**Literature Search**

**PubMed Search Strategy**: (((("Work-Life Balance"[Mesh]) OR "Pregnancy"[Mesh])) AND ((((anesthesiologist) OR "Anesthesiologists"[Mesh]) OR "Physicians, Women"[Mesh]) OR "Anesthesiologists/education"[Mesh])) AND ("Internship and Residency"[Mesh]) Filters: English

Items 1 - 96 of 96    ([Display the 96 citations in PubMed](http://www.ncbi.nlm.nih.gov/pubmed/27575602,27528701,26344010,25764029,25125307,25029501,25029314,24462616,23264010,23200987,22637217,22611813,22570448,22558032,22558030,22558022,22148929,22113440,20869547,20354380,19788795,19444045,19228543,19111692,18162200,17989381,16925182,16871059,16260078,15863554,15781785,15673826,15615190,14762048,14672468,12691977,12468192,12407353,12075181,11978295,11755559,10912960,10391599,10335156,8942278,8784369,9419643,7824613,8016233,8134453,8169299,8263276,8397614,8447915,8430151,1415089,1415087,1624672,1624671,1624668,1624661,1731144,2033746,2033738,2065873,2002585,1992324,2022445,2246636,2316949,2596770,2765057,3405560,3171054,3043291,3218845,3622972,3605271,3577199,10279166,3713770,3957606,3517912,3945268,3996021,3971279,3966728,6150911,6691516,6886287,6859310,6847978,7086037,6265534,7369425,7356056))

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| 1. | Am J Surg. 2016 Oct;212(4):649-659. doi: 10.1016/j.amjsurg.2016.06.018. Epub 2016 Aug 1. [Resident perceptions on pregnancy during training: 2008 to 2015.](http://www.ncbi.nlm.nih.gov/pubmed/27575602) [Mundschenk MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mundschenk%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)1, [Krauss EM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Krauss%20EM%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)2, [Poppler LH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Poppler%20LH%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)1, [Hasak JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hasak%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)1, [Klingensmith ME](http://www.ncbi.nlm.nih.gov/pubmed/?term=Klingensmith%20ME%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)3, [Mackinnon SE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mackinnon%20SE%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)1, [Tenenbaum MM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tenenbaum%20MM%5BAuthor%5D&cauthor=true&cauthor_uid=27575602)1. AbstractBACKGROUND: Perceptions of residents regarding pregnancy during training were compared over time and across surgical, internal medicine, obstetrics/gynecology, and anesthesia specialties. METHODS: A single-institution survey was distributed to female residents in 2008 and to female and male residents in 2015. Nonparametric comparisons of Likert scale response distributions were performed on the supportiveness for pregnancy of the residency program and childbearing influences of female residents in 2008 and 2015, between specialties for each survey year, and between male and female residents in 2015. RESULTS: The response rates of female residents were 74.8% and 50.5% in 2008 and 2015. In 2015, program directors and division chiefs were perceived to be more supportive of resident pregnancy than in 2008. Surgical residents had lower perceptions of support compared with other specialties. Residents in programs with female leadership perceived a more supportive environment for pregnancy. CONCLUSIONS: Despite persisting negative stigma, residents across specialties report more support for pregnancy.  Copyright © 2016 Elsevier Inc. All rights reserved. |
|  | PMID: 27575602 [Indexed for MEDLINE] |
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|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0002-9610(16)30372-5)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:27575602) |

