Surviving, let alone thriving, in physician residency training is an uphill climb. Adding a new baby to the mix can make the hill even steeper. With about 40% of resident physicians planning to have a child during their graduate medical education (GME) training, having a newborn and advancing your physician career is a dynamic many encounter.

During a recent AMA town hall event, expert panelists offered insight on the challenges of parenting during training and how to navigate them. Here are a few key takeaways from the event.

### Plan your schedule

After giving birth during the spring of 2022, Kieran McAvoy, MD, a geriatric medicine fellow at the Medical College of Wisconsin, returned to work following nine weeks of maternity leave. Dr. McAvoy, an AMA member, said one key to transitioning back to work was planning ahead.

“We set aside some time at the beginning of the week to just go through our family’s schedule,” said Dr. McAvoy, chair of the AMA Resident and Fellow Section. “For my family, we’ll go through tasks ahead of time and decide who will get them done. For instance, will it be myself or my husband that picks up our daughter from day care?”

“We talk about meetings that are scheduled for that week, times that I am on call that week,” she added. “And while we all recognize that schedules can change last minute in residency and fellowship, having a general idea of what we need to accomplish in a given week allows us to determine who has the extra bandwidth.”
Turn to the AMA Thriving in Residency series for timely guidance on making the most of physician residency. Get resources and tips about navigating the fast-paced demands of training, getting scientific research published, maintaining health and well-being, and handling medical student-loan debt.

Keep your program in the loop

Your residency program leadership is invested in your success clinically, but to be your best self with patients, your nonwork responsibilities must be met. “Keep an open line of communication with your program about your needs,” Dr. McAvoy said. “Your program wants you to be supported and succeed. They need to know if things aren’t working for you.

“For me, it was hard going back to work on July 1 after nine weeks of maternity leave,” she added. “I had to send my baby to daycare for the first time and find lactation rooms in the hospital. My attendings and program coordinators would answer any questions I had and share experiences they had as working moms.”

Learn how the AMA will work to find new ways to help medical students and residents get child care.

Understand your support system

Most people look at family as their support system. In residency training, Dr. McAvoy has found that she can rely on her peers and people she has met through organized medicine to offer advice on some of the challenges of parenting in residency.

“No matter how much it may feel like it at times, you are not alone,” she said. “That’s one of the beautiful things about the AMA. There’s always going to be shared experiences and somebody who can relate—even if they are across the country in a different program.”

Find out how residency program leave policies offer new parents some clarity.

Know you’re not alone

Marc Mendelsohn, MD, MPH, is an assistant professor of emergency medicine at Washington University School of Medicine in St. Louis. He and his wife—— Christina Kratschmer, MD, a second-year gastroenterology Fellow at Washington University—have two young children and are juggling that
balance while his wife completes her fellowship training.

“When you look at your colleagues who may have similar responsibilities to you and seem like they all have it perfectly together, that is not necessarily the truth,” said Dr. Mendelsohn, the member at-large in the AMA Young Physicians Section.

“Know that it is OK to feel overwhelmed sometimes,” he said, “and it is OK to need to reach out for help, even if you feel like you are the only one in that position—you just aren’t.”

Learn more with the AMA about supporting physician mothers on their journey.