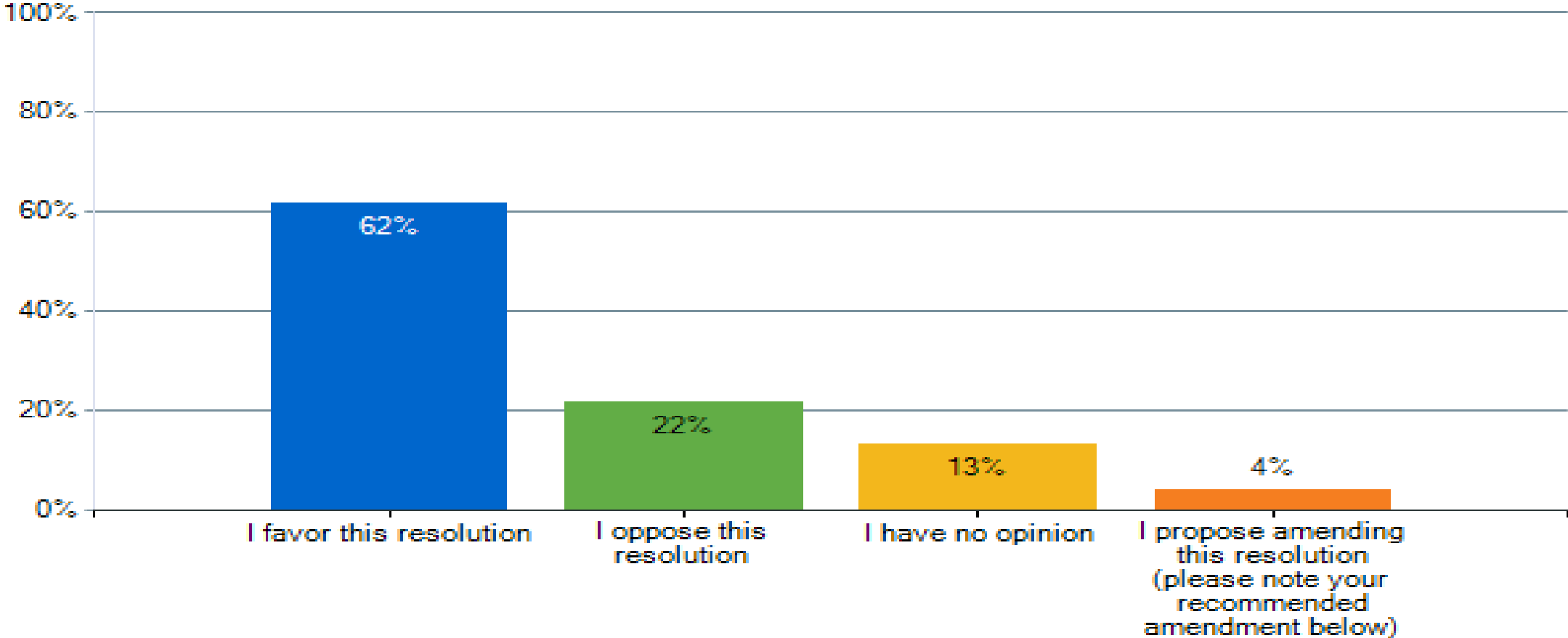
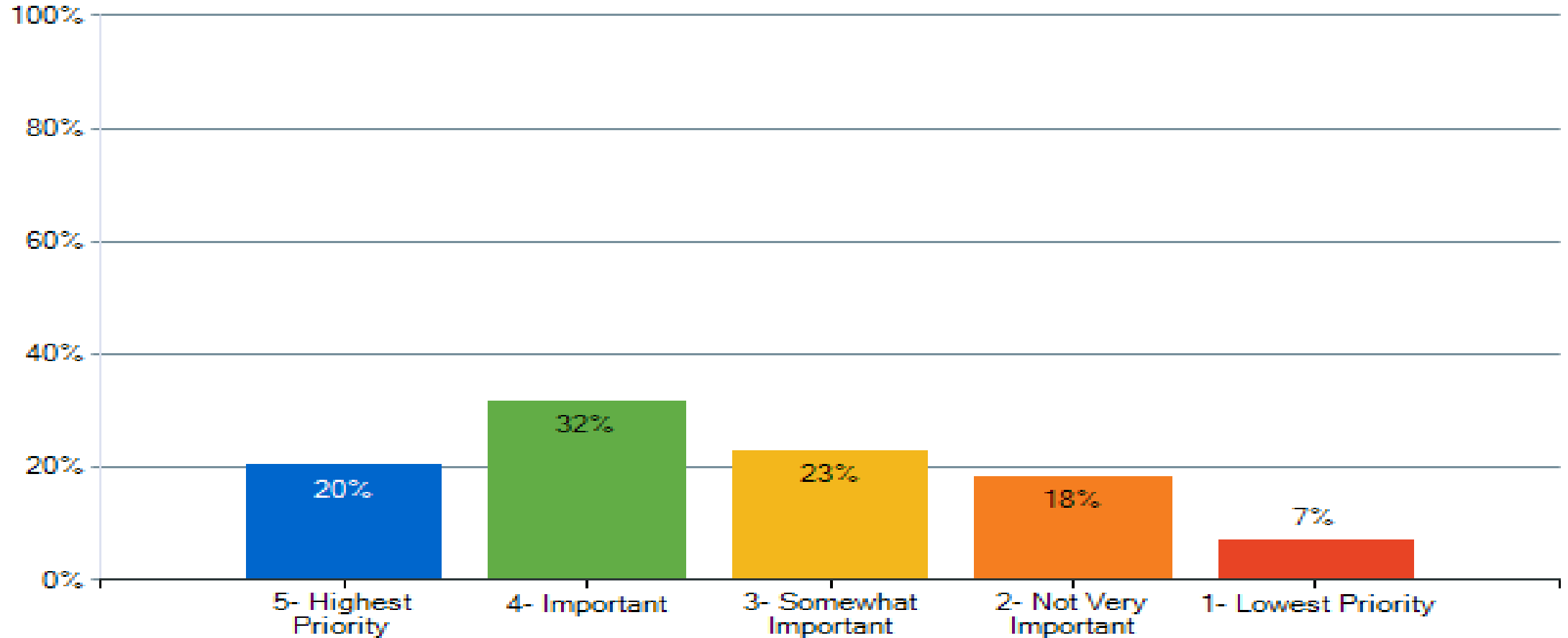