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| 2. | Postgrad Med J. 2016 Oct;92(1092):576-80. doi: 10.1136/postgradmedj-2015-133273. Epub 2016 Aug 15. [Barriers to becoming a female surgeon and the influence of female surgical role models.](http://www.ncbi.nlm.nih.gov/pubmed/27528701) [Kerr HL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kerr%20HL%5BAuthor%5D&cauthor=true&cauthor_uid=27528701)1, [Armstrong LA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Armstrong%20LA%5BAuthor%5D&cauthor=true&cauthor_uid=27528701)2, [Cade JE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cade%20JE%5BAuthor%5D&cauthor=true&cauthor_uid=27528701)3. AbstractOBJECTIVES: We aim to investigate the reasons that medical students and junior doctors who are women are less likely to pursue a career in surgery compared with their male counterparts. METHODS: An anonymous questionnaire was distributed to female final year medical students and female junior doctors in two UK hospitals between August and September 2012. Topics included career choice, attitudes to surgery, recognition of female surgical role models and perceived sexual discrimination. RESULTS: 50 medical students and 50 junior doctors were given our survey. We received a 96% response rate; 46 medical students and 50 junior doctors. 6/50 (12%) junior doctors planned a career in surgery compared with 14/46 (30%) medical students. 'Work-life balance' was the main reason cited for not wishing to pursue surgery (29/46 (63%) medical students and 25/50 (50%) junior doctors). 28/46 (61%) medical students and 28/50 (56%) junior doctors had encountered a female surgical role model; only five students and two junior doctors felt that these were influential in their career decision. Of those who had not, approximately 40% in each group felt that if they had, they may have considered surgery. Approximately 30% in each group had encountered female surgeons that had dissuaded them from a surgical career. CONCLUSIONS: Work-life balance is still cited by female junior doctors as being the main deterrent to a surgical career. The paucity of female role models and some perceived sexual discrimination may cause female doctors to discount surgery as a career.  Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://www.bmj.com/company/products-services/rights-and-licensing/> |
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|  | Conflict of interest statement Statement: None of the authors have a conflict of interest to report. |

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| 4. | J Obstet Gynaecol Can. 2015 Jan;37(1):9-13. [Balance.](http://www.ncbi.nlm.nih.gov/pubmed/25764029) [Article in English, French]  [Allen V](http://www.ncbi.nlm.nih.gov/pubmed/?term=Allen%20V%5BAuthor%5D&cauthor=true&cauthor_uid=25764029)1. |
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|  | [Icon for Silverchair Information Systems](https://archsurg.jamanetwork.com/article.aspx?doi=10.1001/jamasurg.2014.1227)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:25029501) |

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| 7. | JAMA Surg. 2014 Sep;149(9):898. doi: 10.1001/jamasurg.2014.1200. [Are there repercussions associated with pregnancy-related attrition?](http://www.ncbi.nlm.nih.gov/pubmed/25029314) [Gauvin JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gauvin%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=25029314)1. Comment on  * [Pregnancy-related attrition in general surgery.](http://www.ncbi.nlm.nih.gov/pubmed/25029501) [JAMA Surg. 2014] |
|  | PMID: 25029314 [Indexed for MEDLINE] |
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|  | [Icon for Silverchair Information Systems](https://archsurg.jamanetwork.com/article.aspx?doi=10.1001/jamasurg.2014.1200)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:25029314) |

