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6th Canadian Conference on Physician Health (CCPH)
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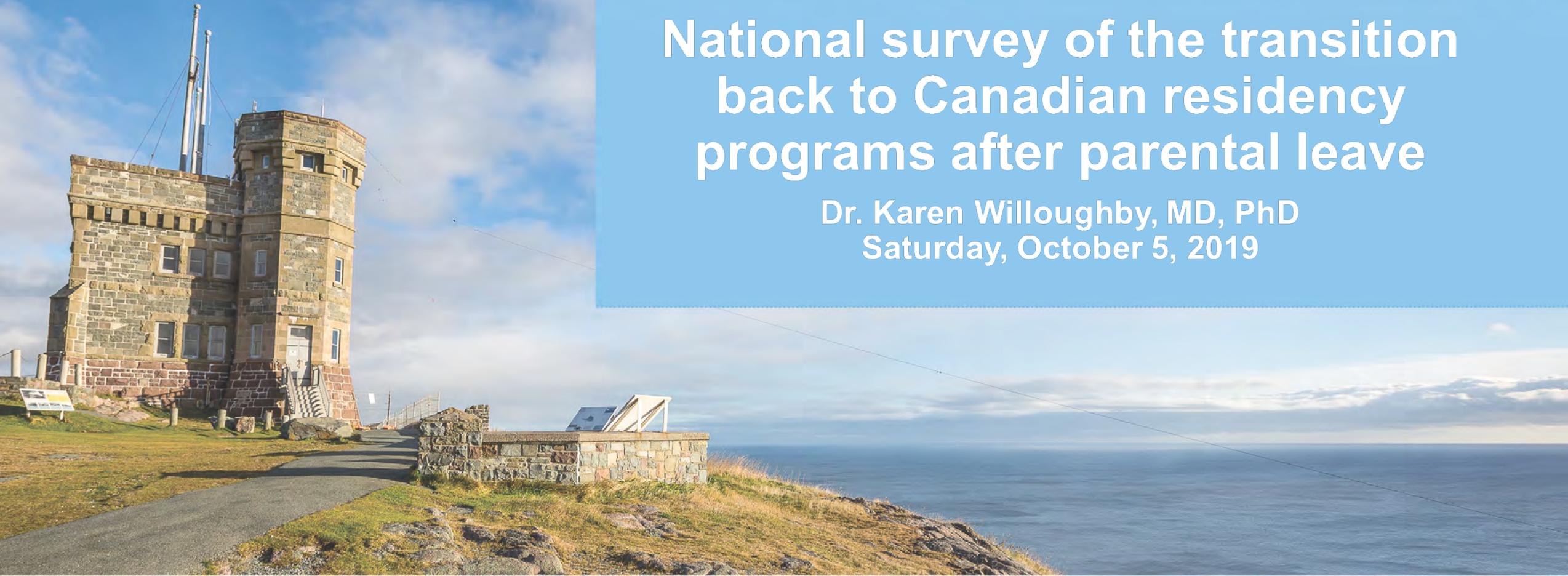
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CHANGING TIDES:
SHIFTING CULTURES AND CREATING SAFE SPACES

National survey of the transition
back to Canadian residency
programs after parental leave

Dr. Karen Willoughby, MD, PhD
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Introduction

- The transition back to residency after taking parental leave can be challenging
- Given the trend of more women and mature students in medical training, and more men sharing parental duties, providing support for resident parents is an important topic for resident well-being
- Our study is the first to examine this transition period using a nation-wide Canadian sample of both female and male residents, as well as program directors



Photo source: CMAJ Article, Jan 18, 2019
<https://cmajnews.com/2019/01/18/starting-a-family-during-residency-leave-policies-complicate-the-choice-cmaj-109-5709/>

Methods

- English and French questionnaires were available online via Qualtrics. Participants recruited via email, resident newsletters, and Facebook
- **Participants:**
 - 437 past or current Canadian female residents
 - 33 past or current Canadian male residents
 - 172 current Canadian residency Program Directors (PD)
- Mean year of starting residency was 2011 for females and 2013 for males
- All 17 Canadian medical schools, as well as 27 residency programs and 30 fellowship programs were represented

Results

- Top five reasons why female residents reported choosing to have a child during residency (*95% had a planned pregnancy*):
 - Advanced maternal age (48.4%)
 - Financial benefits: federal funding, provincial top-ups, medical benefits (34.1%)
 - Feeling ready to have a child (31.9%)
 - Having the option to take a full year of parental leave (14.4%)
 - Feeling it was easier to transition back to residency, due to the supervised learning environment, compared to taking parental leave after residency (12.2%)
- For male residents, advanced parental age (54.5%) and being ready to have a child (33.3%) were the two main reasons

