**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%2C27528701%2C26344010%2C25764029%2C25125307%2C25029501%2C25029314%2C24462616%2C23264010%2C23200987%2C22637217%2C22611813%2C22570448%2C22558032%2C22558030%2C22558022%2C22148929%2C22113440%2C20869547%2C20354380%2C19788795%2C19444045%2C19228543%2C19111692%2C18162200%2C17989381%2C16925182%2C16871059%2C16260078%2C15863554%2C15781785%2C15673826%2C15615190%2C14762048%2C14672468%2C12691977%2C12468192%2C12407353%2C12075181%2C11978295%2C11755559%2C10912960%2C10391599%2C10335156%2C8942278%2C8784369%2C9419643%2C7824613%2C8016233%2C8134453%2C8169299%2C8263276%2C8397614%2C8447915%2C8430151%2C1415089%2C1415087%2C1624672%2C1624671%2C1624668%2C1624661%2C1731144%2C2033746%2C2033738%2C2065873%2C2002585%2C1992324%2C2022445%2C2246636%2C2316949%2C2596770%2C2765057%2C3405560%2C3171054%2C3043291%2C3218845%2C3622972%2C3605271%2C3577199%2C10279166%2C3713770%2C3957606%2C3517912%2C3945268%2C3996021%2C3971279%2C3966728%2C6150911%2C6691516%2C6886287%2C6859310%2C6847978%2C7086037%2C6265534%2C7369425%2C7356056))

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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. |
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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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| 3.  | Am J Perinatol. 2016 Jan;33(2):157-64. doi: 10.1055/s-0035-1563548. Epub 2015 Sep 7.[Surgical Site Infection following Cesarean Delivery: Patient, Provider, and Procedure-Specific Risk Factors.](http://www.ncbi.nlm.nih.gov/pubmed/26344010)[Shree R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shree%20R%5BAuthor%5D&cauthor=true&cauthor_uid=26344010)1, [Park SY](http://www.ncbi.nlm.nih.gov/pubmed/?term=Park%20SY%5BAuthor%5D&cauthor=true&cauthor_uid=26344010)2, [Beigi RH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Beigi%20RH%5BAuthor%5D&cauthor=true&cauthor_uid=26344010)1, [Dunn SL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dunn%20SL%5BAuthor%5D&cauthor=true&cauthor_uid=26344010)1, [Krans EE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Krans%20EE%5BAuthor%5D&cauthor=true&cauthor_uid=26344010)1.AbstractOBJECTIVE: This study aims to identify risk factors for cesarean delivery (CD) surgical site infection (SSI). study design: Retrospective analysis of 2,739 CDs performed at the University of Pittsburgh in 2011. CD SSIs were defined using National Healthcare Safety Network (NHSN) criteria. Chi-square test and t-test were used for bivariate analyses and multivariate logistic regression was used to identify SSI risk factors.RESULTS: Of 2,739 CDs, 178 (6.5%) were complicated by SSI. Patients with a SSI were more likely to have Medicaid, have resident physicians perform the CD, an American Society of Anesthesiologists (ASA) class of ≥ 3, chorioamnionitis, tobacco use, and labor before CD. In multivariable analysis, labor (odds ratio [OR], 2.35; 95% confidence interval [95% CI], 1.65-3.38), chorioamnionitis (OR, 2.24; 95% CI, 1.25-3.83), resident teaching service (OR, 2.15; 95% CI, 1.54-3.00), tobacco use (OR, 1.70; 95% CI, 1.04-2.70), ASA class ≥ 3 (OR, 1.61; 95% CI, 1.06-2.39), and CDs performed for nonreassuring fetal status (OR, 0.43; 95% CI, 0.26-0.67) were significantly associated with CD SSI.CONCLUSION: Multiple patient, provider, and procedure-specific risk factors contribute to CD SSI risk which may be targeted in infection-control efforts.Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.PMCID: PMC5064434 **Free PMC Article**  |
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|  | Conflict of interest statementStatement: 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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| 5.  | J Am Coll Cardiol. 2014 Aug 19;64(7):734-6. doi: 10.1016/j.jacc.2014.07.002.[Pregnancy in fellowship: building a career and family.](http://www.ncbi.nlm.nih.gov/pubmed/25125307)[Moe TG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Moe%20TG%5BAuthor%5D&cauthor=true&cauthor_uid=25125307)1. |
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| 6.  | JAMA Surg. 2014 Sep;149(9):893-7. doi: 10.1001/jamasurg.2014.1227.[Pregnancy-related attrition in general surgery.](http://www.ncbi.nlm.nih.gov/pubmed/25029501)[Brown EG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Brown%20EG%5BAuthor%5D&cauthor=true&cauthor_uid=25029501)1, [Galante JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Galante%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=25029501)1, [Keller BA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Keller%20BA%5BAuthor%5D&cauthor=true&cauthor_uid=25029501)1, [Braxton J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Braxton%20J%5BAuthor%5D&cauthor=true&cauthor_uid=25029501)1, [Farmer DL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Farmer%20DL%5BAuthor%5D&cauthor=true&cauthor_uid=25029501)1.Comment in* [Are there repercussions associated with pregnancy-related attrition?](http://www.ncbi.nlm.nih.gov/pubmed/25029314) [JAMA Surg. 2014]

