Love and marriage ... and physician residency: How to make it work

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Love and marriage go together like a horse and carriage, says the old Sinatra tune. While resident physicians’ spouses are generally happy with their relationships, nothing puts marriage or other domestic partnerships to the test quite like the demands of residency training.

Making such relationships work in spite of the heavy time demands and emotional burdens of residency training isn’t easy.

Physicians and their spouses who are going through the residency training experience together—or who have successfully navigated the gauntlet—spoke with the AMA to offer some tips about navigating the complex relationship dynamics between physicians and their nonphysician spouses during graduate medical education.

Expectation-setting matters

The lead author of a recent study on relationship satisfaction among physician spouses, William Joseph Ares, MD, conducted that research during his lengthy neurosurgical residency.

In that time span, he also met and married his wife, Abigail. Reflecting on how the couple managed to keep their relationship functional during his seven-year residency, he touted the importance of having a shared outlook.

“A lot comes down to expectations,” said Dr. Ares, a neurosurgeon at NorthShore University HealthSystem in suburban Chicago. “If you are going to date or marry someone who is not in medicine, make sure you have a good communication and understanding of what life is like. That involves normal, healthy relationship communication and also a setting of expectations that life is not going to be exactly like some of your friends who are not in such an involved field.”

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The key is for the physician in the relationship to honestly detail what “life is going to be like,” he said.

Learn more about the AMA Alliance, the nation’s largest organization representing the physician family. The AMA Alliance’s nationwide network encompasses all stages of life in a physician’s family, from the training years to retirement.

Life plan alignment

AMA member Carl G. Streed Jr., MD, MPH, and his husband Chad Rubalcaba began dating months before Dr. Streed began medical school. By the time Dr. Streed, now an LGBTQ health specialist at Boston Medical Center, was preparing to match in 2014, the pair was engaged. The transient nature of physician training caused Rubalcaba, who works in education policy, to look for a job that offered geographic flexibility.

"Knowing that Carl was going to be in training, that we would potentially be relocating for residency and then fellowship, and then maybe another fellowship after that and then maybe a full-time job after that—facing the prospect of potentially us moving every three or four years for the next decade—I was thinking: I don't want to be looking for a job every three or four years. What kind of job can I look for that allows me to do the work that's really meaningful to me and gives me some flexibility?

“I started working remotely, and I think it's been a good source of stability for us as a couple,” Rubalcaba said.

Partners must forge a path

A manager at a tech company, Ryan Penrod started dating his wife—AMA member Liz Southworth, MD, a third-year ob-gyn resident at Michigan Medicine—when she was a medical student at Loyola University’s Stritch School of Medicine. The pair relocated to Michigan from Chicago when Dr. Southworth began her residency training and got married last November.

Relocating and having a spouse who lacked bandwidth, Penrod has found it beneficial to pursue a social network of his own and stay active.

“I have found friends and joined activities in Ann Arbor that have allowed me to build a community for the times when Liz is less available,” he said. “I am constantly playing on basketball and soccer teams and travel home to see family and friends often. Maintaining my interests has been key to keeping me sane while moving to a new city, working remote and having a busy partner.”
Quality time is key

Kate Lorenzoni and her husband—AMA member Ray Lorenzoni, MD, a pediatric and fetal cardiologist at Connecticut Children's Specialty Group—began dating during a less intense, elective block of his residency training. When that block ended, the time demands of Dr. Lorenzoni’s career became more apparent.

Kate understood that she would be making compromises but had one non-negotiable.

“When his schedule was at its worst, I told him: ‘I need 20 minutes a day,’” Kate recalled. “I just needed that time for us to connect. And it became a lot about the quality and not the quantity.”

“Assuming he’s on-call, just 20 minutes to try to really be present with each other without the TV on and no phones to whatever extent that's possible.”

Schedule ahead

Residents’ schedules are usually set well in advance. At some residency programs, physicians know their rotations for an entire year when the academic year commences.

“When they were creating the schedule, they would ask if we needed any dates blocked off,” Kate Lorenzoni said. “So we found that it was important to plan ahead together and block off time for trips, weddings, and other events or else they just wouldn’t happen. And we would put each other’s schedules in a shared calendar, which made it easier to plan.”

“I would also do my best to fill Ray’s free weekends with fun things. I’d have things—like an evening with friends or family—planned out. When it got really crazy for him, we learned that he sometimes needed a weekend of nothing, so I would block that off for us too.”