Working towards a policy for parenthood and family/work reconciliation during residency training: The initiative of a residents’ association (E. Desrosiers, J. Hallet)

Ville-Marie, Friday, Oct. 26, 2012 (11 am-12:30 pm)
Working towards a policy for parenthood and family/work reconciliation during residency training: The initiative of a residents’ association

Emilie Desrosiers, MD ¹²
Julie Hallet, MD MSc(c) FRCSC ²

¹ Association des médecins résidents du Québec, Québec, Québec, Canada
² Department of Surgery, Centre Hospitalier Universitaire de Québec, Québec, Québec, Canada
Our objectives for today

At the end of the session, participants will be able to:

– Understand the issues related to parenthood and residency

– Determine actions that can be taken to support parents in various residency programs
How will we do that?

1. What is the issue?
   Review of the literature

2. How does it apply at a specific Faculty of Medicine?
   Analysis of the results of a survey administered to all residents at Université Laval

3. How to take action?
   Quick look of the actions that can be implemented
Background: Parenthood during residency

Possibly increasing?
Background:
Parenthood during residency

Université Laval is the most feminized Faculty of Medicine in Canada
Background: Parenthood during residency

Can a resident flourish in both roles?
In the literature

Pregnancy and residency

• Higher rate of complications compared to the general population
  – Especially if working more than 100 h/week
  – ↑ Pre-eclampsia (Klebanoff)
  – ↑ Intra-uterine growth retardation 7.5x (Grunebaum)
  – ↑ Pre-term labour 4x
In the literature

Colleagues acceptance

• Overall, good acceptance by co-residents
• Most residents do not see a negative effect, and even describe a positive impact
  – More fulfilled colleagues
  – More clinical exposure due to leaves (Carty, 2002)
In the literature

Maternity/Paternity leave

• Working until full term (Carty, 2002)
• Little or no workload modification (Finch, 2003)
• Usually short parental leaves
  – Canada: 16 weeks in one study (Robinson)
• Stress also related to coming back to work
In the literature

**Satisfaction as a resident-parent**

- **As a resident – at work satisfaction**
  
  Highest level of insatisfaction among women who were also parents (any level)

- **As a parent – parenthood satisfaction**
  
  Highest level of insatisfaction among women who were also parents (residents) (Cujec, 2000)
Our survey - Rationale

• Parenthood issues were never formally examined at our institution

• Initiative of the Association des Médecins Résidents de Québec (AMReQ) in order to identify the issues related to parenthood during residency and come up with a policy to help resident-parent
Our survey - Methods

• A web-based self-administered survey (www.surveymonkey.com)
• Test-piloted and validated
• Addressing perceptions, beliefs and problems regarding parenthood during residency
Our survey - Results

• Sampling: all residents registered in post-graduate medical programs at Université Laval (n=751)

• Administration
  – February and March 2012
  – Collective e-mail invite
  – 2 reminders
  – No incentive to complete the survey

• Analysis: descriptive and qualitative
Our survey - Results

Response rate : 26% (n=195/751)

Table 1. Characteristics of respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female gender</td>
<td>147 (75.4%)</td>
</tr>
<tr>
<td>Speciality training program</td>
<td>48 (74.9%)</td>
</tr>
<tr>
<td>Level of training</td>
<td></td>
</tr>
<tr>
<td>PGY-1</td>
<td>25.1%</td>
</tr>
<tr>
<td>PGY-2</td>
<td>27.2%</td>
</tr>
<tr>
<td>PGY-3</td>
<td>19.0%</td>
</tr>
<tr>
<td>PGY-4</td>
<td>9.7%</td>
</tr>
<tr>
<td>PGY-5</td>
<td>15.4%</td>
</tr>
<tr>
<td>PGY-6</td>
<td>3.6%</td>
</tr>
</tbody>
</table>
Our survey - Results

Table 1. Characteristics of respondents (cont’d)