# Supporting Childcare for Medical Residents



162 responses

Please indicate your view of this resolution as an ISMS priority.



158 responses

## Comments

### Response Text

Education, encouragement and general awareness is good. With the shortages, facilities can use this knowledge to offer services to attract quality candidates and to be more competitive, and hence help the current challenges faced by trainees.

We are attempting to join the wave of "everything for everybody" and calling it compassion. As a female, I'm all for women in medicine, but I'm ashamed at how they complain and demand special services. Let each resident make his/her own arrangements for childcare. They are not as helpless as they claim.

Residents definitely should get this type of support. Many are delaying starting families. This would be one thing that would lower the hurdle for a resident to be able to start or expand a family.

What is more important than our next generation? Nothing. Everything we can do to help those bringing life into the world we must. I am so proud of ISMS for bringing this to the fore.

Seriously, of all people the medical professional should be able to figure out how to arrange for child care and what extent is necessary, including involving your own family.

Agree residents need child care but I don't think it needs to be free.

Likely a good ideas, but is it likely to be used by many ? What are the stats on use of child care during AMA meetings ?

It is already available in most hospitals. No need to do what has already been done.

What's next, free housing, free Uber? Residents already have fewer work hours. They can figure life out without help.

My wife and I worked through residency and we found a way for childcare out of our own pockets. This is akin to universal healthcare and free education for all. Pay me back for both of those things including the compounding interest I would have received in the stock market, before I would consider voting yes for this resolution.

As far as I know this year, about 70% of hospitals are in the red, with the outlook for next year not looking much better. With shrinking reimbursement, inadequate federal and state reimbursement, and the impact of COVID, RSV, and Influenza, the burdens on hospitals is immense at this time.

It is OK to encourage and support help for childcare. But adding more and more recommendations just makes people feel good without realizing the practicality of implementing such recommendations in a state wide or nationwide scale.

Quality childcare should be a national priority and a national program.

Again, this is not ISMS' job. The individual programs can provide or not provide this service.