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| 8. | Int J Obstet Anesth. 2014 May;23(2):113-7. doi: 10.1016/j.ijoa.2013.10.002. Epub 2013 Oct 16. [The incidence and management of inability to advance Arrow FlexTip Plus epidural catheters in obstetric patients.](http://www.ncbi.nlm.nih.gov/pubmed/24462616) [Sviggum HP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sviggum%20HP%5BAuthor%5D&cauthor=true&cauthor_uid=24462616)1, [Farber MK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Farber%20MK%5BAuthor%5D&cauthor=true&cauthor_uid=24462616)2. AbstractBACKGROUND: Difficulty advancing epidural catheters is troublesome to obstetric anesthesiologists. Flexible epidural catheters have been shown to reduce paresthesiae and intravascular catheter placement in parturients, but the cause of inability to advance these catheters past the epidural needle tip remains undefined. Specifically, its incidence and effective management strategies have not been described. METHODS: All labor epidural catheters were recorded for a 22-week period. Difficulty advancing the epidural catheter was defined as an inability to advance the catheter beyond the needle tip after obtaining loss of resistance. Anesthesiologists completed a survey when difficulty advancing a catheter occurred. RESULTS: A total of 2148 epidural catheter placements were performed. There were 97 cases of an inability to advance the epidural catheter (4.5%, 95% CI 3.7 to 5.5%). This occurred in 4.2% of combined spinal-epidural and 4.6% of epidural placements (OR 0.92, 95% CI 0.53 to 1.62). On a 0 to 10scale, the median [IQR] provider confidence in loss of resistance was 9 [8, 10]. A total of 230 corrective maneuvers were performed, using nine distinct approaches. The incidence of accidental dural puncture was 3.1% if an inability to advance occurred (n=97) compared to 1.2% for other placements (n=2051, P=0.12). DISCUSSION: Inability to advance Arrow FlexTip Plus® epidural catheters was relatively common (4.5%) and occurred despite confidence in obtaining loss of resistance. Injecting saline may be corrective and appears to have little disadvantage. However, removing the needle and performing a new placement was the most successful corrective maneuver.  Copyright © 2013 Elsevier Ltd. All rights reserved. |
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| 9. | Can J Anaesth. 2013 Jan;60(1):60-84. doi: 10.1007/s12630-012-9820-7. [Guidelines to the practice of anesthesia revised edition 2013.](http://www.ncbi.nlm.nih.gov/pubmed/23264010) [Merchant R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Merchant%20R%5BAuthor%5D&cauthor=true&cauthor_uid=23264010)1, [Chartrand D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chartrand%20D%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Dain S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dain%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Dobson G](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dobson%20G%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Kurrek M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kurrek%20M%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Lagacé A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lagac%C3%A9%20A%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Stacey S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stacey%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23264010), [Thiessen B](http://www.ncbi.nlm.nih.gov/pubmed/?term=Thiessen%20B%5BAuthor%5D&cauthor=true&cauthor_uid=23264010); [Canadian Anesthesiologists' Society](http://www.ncbi.nlm.nih.gov/pubmed/?term=Canadian%20Anesthesiologists'%20Society%5BCorporate%20Author%5D). AbstractOVERVIEW: The Guidelines to the Practice of Anesthesia Revised Edition 2013 (the guidelines) were prepared by the Canadian Anesthesiologists' Society (CAS), which reserves the right to determine their publication and distribution. Because the guidelines are subject to revision, updated versions are published annually. The Guidelines to the Practice of Anesthesia Revised Edition 2013 supersedes all previously published versions of this document. Although the CAS encourages Canadian anesthesiologists to adhere to its practice guidelines to ensure high-quality patient care, the society cannot guarantee any specific patient outcome. Each anesthesiologist should exercise his or her own professional judgement in determining the proper course of action for any patient's circumstances. The CAS assumes no responsibility or liability for any error or omission arising from the use of any information contained in its Guidelines to the Practice of Anesthesia. |
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| 10. | Am J Surg. 2013 Oct;206(4):605-10. doi: 10.1016/j.amjsurg.2012.04.005. Epub 2012 Nov 30. [Pregnancy among residents enrolled in general surgery: a nationwide survey of attitudes and experiences.](http://www.ncbi.nlm.nih.gov/pubmed/23200987) [Merchant SJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Merchant%20SJ%5BAuthor%5D&cauthor=true&cauthor_uid=23200987)1, [Hameed SM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hameed%20SM%5BAuthor%5D&cauthor=true&cauthor_uid=23200987), [Melck AL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Melck%20AL%5BAuthor%5D&cauthor=true&cauthor_uid=23200987). AbstractBACKGROUND: 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.  Copyright © 2013 Elsevier Inc. All rights reserved. |
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| 11. | J Bone Joint Surg Am. 2012 Jun 6;94(11):e77. doi: 10.2106/JBJS.K.00707. [Childbearing and pregnancy characteristics of female orthopaedic surgeons.](http://www.ncbi.nlm.nih.gov/pubmed/22637217) [Hamilton AR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hamilton%20AR%5BAuthor%5D&cauthor=true&cauthor_uid=22637217)1, [Tyson MD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tyson%20MD%5BAuthor%5D&cauthor=true&cauthor_uid=22637217), [Braga JA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Braga%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=22637217), [Lerner LB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lerner%20LB%5BAuthor%5D&cauthor=true&cauthor_uid=22637217). AbstractBACKGROUND: The number of women entering orthopaedic surgery is steadily increasing. Information regarding pregnancy and childbearing is important to understand as it increasingly affects residency programs, clinical practices, and the female surgeons and their offspring. METHODS: One thousand and twenty-one female surgeons completed an anonymous, voluntary, 199-item online survey distributed via individual female surgeon interest groups and word of mouth in nine specialties: general surgery, gynecology, neurosurgery, ophthalmology, orthopaedics, otolaryngology, plastic surgery, podiatry, and urology. Two hundred and twenty-three survey responses from orthopaedic surgeons were compared with those of the other surgical specialists as well as American Pregnancy Association national data to assess differences, if any, in pregnancy characteristics, demographics, and satisfaction. RESULTS: The overall reported complication rate for all pregnancies among orthopaedic surgeons was significantly higher than the rate in the general American population (31.2% [eighty-two of 263] compared with 14.5%). There was an increased risk of preterm delivery among orthopaedic surgeons compared with a cohort of the general U.S. population matched according to age, race, health, and socioeconomic status (risk ratio, 2.5; 95% confidence interval [CI], 1.3 to 4.6). There was an increased risk of preterm labor and preterm delivery among women who reported working more than sixty hours per week (odds ratio, 4.95; 95% CI, 1.4 to 36.6). Female orthopaedic surgeons took shorter maternity leave during training than during clinical practice (median, four compared with seven weeks). The mean duration of breastfeeding was significantly shorter during training than during clinical practice (4.7 compared with 8.3 months, p = 0.03). CONCLUSIONS: Female orthopaedic surgeons had an increased risk of pregnancy complications, particularly preterm delivery, compared with the general U.S. population. We found an increased risk of increased risk of preterm labor and delivery in surgeons working more than sixty hours per week during pregnancy. |
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|  | PMID: 22570448 [Indexed for MEDLINE] |
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|  | [Icon for Silverchair Information Systems](https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.2012.3725)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:22570448) |

