Ronna Campbell readies Sophia, left, for ballet class, while Isabella, right, helps in her own way.

HOW DO YOU DO IT?

PARENTING DURING MED SCHOOL

BY HATTIE FLETCHER

Ask Sophia Lichen what she wants to be when she grows up, and she smiles from under her short, dark bangs, showing the spaces between her baby teeth.

"A doctor and a mommy," she answers firmly.

Sophia's mom, Ronna Campbell (Class of '04), remembers the time Sophia put on a big old shirt. A painting smock, Campbell suggested. Sophia shook her head and smiled. "No," she said. "It's my doctor coat."

Campbell looks over at Sophia, sitting next to her younger sister, Isabella, and asks if she still wants to take care of grown-ups, not kids. Sophia nods her head.

Then she climbs into her mom's lap. "I want to take care of you," she giggles, tugging on the strings to Campbell's hood and touching her mom's face.

Campbell, who plans to go into emergency medicine, isn't pressuring her daughters to be doctors—after all, they're only 3 and 5—but she finds it encouraging that Sophia, who was 8 months old when Campbell started medical school, understands what her mom is working for and wants to do something similar.

On the other hand, when Campbell looks down, smoothing Sophia's hair, and asks, "Do you still want me to be a doctor?" Sophia shakes her head no. It turns out wanting to be a doctor and a mommy is different from *having* a mommy who is a doctor. Sophia, perhaps unsurprisingly, would like her mommy to be just a mommy.

"What time are you coming home today?" she asks as Campbell gets ready to leave the family's home in Highland Park every morning.

"As soon as I can," Campbell tells her. "Maybe around six."

"That's not early!" Sophia exclaims, with the unimpeachable logic of a 5-year-old. She extends a counteroffer. "How about three o'clock?"

Of course, this predicament is familiar to most working parents, though medical school, with its reputation for being grueling even without the added pressures of pregnancy and caring for small children, might seem a particularly difficult time to start a family.

Yet most medical students who are parents say that although the schedule is demanding, notably during third-year rotations, it can also be surprisingly flexible, especially early on when there are some free afternoons and a summer off. Most weeks, Campbell is able to take Sophia to her 4 p.m. ballet class, and she has made it a rule not to study at home or on weekends. And though she didn't plan to have her second child so soon after the first, she's very pleased with the way things have worked out. She expects her residency—at the Mayo Clinic—will be more challenging for her family than medical school has been. (Campbell's husband, Peter Lichen, a researcher, hopes to take a leave away from work during his wife's residency.)

Actually, medical school can be a great time to start a family. This is especially true at Pitt, which prides itself on attracting "nontraditional" students (loosely defined as anyone over 25). It's hard to know how many of these are parents, but the numbers appear to be on the rise. The administration is committed to helping every student succeed, and though most parents try not to ask for special treatment, they say they are reassured to know that support is available if they really need it. It's not uncommon for new mothers (and even a few fathers) to take time off, even if they had not planned on doing so.

While pregnant with Isabella, Campbell told an adviser, Kathleen Ryan, that she would take a month off to have the baby. Ryan, associate director of the Office of Medical Education and an associate professor of cell biology and physiology, asked, "Why only one month?" She suggested spreading a year of course work over two years, allowing Campbell more time with her baby. Ryan talked to other administrators and smoothed the process. Campbell now says that the year of Isabella's birth was one of the best parts of her medical school experience.

"That made a huge difference," she says. "It allowed me to feel very satisfied with the time I had with my children and the time I had for school without compromising on either one."

And though being a parent may slow down the process of becoming a doctor, it can also complement it. Peter Harewood (Class of '06) studied development during his wife's recent pregnancy and says he has retained those particular lessons better than some others. (There's a flip side, though: He also remembers sitting in class and cringing as he learned about new diseases, thinking with each one, "Could that happen to the baby?")

Parenthood may also make some students more compassionate doctors. Campbell remembers being a little surprised by the extent to which some of her colleagues, while loving the kids they worked with during the pediatrics rotation, saw the parents as unnecessarily anxious and difficult. You're likely to be more sympathetic, she says, when you know firsthand what it feels like to be at the doctor's office with a sick child. Some of her classmates say they also feel being able to draw on their experience as parents has enhanced class discussions and rotations, perhaps benefiting students who haven't had that experience yet.

Ultimately, what most parents enjoy about starting a family during medical school is that despite occasional moments of craziness, it provides an antidote to the potentially overwhelming pressure to study all the time. Ronna Campbell is a typically intense, competitive medical student, but having a family makes her come home and forget about work. She feels that having children has actually made her a better, happier medical student.

"People say to me, 'I don't know how you do medical school with kids,'" she reports, "and I say, 'I don't know how you do it *without* a family.' It seems like it would just consume you, and with a family that doesn't happen." ■

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