Results

- Only 23% of female and 15% of male residents informed their PD about the pregnancy before 12 weeks of gestation
- Comment from PD: *“I wish residents would tell me earlier so that I can plan things such as getting their rural rotations out of the way before the baby is born and avoiding heavy rotations late in gestation.”*
- Most residents (79% females, 82% males) reported their PD reacted positively when they were informed about the pregnancy
- Female residents who informed their PD about their pregnancy earlier reported perceiving a more positive reaction from their PD ($R = .143$; $p = .003$)

Results

- **Mean length of parental leave:** 9 months (females), 6 weeks (males)
- Top 5 reasons why female residents who took <12 months of leave (N=288) reported taking less time:
 - not wanting to significantly delay residency training (35.2%)
 - Licensing exam rules in order to be able to write with their cohort (19.9%)
 - financial concerns (15.3%)
 - not wanting to lose clinical skills (10.1%)
 - having a partner that took some parental leave (10.1%)
- For male residents, not wanting to delay residency (66.7%), and having a partner that took parental leave (30.3%) were the two main reasons for not taking a longer leave

Results

- **Top 4 challenges reported by residents when returning to residency following parental leave:**
 - Feeling guilty for being away from family (Females: 16.5%; Males: 12.1%)
 - Long and unpredictable work hours (Females: 11.9%; Males: 12.1%)
 - Sleep deprivation (Females: 8.0%; Males: 18.2%)
 - Finding time to study (Females: 8.0%; Males: 9.1%)
- Only 27% of female and 21% of male residents reported speaking to their PD about any challenges they were experiencing after returning from parental leave

Breastfeeding

- 97.8% of female residents reported breastfeeding, with a average duration of 12 months
- 60% continued to breastfeed after returning to residency
- Many residents stated they pumped in bathrooms or in call rooms, as some were *“too anxious to ask for dedicated space and time for pumping.”*
- Out of 191 residents who stopped breastfeeding earlier than they had planned, 59% stopped because it was too difficult to pump at work and they lost their breast milk supply
- Only 15% of residents reported being offered breaks or a private area to breastfeed or pump, whereas 40% of PDs reported offering these breastfeeding accommodations



Source: Breastfeeding Mama Talk
<https://www.facebook.com/bfmamatalk/photos/a.471668436214912/1025643130817437/?type=3&theater>