<table>
<thead>
<tr>
<th>Status</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a relationship</td>
<td>164 (85.1%)</td>
</tr>
<tr>
<td>Parent or parent to be</td>
<td>78 (40%)</td>
</tr>
<tr>
<td>One child</td>
<td>70 (36%)</td>
</tr>
<tr>
<td>Awaiting a child</td>
<td>8 (4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Non parents</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 24</td>
<td>19 (16.4%)</td>
<td>0</td>
</tr>
<tr>
<td>25-29</td>
<td>79 (68.1%)</td>
<td>31 (39.7%)</td>
</tr>
<tr>
<td>30-34</td>
<td>11 (9.5%)</td>
<td>26 (32.1%)</td>
</tr>
<tr>
<td>35-39</td>
<td>5 (4.3%)</td>
<td>16 (20.5%)</td>
</tr>
<tr>
<td>&gt; 40</td>
<td>2 (1.7%)</td>
<td>6 (7.7%)</td>
</tr>
</tbody>
</table>

• Partner in same age group
• 7.7% in a relationship with a resident

* Significant difference (p < 0.05)
Our survey: Parents vs non-parents

• Parents are older than non-parents residents (p < 0.05)
• More likely to express not spending enough time with family and friends

Table 2. Work-family conciliation

<table>
<thead>
<tr>
<th>Work-family conciliation</th>
<th>Parents</th>
<th>Non-parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easily done</td>
<td>2.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Possible to manage time, with lot of efforts</td>
<td>42.1%</td>
<td>57.8%</td>
</tr>
<tr>
<td>No, I don’t have enough time</td>
<td>55.3%</td>
<td>35.1%</td>
</tr>
</tbody>
</table>

* Significant difference (p < 0.05)
Our survey: Parental leave

♀  7 months (0 – 13 months)

♂  1 month (0 – 6 months)
Our survey

Parenthood desire during residency:

- Yes 27.7%
- No 56.3%
- Uncertain 16.1%
Our survey

Barriers to parenthood during residency

• Lack of time due to long work hours
• Studying needed for exams
• Irregular schedules
• Out of town rotations
• No opportunities for part time work
• Need to postpone exams
• Fear of going back to work

Of notice:
Impression that to succeed in residency, quality time with family must be sacrificed
Our survey

Other irritating factors

•Calls or night shifts: lots of support needed, mainly from partner and close relatives

•59% have to negotiate or compensate if they leave for an obligation related to childcare
  – Disease
  – Medical appointments (including pregnancy follow up) or vaccination
  – School appointments
Our survey

Impacts for non parents residents

• 2/5 residents had to compensate at some point
• Most do not see a problem with this
• Impacts seem to be more important in small programs
• Lack of support from staff
Our survey

Actions that the AMReQ could take

1. Childcare facilities agreements  [2012-2013]
2. Physicians list willing to see residents or their family  [2012-2013]
3. Information to program directors  
4. List of home services  [2013-2014]
5. Future parents guide

We are working on it with the faculty

Integrated in wellness presentation
Our survey

• Limitations
  – Low response rate: timing, no incentive
  – Selection bias cannot be overlooked

• Strengths
  – First time this issue is detailed in Quebec
  – Quantitative and qualitative data
  – Identification of critical problems
How to take action?

Publicize already available resources

• FMRQ Bulletin entitled: *Handbook for pregnancy, adoption and parenthood during residency*

• Support from AMReQ on a case-by-case basis

• Article on the topic distributed to all Quebec residents in 2012
How to take action?

Other helping factors identified in previous studies (Finch, 2003)

– Program flexibility
– Role models
– Possibility to choose pregnancy timing
– Program director support
– Part time work
How to take action?

Towards a policy for parenthood...

Analysis of these results led to

1. Concertation with post-graduate dean

2. Policy for parenthood: a work in progress
   - Revision and adoption by both PGME office and AMReQ
   - Main topics:
     • Program flexibility
     • Pregnancy arrangements suggestions
     • Program support measures

Will be adopted by the end of 2012-2013 academic year
Acknowledgments

• Dr Julie Hallet, co-author

• AMReQ Administration Board

• Dr Julien Poitras, Post-Graduate Dean, Faculty of Medicine, Université Laval
References

Merci!