Allen pointed out.

Neary and Allen concluded that they would like to share a residency in the UW Pediatrics Department. They presented their case to the Residency Advisory Committee, who agreed to accept them as residents. They are now in their fourth year of a general pediatrics residency, each with one month on and one month off. They will spend six years to complete a residency that normally takes three years.

“I think this is the way to go,” Allen said, “and our experience shows that alternate systems can work. I think such programs will grow.” She feels that her every-other-month experiences as a homemaker in a neighborhood with plenty of other children and parents can only increase her understanding of common problems and complications encountered by a typical general pediatrician. She feels strongly that she will be a better pediatrician by leading two lives, learning about various aspects of children and parenting first-hand.

“Because of the flexibility of the alternative studies program of the UW Medical School and the open-mindedness of the Pediatrics Department, I have maintained a good balance between family life and medicine,” Neary said. “I’m pleased that there are now more Pediatrics residents who are participating in alternative arrangements.” The Department has a total of 39 residents.

It seems that even the conservative world of medicine can sometimes change when reasonable minds confront problems together.