

Surgical Education

Pregnancy among residents enrolled in general surgery: a nationwide survey of attitudes and experiences

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Abstract

BACKGROUND: Medical student interest in general surgery has declined, and the lack of adequate accommodation for pregnancy and parenting during residency training may be a deterrent. We explored resident and program director experiences with these issues in general surgery programs across Canada.

METHODS: Using a web-based tool, residents and program directors from 16 Canadian general surgery programs were surveyed regarding their attitudes toward and experiences with pregnancy during residency.

RESULTS: One hundred seventy-six of 600 residents and 8 of 16 program directors completed the survey (30% and 50% response rate, respectively). Multiple issues pertaining to pregnancy during surgical residency were reported including the lack of adequate policies for maternity/parenting, the major obstacles to breast-feeding, and the increased workload for fellow resident colleagues. All program directors reported the lack of a program-specific maternity/parenting policy.

CONCLUSIONS: General surgery programs lack program-specific maternity/parenting policies. Several issues have been highlighted in this study emphasizing the importance of creating and implementing such a policy.

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“Modern” medical students are giving a greater priority to raising a family during residency,¹ and, as such, program directors are increasingly faced with issues surrounding maternity and parenting. In addition, overall interest in general surgery among medical students has declined recently in both Canada² and the United States,³ and general surgery training programs must strive to address issues that may potentially be acting as deterrents including the lack of adequate policies and accommodations for pregnancy and parenting during training. The lack of maternity policies in surgical programs has been shown to deter female medical students from applying to general surgery.⁴

To date, literature exploring these issues, particularly within a general surgery cohort, has been sparse. A recent literature review evaluating pregnancy in residency showed an increased risk of peripartum adverse events, stress related to the lack of support from fellow trainees and departments, resentment toward pregnant residents because of an increased workload, and inconsistent policies regarding maternity and parenting;⁵ however, only 2 of 27 studies examined a purely surgical cohort. It is unknown how many general surgery programs currently have an explicit maternity/parenting policy. In a nationwide survey of practicing female surgeons in Canada, almost two thirds reported the lack of such a policy during residency or practice.⁶ Even when maternity policies do exist, they are often unclear, confusing, poorly defined, and variable among programs even at the same hospital.⁷

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In Canada, professional residents' associations^{8–12} establish an agreement on behalf of all residents specifying their rights in various matters including maternity and parental leave; however, the uniqueness of a surgical residency demands maternity/parenting policies specific to surgical specialties. Given the overall decline in applicants to general surgery and the increased proportion of female applicants to surgical specialties,¹³ a pilot study was conducted to evaluate the modern attitudes and experiences of general surgery residents in a single Canadian training program.¹⁴ That study identified several issues of interest and areas that required further investigation. It was believed that a nationwide survey would provide a more complete understanding of the attitudes and experiences of modern Canadian surgical residents and that an additional survey of program directors would provide more complete and accurate information on the existence of maternity/parenting policies. We hypothesized that Canadian general surgery programs lack program-specific maternity/parenting policies and that residents are dissatisfied with the situation.

Methods

Study approval was obtained from the University of British Columbia Behavioral Research Ethics Board. We distributed the survey, which was piloted in our previous study,¹⁴ to all residents currently enrolled in the 16 general surgery training programs across Canada. The online tool used to construct and distribute the survey was SurveyMonkey (Seattle, WA), and the survey was completed anonymously. Information pertaining to demographics, experiences, and adverse events during pregnancy and the postpartum period and issues pertaining to maternity/parenting policies were solicited. The questions were constructed so that respondents could select 1 specific answer unless more than 1 response was requested. Some questions used a 5-point Likert scale. There were also some open-ended questions that required the writing of text. An invitation to participate in the study containing a link to the online survey was e-mailed by each of the program assistants to the potential participants followed by a total of 3 reminders. An incentive (iPad 2; Apple, Cupertino, CA) was offered to enhance participation rates. A separate survey was sent to the program directors of each Canadian general surgery training program followed by a total of 3 reminders. This short survey was not piloted in our previous study. It included only 4 questions that asked specifically about the existence of pregnant residents in the program, the existence of program-specific maternity/parenting policies, and whether or not they should be implemented. No incentive was offered to the program directors. The resident and program director surveys were distributed simultaneously.

SPLUS 8.0 for Windows (Insightful Corp, Seattle, WA) was used for descriptive statistical analysis. Continuous variables were expressed as the mean ± standard deviation

and compared using the Student *t* test. The chi-square or the Fisher exact test was used for the comparison of discrete variables. For all comparisons, a *P* < .05 was considered statistically significant.

Results

The total number of survey respondents from 16 general surgery programs was 176. At the time of survey distribution, the number of residents enrolled in general surgery programs across Canada was 600, leading to a survey response rate of 30%. A small number of incomplete responses were received. Given the anonymous nature of the survey, information on nonrespondents was not available. We received no responses from any residents in 1 program (Table 1). The characteristics of resident respondents are summarized in Table 2.

Experiences of female and male surgical residents

Twenty-three of 103 (22%) female residents had 30 pregnancies during residency; 17 of 30 (57%) of these were successfully carried to term, whereas the rest were voluntarily terminated or resulted in miscarriage. There was a trend toward a higher incidence of peripartum complications among female residents (35%) compared with partners of male residents (19%), but this did not reach statistical significance (*P* = .31). Complications included preterm labor, preeclampsia, placental abruption, babies small for their gestational age, and hypertension (Table 3).

Table 1 Number of resident respondents from each program compared with the number of enrolled residents		
Program name	Number of enrolled residents	Number of respondents (%)
University of British Columbia	46	16 (34.7)
University of Alberta	52	14 (26.9)
University of Calgary	31	8 (25.8)
University of Saskatchewan	29	9 (31.0)
University of Manitoba	24	5 (20.8)
McMaster University	40	17 (42.5)
University of Toronto	86	24 (27.9)
University of Western, Ontario	33	16 (48.5)
Queen's University	19	7 (36.8)
University of Ottawa	33	11 (33.3)
McGill University	53	11 (20.7)
Universite Laval	32	9 (28.1)
Universite de Sherbrooke	29	7 (24.1)
Universite de Montreal	42	0 (0)
Memorial University of Newfoundland	20	8 (40.0)
Dalhousie University	31	14 (45.1)
Total	600	176

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