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|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=22558032) |
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|  | [Icon for German Medical Science GMS Publishing House](http://dx.doi.org/10.3205/zma000803)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:22558030) |

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|  | PMID: 22148929 [Indexed for MEDLINE] |
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|  | [Icon for Atypon](http://www.liebertonline.com/doi/abs/10.1089/bfm.2011.0045?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:22148929) |

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|  | PMID: 22113440 [Indexed for MEDLINE] |
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|  | PMID: 20869547 [Indexed for MEDLINE] |
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|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0146-0005(10)00055-8)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:20869547) |

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|  | PMID: 20354380 [Indexed for MEDLINE] |
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|  | PMID: 19444045 [Indexed for MEDLINE] |
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|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=19228543) |
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|  | PMID: 19111692 [Indexed for MEDLINE] |
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|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0016-5107(08)02702-8)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:19111692) |

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|  | PMID: 18162200 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=18162200) |
|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0959-289X(07)00176-8)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:18162200) |

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|  | PMID: 17989381 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=17989381) |
|  | [Icon for Atypon](http://www.nejm.org/doi/abs/10.1056/NEJMp078163?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dwww.ncbi.nlm.nih.gov)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:17989381) |

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|  | PMID: 16871059 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=16871059) |
|  | [Icon for Silverchair Information Systems](http://anesthesiology.pubs.asahq.org/article.aspx?volume=105&page=260)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:16871059) |

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|  | PMID: 16260078 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=16260078) |
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|  | [Icon for Silverchair Information Systems](https://jamanetwork.com/journals/jamasurgery/fullarticle/10.1001/archsurg.140.3.241)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:15781785) |

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|  | PMID: 15673826 [Indexed for MEDLINE] |
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|  | PMID: 14762048 [Indexed for MEDLINE] |
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|  | [Icon for Silverchair Information Systems](https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.291.5.636)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:14762048) |

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|  | PMID: 14672468 [Indexed for MEDLINE] |
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|  | PMID: 12407353 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=12407353) |
|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0039606002001484)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:12407353) |

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|  | PMID: 12075181 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=12075181) |
|  | [Icon for Elsevier Science](https://linkinghub.elsevier.com/retrieve/pii/S0039606002000119)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:12075181) |

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|  | PMID: 11755559 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=11755559) |
|  | [Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:11755559) |

