Success in residency, romance aren’t mutually exclusive

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Strong personal relationships are a direct contributor to residents’ personal well-being, a recent study found. Maintaining those relationships, particularly romantic ones, can be at odds with the demands of residency. AMA Wire® talked to three physicians who have successfully sustained long-term relationships during their residency. Here is a look at how they made it work.

Adapt to circumstances

Once every week or two, Taylor George, MD, takes a little time to catch up with her husband as they savor some wine—over Skype.

For Dr. George, a second-year emergency medicine resident at the Naval Medical Center in Portsmouth, Virginia, this interaction qualifies as a digital date night. Her husband is also a physician, working 300 miles away in Chambersburg, Pennsylvania.

“My husband and I—because we live apart, because residency is tough—we decided to choose one topic that neither of us knew about,” Dr. George says. “When we are not at the hospital, we want to concentrate on that one thing that’s not work, so we chose learning about wine. The two of us are both working on a sommelier certification. When both of us have the night off but we can’t be together, we often buy the same bottle of wine in two different locations and taste it together.”

Dr. George and her husband were married prior to her beginning residency. The distance—her husband’s practice schedule allows him to visit her most weekends—and the time demands of residency have required them to recalibrate their definition of romance at times.

“We only lived an hour away when I was in medical school,” she said. “Now we live five. My schedule is about 10 times as full, so we’ve had to set expectations that when he comes to visit, I’m often working shifts. He brings work and sometimes he’ll come visit me in the hospital. Our usual ‘date night’
is ... sharing a meal in the call room in between seeing patients. That’s pretty standard for us.

**Make time to communicate**

Now a third-year pulmonary and critical care fellow at New York University, Kathleen Doo, MD, was in a long-distance relationship with her now-husband from the outset of her residency. Dr. Doo was at the University of Southern California while her husband, also a physician, was at a program in Boston.

“Our relationship worked on opposite time zones,” she said. “I go to sleep early and he’s a night owl, so the three-hour time difference made nightly phone calls very easy. We did video chatting a few times a week and we’d see each other every other month or so. Since we were both really busy with our residency schedules, it worked out really well.”

After a few years of cross-coastal dating, the two ended up at fellowship programs at NYU and then were married. Now they work in the same hospital, allowing them to “pop over to say hi on our lunch break.”

In both long distance and close proximity, relationships require compromise and effort, Dr. Doo said.

“As long as you make your relationship a priority, it will work out,” she said.

**When things are lost in translation**

When two physicians date, there is an almost implicit level of understanding about the demands of the job. It might be harder to find that kind of consideration and support from a non-physician.

Amy Brown, MD, a third-year neurology resident at Loyola University Chicago, knows those demands as a resident who works 24-hour shifts. Her husband, a teacher, does what he can to help her succeed on the long days.

“I don’t have a car,” Dr. Brown said. “He drops me off at work and makes my lunches most days. He’s been understanding anytime I have to work 24 hours, and he’s never given me a hard time.”

Dr. Brown and her husband met during her final year of medical school, and they married during her second year of residency. In those early days, her schedule was less rigorous than it is now.

“As a med student, I could be the one to make time to see him,” she said. “Now our free time tends to revolve around my schedule. There’s times when he’s had to cancel on other plans to make sure we
spend time together.”

While her husband is supportive, some things are lost in translation.

“It can be difficult for him to understand tough patient encounters or diagnoses,” she said. “It's important for medical students or residents with non-physician partners to foster other relationships with either other medical colleagues or close friends who can help during these difficult times. Not that I exclude [her husband], but it's just hard for him to fully grasp my experiences.”