

Merging Motherhood & Medicine

Necessity is the mother of invention. Wendy Ault is the mother of a twelve-year-old daughter. She is also a physician and one of the founding partners of a unique pediatric practice in northern Virginia.

Manassas Pediatrics may not seem all that unusual to its patients, Ault says, except that not all the partners and associates are available during office hours. Nonetheless, the two-office practice is a rare gem to the three senior partner physicians and two junior associate physicians who work there. All parents, they describe the practice as flexible, and perhaps that's because it was founded on the *necessity* of putting their children first.

Ault and her founding partner Marsha

Mason created the practice nearly a decade ago. The women were both in solo practice, and though each was at a different stage of motherhood, both struggled to find the balance between work and family.

Mason was the mother of three teenagers; Ault was a single mother of an infant, and until her daughter was about nine months old, she kept the baby with her at the office, with different office workers looking after her throughout the day. "It was very stressful," she recalls. Eventually, office workers, her daughter's godmother, and other babysitters stepped in to provide help outside the office; "I was very thankful," she says, adding that this stable team of caregivers continues to be instrumental in her daughter's life.

The physicians decided to merge their two solo practices. "The impetus was to be able to give adequate priority to our own children's needs without sacrificing the best possible care for our patients," Ault says. But not without creating an out, just in case the idea didn't work. The women had a separation agreement before they even agreed to join, Ault says. In fact, they spent almost \$5,000 on legal fees and paperwork to set up a creative set of governance rules that would meet the needs of parenthood and allow associates to leave if the atmosphere wasn't meeting their needs. "It was worth every penny," Ault assures.

Two of the physicians who've worked at Manassas Pediatrics have moved on to other practices; "Of course we wish them well, and know that Manassas Pediatrics isn't right for everyone," Ault says. But by and large the practice has been successful, financially and philosophically.

Manassas Pediatrics

Practice Setting:

Group Practice
Main office in Manassas with a satellite office in Gainesville

Office Hours:

Monday-Thursday 8 a.m. to 7 p.m.
Friday 8 a.m. to 5 p.m.
Saturday 9 a.m. to 12 p.m.
Gainesville 9 a.m. to 4 p.m. on weekdays

Senior Partners:

Wendy Ault, MD
Marsh Mason, MD
Anita Flowers, MD

Junior Associates:

Elizabeth Flynn, MD
Erik Granados, MD



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Ault attributes their success to the unique governance of their practice setting.

There are no sign-on bonuses, she says, and new associates must prove themselves for two years before they're eligible to become partners. The practice has a base wage determined by the hours the physicians want to work, and their seniority. "It's very unusual, I think," Ault says. They are required to work a minimum of 20 hours each week, but there's no maximum. If she wants to work a 60-hour week, she may and will be compensated accordingly. Ault rarely works a traditional full time week, and she expects to take on the "crummy hours" as her parental role evolves.

“Parenting makes med school look like a snap.”

Both the partners and associates are all taking equal call, Ault says. But perhaps the greatest bonus for all the physicians is the flexibility to leave work when their children need them. That's because their patient base is expected to be flexible, Ault says; patients may make an appointment for a specific day, time, and location or make an appointment to see a particular doctor, but chances are they won't be able to do both, she says. She encourages her patients to see all of the physicians in the practice to become more comfortable with the group.

Flexibility is the key element for both patients and doctors. Not long ago, flexibility wasn't even an option for a woman physician; she had to make a choice between work and family. "I think women were sold a bill of goods," Ault says of the feminist movement of the sixties and seventies. "Equal pay for equal work is critical, and non-biologically based equal opportunity is also critical . . . the bill of goods was that there were enough hours in the day to be professional, wife, and mother simultaneously and do it all well

without something suffering," she says. "There just aren't enough hours in the day."

The pendulum seems to be swinging back, offering more choices, and also more challenges.

At one time, just getting through medical school was a challenge to women who wanted to become physicians. But today as more women gain success in all careers, Ault says, "The challenge is always biology." Women still have to balance work and family differently than their male counterparts – "Something like 76% of the time the mother is still the major caregiver. The problem is that women physicians don't have wives," Ault says, laughing.

"Parenting makes med school look like a snap," she says. Ault believes in the supreme importance of being her child's mom, of going to fencing matches and ballet practice and horseback riding lessons. "You simply cannot *not* be there," she insists. "They need you there in the audience."

Elizabeth Flynn is one of the junior associates at Manassas Pediatrics. "I joined a practice of mothers because I wanted to be one," she says. "Motherhood has not changed my [medical] advice but definitely changed the emphasis on some things, and my approach to others." She describes the practice as "flexible but still stressful, because you need to be here and home – working in a group makes that easier."

Manassas Pediatrics is no longer a practice of only mothers; the latest addition to the team is father and pediatrician Erik Granados. Ault says he tends to work more hours per week than some of the mothers, but he knows that if he's ever needed at home, his family responsibilities take precedence. "He's very funny and very secure," she says, and his patients really like him.

Flynn says, "I think that having a male in the practice has raised some new challenges. It's easier for us sometimes because he can work more hours and does not have as much of the family responsibility." But the women don't want him to feel that he has to "mop up" for them when they need to leave to take care of the children, she says.

Ault says that in some ways, having an all-female practice was easier, "but we knew we

“I joined a practice of mothers because I wanted to be one.”

needed that balance,” she says. “It’s healthier to have men in the practice with you.