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| 42. | Obstet Gynecol. 1999 May;93(5 Pt 1):648-52. [Obstetricians' ability to assess the airway.](http://www.ncbi.nlm.nih.gov/pubmed/10912960) [Gaiser RR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gaiser%20RR%5BAuthor%5D&cauthor=true&cauthor_uid=10912960)1, [McGonigal ET](http://www.ncbi.nlm.nih.gov/pubmed/?term=McGonigal%20ET%5BAuthor%5D&cauthor=true&cauthor_uid=10912960), [Litts P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Litts%20P%5BAuthor%5D&cauthor=true&cauthor_uid=10912960), [Cheek TG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cheek%20TG%5BAuthor%5D&cauthor=true&cauthor_uid=10912960), [Gutsche BB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gutsche%20BB%5BAuthor%5D&cauthor=true&cauthor_uid=10912960). AbstractOBJECTIVES: To assess the ability of obstetricians to recognize parturients at risk for difficult intubation and to examine the effect of education in airway examination on that ability. METHODS: The airways of 160 parturients were examined by four physicians: one attending and one resident obstetrician, and one attending and one resident anesthesiologist. After each airway examination, the physicians completed questionnaires about possible difficult intubation, use of antepartum consultation, and choice of analgesia early in labor. RESULTS: Instruction in airway examination did not affect obstetricians' ability to assess airways. Compared with the attending anesthesiologist's opinion, the sensitivity and specificity of the attending obstetrician before instruction were 0.59 and 0.82, respectively, and for the obstetric resident, 0.41 and 0.89, respectively. After instruction, the sensitivity and specificity for the obstetric attending physician were 0.60 and 0.83, respectively and for the obstetric resident, 0.50 and 0.87, respectively. In airways judged possible difficult intubations by the obstetricians, instruction did not affect the use of antepartum consultation or early epidural analgesia by the residents. In the obstetric attending physicians there was a significant increase in use of early epidural analgesia. CONCLUSION: Although instruction in airway examination did not affect obstetricians' ability to predict difficult airways, it did affect treatment of labor analgesia. |
|  | PMID: 10912960 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=10912960) |
|  | [Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:10912960) |

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| 43. | Can J Anaesth. 1999 Jun;46(6):529-35. [Perioperative resuscitation knowledge base.](http://www.ncbi.nlm.nih.gov/pubmed/10391599) [Porayko LD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Porayko%20LD%5BAuthor%5D&cauthor=true&cauthor_uid=10391599)1, [Butler R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Butler%20R%5BAuthor%5D&cauthor=true&cauthor_uid=10391599). Comment in  * [Perioperative cardiac arrest and resuscitation: do we know what we're doing?](http://www.ncbi.nlm.nih.gov/pubmed/10391597) [Can J Anaesth. 1999]  AbstractPURPOSE: To assess the knowledge base of Canadian anesthesiologists regarding the management of perioperative cardiac arrest. METHODS: A random sample of 200 Canadian Anesthesia Society members were mailed a survey composed of 10 clinical vignettes, each involving a special perioperative resuscitation situation, with six multiple choice options for optimum management. Fourteen possible "lethal errors" (options which are unequivocally harmful to the patient) were identified among the possible choices. Each question had a single correct answer and contributed a single point towards a possible maximum of ten. An arbitrary passing score of 70%, similar to the American Heart Association (AHA) standard for Advanced Cardiac Life Support course (ACLS), was selected. Respondents were asked demographic information including: time since completing residency, time since last ACLS course, provision of cardiac anesthesia and attitude towards utility of AHA protocols in anesthesia practice. RESULTS: A total of 124 surveys were returned. The median score was five with a range of scores from zero to nine. Fifty-eight (56.3%) participants chose at least one "lethal error". Only 17 respondents (13.7%) attained the minimum score of 70% and avoided a "lethal error". Respondents who practiced cardiac anesthesia tended to achieve higher scores (P < 0.05) than generalists. All but one participant indicated that a Continuing Medical Education resource covering this material would be useful. CONCLUSIONS: This survey demonstrates a knowledge deficit concerning special perioperative resuscitation situations. Development of further appropriate research and educational material in this area is justified. |
|  | PMID: 10391599 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=10391599) |
|  | [Icon for Springer](https://dx.doi.org/10.1007/BF03013542)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:10391599) |

