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As the intern managing our inpatient service, my morning has been consumed by checking off boxes next to each name on my list. I have meticulously recorded urine output, flatus, and updates from consultants. The weight of pending tasks looms over me, knowing I still have a long day ahead at the hospital followed by only two hours at home to work on research before I need to sleep.

“Oreo or Nutter Butter?” A soft whoosh emanates from Katie as she holds out cookie packets. “My husband packed extra for you today.” I’ve caught my chief resident in the 20 minutes between cases—just enough time for her to meet her next patient, run the list, eat, and pump. We find ourselves in a call room repurposed into a pumping room, complete with a bunk bed, a computer, and a mini fridge for storing breastmilk. After devouring my Oreos, I update her on vitals and urine output before rushing back to the floor.

Two hours later, I have a question about a patient’s tachycardia, so I find Katie in the OR. She is taking down the lateral attachments during a laparoscopic nephrectomy while simultaneously discussing diapers, strollers, and the latest kidney cancer guidelines. It is only in rooms with Katie that I have begun to hear discussion of motherhood at work. Among our female faculty is an entire community of surgeon mothers willing to impart their wisdom. They demonstrate skills useful for both motherhood and surgery: empathy, multitasking, and effective communication. In them I find role models who embody not just clinical excellence but a lifestyle I can aspire to.

With friends and family, I often hear discussions of motherhood, but these moments feel like a peek into another life, one foreign to my world of work. The further I progress in the world of medicine, the more I hear the prevailing message that my life must be centered around work. From the attending who said that I needed a “cactus” partner (someone who doesn’t require much attention) to the origin of the term “house officer” (someone who lives in the hospital) it is expected that life come second to an ambitious career focused on publications and presentations.

Yet, here is Katie—a new mom on the brink of becoming an SUO fellow. Undeniably busy and exhausted, she manages to be compassionate with patients, exceptional in the operating room, and patient with her team, all while pumping between cases, reading about milestones, and sharing photos of her son. She has demonstrated that a life outside of the hospital does not have to be detrimental to a successful career; on the contrary, it can make one a better surgeon. I have learned that these five years of training are enriched by the relationships we nurture outside the hospital. I hope that others can be exposed to this training environment so that we can build a workforce of urologists who bring a diverse set of skills to our patients.