“We seem to be a very compatible group,” she says. “We love what we do.

“I love pediatrics and being a country doctor,” says Ault, who is equally committed to her role as mom to her pre-teen daughter. “She is the most unbelievable blessing,” she says. “I would

make the same decision again.”

What advice would Ault give to other women physicians? “I don’t give other physicians advice,” she says with a laugh. “You can’t herd cats!” Is it possible for physicians to practice the medicine they love and still make their children their first priority? Where there’s a will – and some creative governance laws – there’s a way. □

Your Colleagues’ Childcare Ideas

In looking for a nanny, search for fellow female residents or docs who have children who are approaching preschool or school age who might be giving up their nanny soon. These often serve as more reliable references than going through a nanny agency. I found my nanny this way and she has been with us for three years! If your child is about to enter preschool, sharing a nanny part time with another professional may also be an option.

~~ Maria Luomo, MD

When recruiting a babysitter in an urban/suburban area, put fliers in your local supermarket, laundromat and churches. You are more likely to find someone who lives close by who could walk or take a bus in the event of car trouble. “Babysitters who do not speak English well can provide your children with a second language teaching them to speak without an accent.

~~ Susan A. Ballagh, MD

No childcare plan is great or fool proof. The more kids, the harder the job, the more creative you need to be. At one point, we had two full time baby sitters – one for the baby and one for the older children – and a housekeeper. Now we keep one full time sitter and a house cleaner who comes every morning from 7:30 to 8:30 and can watch sick children until arrangements are made.

~~ JoAnn Pinkerton, MD

As a single mom who took call from home, I found a local high school student who was willing to come in and spend the night on my call nights. She also came in early mornings when I had to be at work by 6:45. She got kids up, dressed and fed, then on the bus for school.

~~ Robin Hamill-Ruth, MD

Our childcare arrangement is not very creative but is working out very well. My husband resigned from his work as an architect to take care of our son who is now 16 months old. Initially, he had planned to take a three-month paternity leave and then work part time from home, but for now he is a full-time Dad.

~~ Ruth Felsen, MD

My husband is a surgeon and I am a radiologist. My greatest childcare stress occurs when both of us are on

call at the same time. We have had Au Pairs living with us for the last 10 years, through one of the large Au Pair organizations. With this arrangement, there is someone at home in the middle of the night for those occasions when we might both need to leave in the middle of the night...she doesn’t even have to wake up, just being there is fine. During the evenings and weekends, rather than holding her “prisoner” to our call schedule, I have given her a beeper so that she can go out, with the understanding that I will page her if necessary. I have almost never had to page her but it is worth the peace of mind to have her available as a back up. This sounds like a lot of trouble but it is easier than having to always stagger the call schedule.

~~ Anonymous Member

Hire a reliable college student as the driver for after school activities: Boy Scouts, Little League, horseback riding, etc. I paid by the mile by the month. It’s expensive but worth it. Adopt childless, single adults and provide them enrichment experiences of parenting, especially community theater or museums with your child. Have the children practice good behaviors by sitting in the NICU family lounge while mother makes rounds, and stock your car and office with playthings NOT at home for the surprise times when they are on the carpet in your office while you are doing business. Anticipate potential middle of night emergencies with friends and neighbors who can come to the home while you go into the hospital and reward them extravagantly with Broadway tickets, or time trades. For example, I cooked double when I made holiday foods to share with my do-gooding, rescuing friends.

~~ Sharon Hostler, MD

There is no “perfect” time to have a child. If you wait for the perfect time you may miss your opportunity. Remember that no matter where you are on your career path, med school, residency, faculty or private practice, childcare can be worked out. Possibilities include part-time school or work, time off, live in help, family help to name a few. My best advice for decision-making time is: 1) Choose a husband who considers your career as important as his and your needs as important as his; 2) When making decisions, always put the family first. With this combination most things work out for the best!

~~ Barbara B. Wilson, MD

Message From the Chair

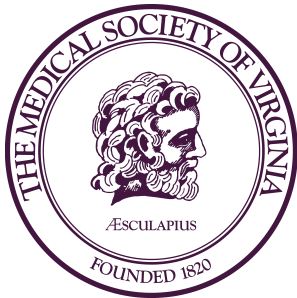
This has been an exciting and eventful year for the MSV Women Physicians' Section. We have added several new benefit programs for our female physician members, including the newsletter you now hold in your hand. The intention of our newsletter is to address women's professional issues as requested by our members. The MSV staff recently surveyed female physicians to determine what topics are of most interest to you. Subjects such as part-time employment, contract negotiation, personal development, management, legislation, and creative childcare were cited. This newsletter will be published quarterly to address your interests.

Have you checked out MSV's new website recently? Under "Specialty Interest Sections" we now have an area for women physicians. Specific articles on women's issues, recommended readings, Listserv discussion groups, and MSV's job bank are just a few resources to help you succeed in both personal and professional endeavors. We also continue to work with the three Virginia schools of medicine in sponsoring their annual "Women in Medicine" program.

We invite you to consider participating on one of the MSV's many committees, or to get involved with lobbying during the General Assembly. Each year the MSV lobbyists encourage physicians to visit the State Capitol and speak with their legislators. I have found this to be personally rewarding and can tell you firsthand that your voice *does* make a difference.

Please let me thank you for your continued support of the MSV and its activities. We are working hard to add value to your membership through the Women Physicians' Section.

~~ Jeri R. Carr, MD, Chair
MSV Women Physicians' Section



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