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| 44. | Health Care Women Int. 1999 Jan-Feb;20(1):63-70. [Pregnancy during residency--an Israeli survey of women physicians.](http://www.ncbi.nlm.nih.gov/pubmed/10335156) [Pinhas-Hamiel O](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pinhas-Hamiel%20O%5BAuthor%5D&cauthor=true&cauthor_uid=10335156)1, [Rotstein Z](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rotstein%20Z%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Achiron A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Achiron%20A%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Gabbay U](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gabbay%20U%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Achiron R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Achiron%20R%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Barak Y](http://www.ncbi.nlm.nih.gov/pubmed/?term=Barak%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Israeli A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Israeli%20A%5BAuthor%5D&cauthor=true&cauthor_uid=10335156), [Noy S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Noy%20S%5BAuthor%5D&cauthor=true&cauthor_uid=10335156). Abstract The objective is to assess the impact of workload on pregnancy among women physicians in public hospitals in Israel. A self-administered, cross-sectional study of pregnancies among women physicians in public hospitals was conducted. An 82-item questionnaire was mailed to women physicians in the three largest university hospitals in Israel. The questionnaire assessed demographic data, pregnancy course, perceived stress, and complications during pregnancy. Response rate was 52% (207/400). The complication rates were compared with rates in the Jewish population and expressed as mean +/- SD. Mean number of pregnancies during residency was 1.3 +/- 1.2. Mean age at the first delivery was 27 +/- 3.2 years. There was a significant difference in the rates of stillbirth (32/1000 births versus 3.7/1000, p < 0.001) and premature delivery (12.4% versus 7.6%, p = 0.0014) between women physicians and the general population. There was no significant difference in the proportion of spontaneous abortions (12.7%), pregnancy induced hypertension (3.2%), hyperemesis gravidarum (3.2%), and diabetes (1%). Seven percent of women physicians changed their specialty due to pregnancy while in residency. Our results suggest that working long hours in a stressful occupation in a hospital environment has an adverse effect on pregnancy course and is associated with increased rates of stillbirth and premature delivery. |
|  | PMID: 10335156 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=10335156) |
|  | [Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:10335156) |

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|  | PMID: 8942278 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8942278) |
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| 46. | Pediatrics. 1996 Sep;98(3 Pt 1):434-7. [Breastfeeding practices among resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/8784369) [Miller NH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Miller%20NH%5BAuthor%5D&cauthor=true&cauthor_uid=8784369)1, [Miller DJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Miller%20DJ%5BAuthor%5D&cauthor=true&cauthor_uid=8784369), [Chism M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chism%20M%5BAuthor%5D&cauthor=true&cauthor_uid=8784369). AbstractOBJECTIVE: To determine how employment as a resident physician (resident) affects breastfeeding practices and experiences. DESIGN: Cross-sectional questionnaire survey. SETTING: US resident physicians in the second half of their postgraduate year three (PGY3). PARTICIPANTS: 1500 questionnaires were mailed at random to female 1990 graduates of American medical schools. After eliminating unusable surveys, an adjusted response rate of 45% produced 450 surveys; 60 delivered a child during residency. INTERVENTIONS: None. MEASUREMENT/MAIN RESULTS: Forty-eight (80%) of 60 residents who delivered initiated breastfeeding, and continued for the duration of their maternity leave (mean, 7 weeks). With a return to residency half (24) of those who had initiated breastfeeding discontinued breastfeeding. The breastfeeding rate dropped to 15% (9/60) at 6 months. Residency work schedule was the most common reason (80%) for discontinuing breastfeeding. Of the 24 residents who continued breastfeeding while working, 83% pumped breast milk during their work shifts; 79% felt there was insufficient time during work, and 42% reported no appropriate place at work to express milk. Only 54% who continued felt supported by their attending physicians for their efforts to breastfeed; 67% felt colleagues were supportive. CONCLUSIONS: The breastfeeding initiation rate for resident mothers was in compliance with the Healthy People 2000 guidelines, but the rate at infant age 6 months fell well below the goal of 50%. Modifiable factors in residents' work sites include both physical and emotional accommodations to encourage resident mothers to breastfeed. |
|  | PMID: 8784369 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8784369) |
|  | [Icon for HighWire](http://pediatrics.aappublications.org/cgi/pmidlookup?view=long&pmid=8784369)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:8784369) |

