

Women's Perspectives on Dual-EM Physician Couples

Megan Mandile



Envisioning and planning out any career can be daunting. Doing so for two emergency medicine (EM) careers simultaneously

can have even more challenges. Nevertheless, this is the situation my significant other and I found ourselves in. Having participated in the current match as a couple in EM, we definitely experienced times of uncertainty. Did we make a difficult situation that much more complicated? We also experienced times where being a couple worked to our advantage. We each had someone in our corner who understood how crazy this process can get. With the majority of the match process behind me, I have turned my

and life, from Dr. Moretto, a resident without any children, to Dr. Verma, who has been in practice for over 20 years and has two children. They also met their partners at different points in their career. I learned important perspectives from each of them.

The greatest benefit which a dual career EM couple can look forward to is being able to communicate with ease. The bottom line is you will have a partner that just “gets it.” EM can be draining and at times distressing. And so, Dr. Turrin says having someone who “speaks your

a little chaos and with getting creative.” They all seemed to follow a similar formula: request time off for the important things, become flexible with holiday celebration dates, and revel in the random weekdays off. Finding a supportive residency program or hospital system was something they all highlighted as critical. It can really make a difference when it comes to balancing family life and work.

Childcare was another important topic for these women. EM has made huge progress in this domain. There was a time, during which Dr.

“The greatest benefit which a dual career EM couple can look forward to is being able to communicate with ease.”



language” is a significant plus. Frustrations and victories will be heard by someone that has had a similar experience and truly empathizes. Being able to bounce ideas off of one another is something Dr. Verma points out as a benefit to her and her husband’s administrative roles. For others, having someone that can sense your need to communicate about anything *but* medicine is also a major benefit. Whatever their communication needs, the



Verma recalls being told that maternity leave was simply unavailable to her, having to use sick days instead. The other women, having had their children more recently, view EM today as a very supportive and understanding specialty. Some specific challenges remain; getting a babysitter that can come at 5:00am one day and 11:00pm the next is not easy. Alternating schedules and hiring nannies/au pairs were all solutions the women recommended. Other challenges, like pumping breast milk during a shift, required a good amount of support from the department. Dr. Reens stressed the importance of remembering that a career which is “bad for a mother” is also “bad for a father.” Things like paternity leave was something the women proposed as a way the specialty can take a more family-oriented approach. Overall, there is still progress to be made, but EM seems to be heading in the right direction.

attention to the future. I was fortunate to find that there were more than enough women who had been in my shoes before, eager to share their experience.

I was able to speak with five female EM physicians: Drs. Lisa Leuchten, Jillian Moretto, Alexandra Reens, Danielle Turrin, and Smeeta Verma who are all in dual-EM physician couples. They each differ in their stage of career

women all appreciated having a partner that shares in their experiences so intimately.

When it comes to scheduling, it’s unlikely that either partner will have any semblance of a traditional 9-to-5. Working nights while the other works days is, at times, a reality of the job. Yet, they all find solutions to “make it work.” Dr. Reens remarks that if you are going into EM then you are likely “comfortable with



“There will be sacrifices, but in the end with a little creativity and dedication, this partnership can be remarkably beneficial for both.

With an emphasis on teamwork and bringing each other up for the benefit of the patient, EM gives couples the opportunity to have healthy senior/junior dynamics. Dr. Moretto, currently one year behind her significant other in residency, says that in the ED, these dynamics just don't matter as much. It matters more that

everyone is working together and bringing one another upward. Critical evaluation, however, is at times necessary. According to Dr. Verma, what's important is that you don't bring that dynamic home. Keeping in mind that at times EM can still feel like a boys club, the women tended to agree that being in a junior position relative to their partner, although frustrating at times, was something that pushed them to be better.

For those hesitant to align their career so closely with a significant other, the women all highlighted how truly diverse the specialty is. EM is not a “one size fits all” career. Some chose fellowships while others jumped right in to clinical work. Some went after large academic centers with administrative or education roles while others pursued community hospitals with limited resources. When asked about this topic, Dr. Leuchten advises to focus mainly on yourself during residency. It is your time to develop and

grow, even if there is someone going for the ride alongside you. All in all, EM seems to leave enough space for developing a unique identity, even for a couple.

Above all, this endeavor showed me that there is a community of women out there eager to help one another. I am grateful for the time these women took out of their already hectic schedules to speak with me. These conversations reassured me that emergency medicine is not only an amazing specialty for individuals but is also well-suited for a couple. I wish anyone about to embark on the journey with a partner the best of luck. Dr. Turrin quoted her father in saying, approach everything, from your partner to yourself, with “patience and tolerance.” There will be sacrifices, but in the end with a little creativity and dedication, this partnership can be remarkably beneficial for both. ●

Join an AAEM Section

Sections of AAEM give members the opportunity to get more involved in AAEM in an area that they are especially interested in. Sections all have their own bylaws and members pay dues to be a part of the section. See below for more information regarding the different AAEM sections that you can join.



Critical Care Medicine Section

Critical care is an ever revolving field with major advances, and the goals for this section are to keep you up-to-date by writing guidelines or position statements, networking, developing a job database, and providing mentorship. The Critical Care Medicine Section (CCMS-AAEM) aims to engage your clinical interests.



Emergency Medical Services Section

We are excited to announce the new Emergency Medical Services Section of the American Academy of Emergency Medicine (EMSS-AAEM)! Our section is founded to foster the professional development of its members and to educate them regarding emergency medical services.



Emergency Ultrasound Section

We are excited to announce the new Emergency Ultrasound Section of the American Academy of Emergency Medicine (EUS-AAEM)! Our section is founded to foster the professional development of its members and to educate them regarding point of care ultrasound.



Women in Emergency Medicine Section

The Women in Emergency Medicine Section (WiEMS-AAEM) is constituted with a vision of equity for AAEM women in emergency medicine and a purpose to champion the recruitment, retention, and advancement of women in emergency medicine through the pillars of advocacy, leadership, and education.



Young Physicians Section

AAEM Young Physicians Section (YPS-AAEM) membership is open to all emergency medicine residency-trained Fellow-in-Training, Associate or Full Voting members of the American Academy of Emergency Medicine who are within the first five years of professional practice after residency or fellowship training.

Learn more at: www.aem.org/get-involved/sections