Working Part Time in Academic Family Medicine

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There has been much written about Karen Sibert, MD’s New York Times Op Ed piece titled, “Don’t Quit This Day Job” (New York Times, June 11, 2011). In the commentary, she asserts that physicians should not be allowed to work part time because society spends so much to train them. I have been an academic family physician for 15 years, working part time for more than 11 of those years. Working part time has been integral in my ability to remain in academics, preventing burnout while allowing me to be more involved in my children’s lives while they are young. I think academic family medicine is a unique canvas to examine the issue of working part time because not only are we all part-time clinicians (even the full-time faculty), we are part-time scholars, part-time teachers, and part-time role models to our residents.

Over the past several years, I have received divergent feedback from residents. “She’s not there when I need her” reflects the fact that I am not in clinic as often as many of the other full-time faculty. However, the frequent comments that “Sarina is a great role model of a working mom” reflect the changing demographics of our residents. Many of our residents have children prior to or during residency, and many will choose part-time job opportunities after graduation. It is important to role model that “part time” does not mean inferior or irresponsible and that it is possible work part time in academics. Over the years, I have worked harder to follow up with my patients (a feat that has become increasingly easier since the advent of EHRs) so that my partners will not feel that I am a burden to them. My patients understand and frankly get a more energetic and refreshed me who is able to be completely present within each encounter because I am not burned out. I hear “I can’t get in to see you” from patients. Most of my patients are women who understand the complex dynamic pull between work and family, and although they are frustrated about not being able to see their PCP, appreciate me when I am there.

The negative consequences of working part time are also real, and I have needed to be thoughtful about structuring my life to minimize them. The way that I have set up my life, there are times that I am not available to help out with call, in clinic, or with teaching. Personally, I do a lot of working from home, which increases my flexibility in scholarly work, yet can greatly interfere with time away from work. In general, I work far more than I am paid for, but the trade off of flexibility to be home with my children is worth it. Do I feel guilty? Yes, I do. There are plenty of weeks when I feel like I have shortchanged all parts of my life—not enough doctoring, not enough mothering. Work-life balance is a fluid concept. The next week I try to do better.

The complexities of scheduling coverage in a program with multiple part-time faculty can be difficult. I am lucky that I work for a large program that can absorb my part-time call and inpatient status. I try to be available for my obstetric patients but can easily sign out to the faculty on call if I am unavailable. In some smaller programs, all faculty are required to take full-time call to cover patient care obligations regardless of their FTE. In these situations, the question of compensation becomes complex. How do you decide on compensation when a faculty member sees patients and teaches less than others but does full-time call?

According to a 2005 national survey of physicians, 11% of physicians in academic medicine worked part time. Ten percent of family physicians (both academic and those in private practice) worked part time (20% of women and 7% of men). In this study, part-time physicians had higher job satisfaction, higher productivity, and equal performance. Another study of 97 part-time tenure track faculty at the University of Illinois College of Medicine found that

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women were more likely to work part time because of family responsibilities whereas male respondents worked part time due to competing demands from another job.2

Interviews of part-time faculty and their division chiefs in an internal medicine department delineated several benefits and challenges of working part time within an academic department.3 Benefits of working part time include more time with family, ability to focus on new scholarship/research, providing role models for residents, and increased unpaid work for the division. Challenges were described for the division and for the individual. Challenges for the division included difficulty with pay and work equity, determining scholarly expectations for part-time faculty, and defining number of hours for full and part-time faculty. Negative consequences for the faculty who work part time include lower pay (and possibly more work than FTE), lack of institutional support for part-time workers, slower progress toward promotion, and potential to be viewed as not as committed to the department.3

The Alliance for Academic Internal Medicine sponsored a task force on part-time careers in academic internal medicine. Their recommendations included more respect for work-family balance, addressing the perceived negative attitudes toward part-time faculty, developing policies to allow for flexibility in academic achievement, and support for research into “best practices” for integrating part-time faculty into academic departments.4

Academic family medicine has an opportunity to help guide the conversation about flexible work environments. This conversation is especially important as we see many of our new faculty as members of Generation X or the millennial generation, both groups who place a priority on work-life balance.5 To make faculty positions attractive to the next generations, individual programs and STFM need to support part-time work, flexible work hours, and job sharing. Personally, I disagree with Dr Sibert. Working part time will enable me to continue working happily for many years to come.

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References