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|  | PMID: 9419643 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=9419643) |
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|  | PMID: 7824613 [Indexed for MEDLINE] |
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|  | PMID: 8016233 [Indexed for MEDLINE] |
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|  | PMID: 8134453 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8134453) |
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|  | PMID: 8169299 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8169299) |
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|  | PMID: 8263276 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8263276) |
|  | [Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:8263276) |

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| 53. | Acad Med. 1993 Oct;68(10):792-9. [Pregnancy during graduate medical training.](http://www.ncbi.nlm.nih.gov/pubmed/8397614) [Young-Shumate L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Young-Shumate%20L%5BAuthor%5D&cauthor=true&cauthor_uid=8397614)1, [Kramer T](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kramer%20T%5BAuthor%5D&cauthor=true&cauthor_uid=8397614), [Beresin E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Beresin%20E%5BAuthor%5D&cauthor=true&cauthor_uid=8397614). Abstract In 1990, 30% of resident physicians were women, and by the year 2010 it is estimated that nearly one-third of all physicians will be women. With the increasing percentage of women residents, pregnancy during residency is a fact of life for most residency programs, yet it continues to provide problems for many programs. The authors comment on much of the literature and discuss the problems and issues surrounding pregnancy during residency, including the effects of pregnancy on the mother and infant as well as the effects of pregnancy on the residency program, the other residents, and the patients. The authors advocate that well-written, specific parental leave policies (for paternal as well as maternal leave) would help alleviate many of these problems. Data obtained from the 1991-92 annual survey of the American Association of Directors of Psychiatry Training indicate that 84% of responding U.S. adult and child psychiatry programs had maternity leave policies, an increase from what previous surveys have indicated. Further national studies, in other specialties, are needed to provide better data on the impact of pregnancy during residency and to help develop more effective parental leave policies. |
|  | PMID: 8397614 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8397614) |
|  | [Icon for Lippincott Williams & Wilkins](http://insights.ovid.com/pubmed?pmid=8397614)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:8397614) |

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|  | PMID: 8447915 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8447915) |
|  | [Icon for Lippincott Williams & Wilkins](http://insights.ovid.com/pubmed?pmid=8447915)[Icon for Mayo Clinic College of Medicine](http://sfxhosted.exlibrisgroup.com/mayo?sid=Entrez:PubMed&id=pmid:8447915) |

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|  | PMID: 8430151 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8430151) |
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|  | PMID: 2765057 [Indexed for MEDLINE] |
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|  | PMID: 3405560 [Indexed for MEDLINE] |
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| 75. | Obstet Gynecol. 1988 Sep;72(3 Pt 1):431-6. [Pregnancy during residency: II. Obstetric complications.](http://www.ncbi.nlm.nih.gov/pubmed/3043291) [Phelan ST](http://www.ncbi.nlm.nih.gov/pubmed/?term=Phelan%20ST%5BAuthor%5D&cauthor=true&cauthor_uid=3043291)1. Abstract Forty-three percent of women experiencing a pregnancy during a residency education program report medical complications. Analysis of questionnaires from 1197 respondents to a survey of 2000 female physicians indicates that the actual rate of medical and obstetric complications is no different from that in the general population except for the incidence of pregnancy-induced hypertension (12%). Although the incidence was similar for the three specialties studied (obstetrics-gynecology, psychiatry, and surgery), it is higher than that reported in the general population (5%). This may reflect an older maternal age. |
|  | PMID: 3043291 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=3043291) |
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|  | PMID: 3218845 [Indexed for MEDLINE] |
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|  | PMID: 3622972 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=3622972) |
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|  | PMID: 3605271 [Indexed for MEDLINE] |
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|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=7356056) |