

Future Career Plans and Practice Patterns of Canadian Obstetrics and Gynaecology Residents in 2011

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Abstract

Objective: The practice patterns of Obstetricians and Gynaecologists continue to evolve with each new generation of physicians. Diversifying subspecialties, changes in resident duty hours, job market saturation, and desire for work-life balance are playing stronger roles. Professional practice direction and needs assessment may be aided by awareness of future Obstetrics and Gynaecology physician career plans and expectations. The objective of this study was to determine the expected career plans and practice patterns of Canadian Obstetrics and Gynaecology residents following residency.

Methods: The SOGC Junior Member Committee administered its third career planning survey to Canadian Obstetrics and Gynaecology residents electronically in December 2011. The data collected was statistically analyzed and compared to previous surveys.

Results: There were 183 responses giving a response rate of 43%. More than one half of all residents were considering postgraduate training (58%). Projected practice patterns included: 84% maintaining obstetrical practice, 60% locuming, and 50% job-sharing. The majority of residents expected to work in a 6 to 10 person call group (48%), work 3 to 5 call shifts per month (72%), work 41 to 60 hours weekly (69%), and practise in a city with a population greater than 500 000 (45%). Only 18% of residents surveyed were in favour of streaming residency programs in Obstetrics and Gynaecology.

Conclusion: Canadian resident career plan and expected practice pattern assessment remains an important tool for aiding in resource allocation and strategic development of care and training in Obstetrics and Gynaecology in Canada.

Résumé

Objectif : Les modalités de pratique des obstétriciens-gynécologues continuent d'évoluer au fil des générations de médecins. La diversification des sous-spécialités, les modifications des heures de garde des résidents, la saturation du marché de l'emploi et le

souhait d'atteindre un équilibre travail-famille sont des facteurs qui jouent un rôle de plus en plus prépondérant. L'orientation et l'évaluation des besoins en matière de pratique professionnelle pourraient être facilitées par la connaissance des plans de carrière et des attentes des futurs obstétriciens-gynécologues. Cette étude avait pour objectif de déterminer les attentes des résidents canadiens en obstétrique-gynécologie en matière de plans de carrière et de modalités de pratique à la suite de la résidence.

Méthodes : En décembre 2011, le comité des membres débutants de la SOGC a fait parvenir pour la troisième fois, par voie électronique, son sondage sur la planification de carrière aux résidents canadiens en obstétrique-gynécologie. Les données recueillies ont été soumises à une analyse statistique et comparées à celles des sondages précédents.

Résultats : Le nombre de répondants a été de 183, ce qui correspond à un taux de réponse de 43 %. Plus de la moitié de l'ensemble des résidents envisageaient une formation postdoctorale (58 %). Parmi les modalités de pratique projetées, on trouvait ce qui suit : 84 % de maintien d'une pratique obstétricale, 60 % de travail de remplacement et 50 % de partage de la tâche. La majorité des résidents s'attendaient à travailler au sein d'un groupe de disponibilité de 6 à 10 personnes (48 %), à assumer de 3 à 5 quarts de travail en disponibilité par mois (72 %), à travailler de 41 à 60 heures par semaine (69 %) et à pratiquer au sein d'une ville dont la population est supérieure à 500 000 habitants (45 %). Seulement 18 % des résidents sondés étaient en faveur de programmes de résidence « à branches multiples » (*streaming*) en obstétrique-gynécologie.

Conclusion : L'évaluation des attentes des résidents canadiens en matière de plan de carrière et de modalités de pratique demeure un outil important pour orienter l'affectation des ressources et le développement stratégique des soins et de la formation en obstétrique-gynécologie au Canada.

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INTRODUCTION

Despite predictions of shortages in intrapartum care providers,^{1–4} residents enrolled in obstetrics and gynaecology training programs have voiced growing

concerns regarding unemployment. The issue of specialist unemployment in Canada is not unique to obstetrics and gynaecology, as highlighted by recently published results from the Royal College of Physicians and Surgeons of Canada National Physician Survey.⁵ With increases to medical school class sizes and residency programs, this issue may only worsen.⁶

Appreciating the delicate balance that exists between having an appropriately number of trained specialists in the workforce and the patient care needs of the community, our study aimed to better understand how the future career plans of obstetrics and gynaecology residents in Canada may factor in to this supply and demand. We also endeavoured to explore which specific factors most influence resident career plans. This is the third and most comprehensive survey of the future career plans and practice patterns of Canadian obstetrics and gynaecology residents conducted by the SOGC Junior Member Committee.⁷

The results of this survey come at a time of reform in postgraduate training. Topics such as resident duty-hour restrictions,⁸ competency-based medical education,⁹ and “streaming” in residency training in obstetrics and gynaecology¹⁰ are issues facing program directors and educators across the country. Any mismatch which may exist between the needs of our specialty and the desires of graduating obstetrics and gynaecology trainees as identified by our study will need to be addressed by all stakeholders in women’s health care as we move forward and try to optimize provision of care to patients and training of our successors.

The concept of “streaming” in residencies in obstetrics and gynaecology involves a general curriculum framework with different curricular paths leading to specialization in obstetrics, gynaecology, or possibly another related subspecialty field. The benefits and repercussions have been debated in academic circles for several years, but streamed programs have not yet been implemented in Canada. The concept of streaming was introduced in this iteration of the survey to help explore resident opinion on this model of residency education.

METHODS

A prospective cohort study was conducted by the SOGC Junior Member Committee. An electronic survey was circulated to all obstetrics and gynaecology residents across Canada over a six-month period. The link to the survey was delivered electronically to email addresses made available to the SOGC Junior Member Committee. A

Table. Demographic characteristics of survey respondents

	2002 (n = 209)	2006 (n = 46)	2011 (n = 183)
Year of Training			
PGY1	40	59	44
PGY2	51	45	36
PGY3	40	63	40
PGY4	39	39	32
PGY5	39	40	29
Did not answer	0	0	2
Gender			
Male	66	39	19
Female	143	207	164
Male:Female*	1:2.17	1:5.31	1:8.83
Province of Training			
British Columbia	19	27	5
Alberta	24	35	30
Saskatchewan	14	15	19
Manitoba	12	19	9
Ontario	61	60	49
Quebec	50	58	43
Nova Scotia	20	25	14
Newfoundland & Labrador	9	7	5
Did not answer	0	0	9
Age			
20–24		12	8
25–29		143	104
30–34		65	48
35–40		15	10
41–50		7	4
> 50		2	0
Did not answer		2	9
Marital Status			
Single		86	56
Married		119	61
Common-law		35	37†
Divorced		0	0
Separated		3	1
Widowed		0	0
Did not answer		3	28

*test for trend $\chi^2 = 28.70, P < 0.001$ towards increasing proportion of women.

† $P = 0.02$, higher proportion of common-law.

reminder email was sent four weeks later to all residents. Opinio (ObjectPlanet Inc., Oslo, Norway) is an online survey tool used for survey production, distribution, and data collection.

Data were analyzed using SPSS version 14.0 (IBM Corp., Armonk, NY) and Opinio Output version 6. For categorical data, a chi-squared test was used for analysis. For

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