I proposed this resolution, so I am recognizing that as a conflict of interest and not answering the questions below.

It is an unfunded mandate to hospitals in tough economic times.

I support resolve 2

This may make Illinois residency programs more attractive to prospective residents.

Please just stop! There are more female than male medical students! There is a shortage of physicians because there aren't enough trained. Applications for medical school have never been more competitive. There is no question that having children is a challenge as a resident, but the large attrition rate of women in medicine is not at the resident training

level. The attrition occurs when women are challenged by work life balance while employed or in private practice. This will never change. They are called life choices Too convoluted. Includes male residents? What if a resident rotates from hospital to hospital?

Nope, figure it out. Take out a loan, have your family or parents help. We all figured it out. That's not your issue/ the issue is paying the residents and doctors enough money to have child care. We need to be paid more. Start lobbying for payments

Having a child during residency is an unfair burden on the pregnant resident and her fellow residents (increased call and workload for the nonpregnant residents). Medicine is a significant commitment.

terrific11

Childcare for everyone is a great idea. How do residents vary from day laborers or attorneys or grocery store workers? Preferential positions like this are not in the best interest of medicine. Childcare is always an issue for everyone.

With the passage of HB 1571 which is set to go into effect Jan 1, 2023, there is an opportunity for Illinois to include medical students and physicians in training in access to 24/7 care. While first responders and trainees should have access to funds to support this care, it would be an unpopular ask that physicians get discounted or subsidized access to these care options as well. I support this resolution, and would ask for addition of language that would encourage us to include medical students and resident physicians in being able to access the first responder focused child care (more people using it will make it more cost effective).

IF ONLY THIS WERE AVAILABLE TO ALL WORKING PARENTS.

Access to good quality childcare is important for both sexes during residency. It's almost impossible to take off time from residency to care for one's children. Preferably child care would be in proximity to the healthcare institution. Of concern to women residents is that their fertility declines with advancing age, so if one wishes to have a larger family, childcare is a must,

There are multiple levels at which this type of policy is inappropriate. 1) This proposal supposes that someone else is financially responsible for the cost of a child that is not their own. Parents and family are responsible for the care of children, inclusive of costs. 2) Not fair to those who decided to defer having children until they could afford and or manage them. 3) Decisions have consequences. Of all who might be capable of understanding the future implications of having children, our medical colleagues and future medical colleagues certainly have the decision making capabilities and educational background to make these informed choices for themselves. 4) Likewise, individuals need to follow through with the financial and other commitments they have made. Difficult for me to comprehend how our state organization would propose and support this.

This should be expanded to all healthcare workers. Residents, MA, nurses, attending (hospitalist, all physicians),

This is a challenging issue and is the same for health care professionals all over. I think simple suggestion this is appropriate for residents is limiting in its scope.

Investigate, and have an extended conversation all parties provides better solutions. You'd be surprised who told me not to have children during residency. Glad didn't listen though forget about sleep. Childcare is hard to arrange, particularly rural settings. Yes, there are creative solutions, and passing legal mandates are not creative or effective solutions.

This is two separate issues. Access is the barrier in many communities, not cost. Residents make as much or more than many other people needing these services. I support

increased child care facilities as stated but do not see any need for subsidy. I do not support requiring any facility to provide childcare on site. Hospitals and teaching programs should probably stick with our line of work and leave childcare to experts.

We really need universal childcare like other modern societies provide

If you can't afford childcare, you are not ready to have children

I support the intent of the resolution but feel the AMA current policy is appropriate, and does not need to be reaffirmed. I would support a change in ISMS policy to mirror that of the AMA policy that seeks to understand the issues on a personal level. Also the cost of such care would need to be assessed as this could be considered an illegal form of recruitment. Complex issue that might need to go to committee or BOT.

I support in theory, but the resolved clauses do not all stand alone and require some rewording

Childcare is experiencing a great challenge with respect to worker shortages than even is Healthcare. Why are only resident physicians included in this resolution? What about fellows? Postdocs? Researchers? Why should the status of being a resident make one eligible for subsidized childcare. Joint income households where one or both parents are residents have incomes well above many other workers in hospitals who also struggle for childcare. Subsidized childcare should be income dependent.

Agree as more female physicians join the ranks