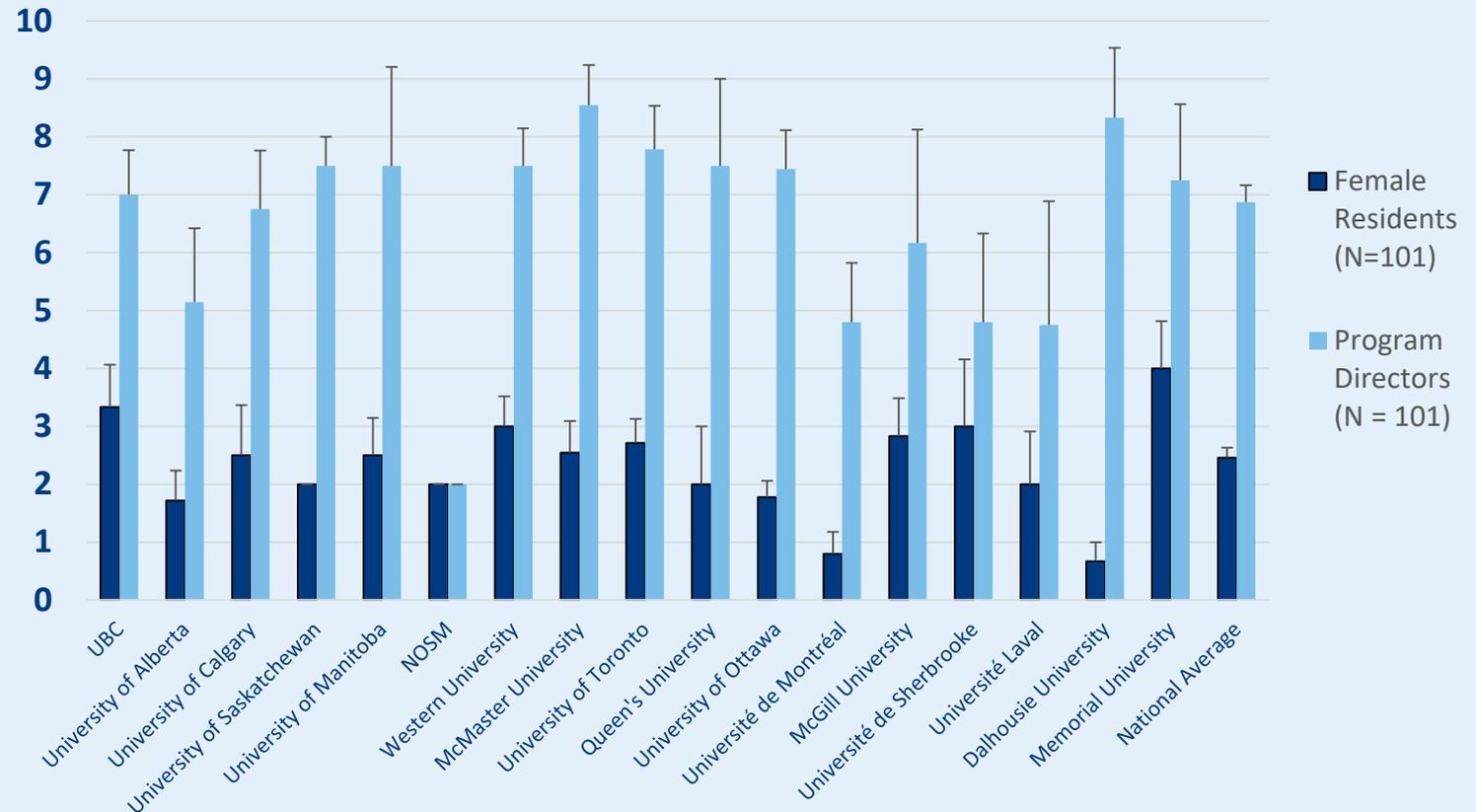
Results

- **Top 4 accommodations offered to resident parents by PDs:**
 - using vacation time before/after parental leave (Females 37.8%; Males 66.7%; PD 71.9%)
 - excused absence if child is sick (Females 24.5%; Males 45.5%; PD 73.1%)
 - option to extend parental leave if requested (Females 18.1%; Males 36.4%; PD 59.3%)
 - providing a flexible rotation schedule (Females 28.1%; Males 42.4%; PD 77.2%)
- PDs who reported more maternity leaves in their program in the last 10 years reported offering more accommodations ($R=.195, p=.014$) and were more satisfied with the level of support provided by their program ($R=-.226, p=.004$)
- 55% of female, 64% of male residents, and 68% of PDs were either satisfied or very satisfied with the level of support and accommodation provided to residents parents by their program

Female Residents vs. Program Directors

- Female residents and PDs were directly matched by both school and program (N=101 pairs)
- No difference in the total number of challenges reported, but PDs reported offering more accommodations than female residents reported being offered, $t=-13.09$, $p=.000$

Total number of accommodations offered to resident parents



Results

- Female residents who started residency more recently reported a more positive reaction from their PD when being informed of the pregnancy ($R=-.180$, $p=.000$), which was significant for RCPSC residents ($N=300$; $R=-.176$; $p=.022$) but not family medicine residents ($N=121$; $R=-.172$, $p=.059$)
- Female residents who started residency more recently also reported being offered more accommodations than their predecessors ($R=.133$, $p=.006$) but this was only significant for family medicine residents ($R=.246$, $p=.006$)
- Most female (70.7%) and male (78.8%) residents reported they would recommend having a child during residency

Qualitative Comments

“I was very anxious when I returned from mat leave. Before my maternity leave, my program director said that even good residents are "dumber" after mat leave. I felt like I had to always pretend I was on top of everything, when in reality I was feeling inadequate as a mom and as a resident. It would have been helpful if my program director openly acknowledged how hard it is to be a new mom and to continue with residency with the same expectations as prior to becoming a parent.”

“I was put on 24 hour call my first shift back. No recognition that having children changes your experience in residency and how hard you have to work beyond hours of residency. No one ever checked in. If you ever let burnout show it was definitely seen as weakness and instead of supporting me I was made to feel inadequate, without recognition of my sacrifices.”

Final Recommendations

1) Improved communication between PDs and resident parents:

- many PDs appeared to be willing to provide support and accommodations *if asked*, and many residents were unaware they could ask for accommodations
- Residents should inform their PD about the pregnancy as soon as possible and have a *face-to-face meeting* to discuss their options
- PDs should provide support to resident parents when they return to residency after leave through either in-person meetings or regular email contact

2) Extra support in the first month of returning to residency:

- PDs should 'check-in' with resident parents during this transition period either in person or over email and if possible, provide extra accommodations such as part-time return to duties, 'lighter' rotations with no 24-hour call, a mentor, and/or a refresher course

Final Recommendations

3) Support for breastfeeding mothers:

- all programs and preceptors should ensure adequate time and space for pumping at work to comply with human rights law. These policies should be posted in the workplace
- Programs should educate preceptors on this issue and ensure residents are aware of their rights to ask for breastfeeding accommodations

4) Written program-specific policy:

- All programs should have their own specific and detailed parental leave policy that is accessible to all current and prospective residents and covers common issues (e.g., waivers of training, breastfeeding, part-time return, rules for exam eligibility)

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Thank you! Questions?



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