AbstractIMPORTANCE: Residency attrition rates remain a great challenge for general surgery training programs. Despite the increasing acceptance of pregnancy during training, 1 common perception is that women who become pregnant are at increased risk of leaving surgery programs.OBJECTIVE: To determine whether child rearing increases the risk of attrition from general surgery residency.DESIGN, SETTING, AND PARTICIPANTS: Retrospective review of all categorical general surgery residents in a single academic general surgery residency program over a 10-year period. All categorical general surgery residents matriculated from July 1, 1999, until July 1, 2009.MAIN OUTCOMES AND MEASURES: Voluntary attrition rate, involuntary attrition rate, and incidence of child rearing among residents.RESULTS: Eighty-five residents matched into categorical general surgery postgraduate year 1 spots from July 1, 1999, to July 1, 2009. Of the total residents, 49 (58%) were men while 36 (42%) were women. Attrition in the program was 18.8% (16 of 85). Seven (44%) of the residents who left the program were women; this was 19% of all female residents in the program. This was not significantly different from the proportion of men who left the program (P = .90). A higher percentage of women (57%) left after their intern year compared with men (22%). Furthermore, men had the highest rate of attrition during research (33%) while no women left during research years. Among the 85 residents, 9 women reported a total of 10 pregnancies and 16 men reported raising 21 children (1 woman and 1 man left the program). The proportion of child rearing was higher in those who did not leave the program but this did not reach significance (P = .10). Neither age (odds ratio, 1.0; 95% CI, 0.8-1.4), sex (odds ratio, 1.0; 95% CI, 0.2-3.6), nor incidence of child rearing during training (odds ratio, 1.0; 95% CI, 0.1-9.6) were associated with an increased risk of attrition. Residents with children born during training did not demonstrate fewer total case numbers (men, P = .40; women, P = .93) or board pass rates (men, P = .76; women, P = .50) compared with residents who did not have children during training. Women who had children during training were more likely to pursue fellowship (87.5%) than those who did not (66.7%)(P < .001).CONCLUSIONS AND RELEVANCE: The current study demonstrated there was no association between female sex and attrition at our institution. Child rearing did not appear to be a risk factor for attrition in either men or women. Furthermore, child rearing did not negatively impact the quality of training based on case numbers and board pass rates. Despite prevalent stereotypes, child rearing did not cause women or men to leave the program. |
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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]
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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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| 12.  | Minn Med. 2012 Mar;95(3):12-4.[Risk and reward.](http://www.ncbi.nlm.nih.gov/pubmed/22611813)[Foley A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Foley%20A%5BAuthor%5D&cauthor=true&cauthor_uid=22611813). |
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| 13.  | JAMA. 2012 May 9;307(18):1899-901. doi: 10.1001/jama.2012.3725.[More women choose careers in surgery: bias, work-life issues remain challenges.](http://www.ncbi.nlm.nih.gov/pubmed/22570448)[Kuehn BM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kuehn%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=22570448). |
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| 14.  | GMS Z Med Ausbild. 2012;29(2):Doc35. doi: 10.3205/zma000805. Epub 2012 Apr 23.[Family and career-conscious hospitals - problem areas and necessary steps.](http://www.ncbi.nlm.nih.gov/pubmed/22558032)[Fegert JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fegert%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=22558032)1, [Liebhardt H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Liebhardt%20H%5BAuthor%5D&cauthor=true&cauthor_uid=22558032).AbstractThis paper aims to describe the wide range of compatibility issues between work in the medical profession and the family. Several topics are intertwined and overlap in some areas. Family friendliness in curative medicine, healthcare, medical studies and the training, specialisation and CPD of doctors is a key theme in the current debate on the future of health and family policies. The rising proportion of women and changes in the medical community characterise the future of medicine. Topics such as working hours and organisation of work, as well as family support and maternity leave, must be discussed further and in particular regarding employees in the health services. This overview will describe where Germany has issues, what is already being done well in the hospitals but could still be improved.PMCID: PMC3339703 **Free PMC Article**  |
|  | PMID: 22558032 [Indexed for MEDLINE] |
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| 15.  | GMS Z Med Ausbild. 2012;29(2):Doc33. doi: 10.3205/zma000803. Epub 2012 Apr 23.[Family-friendliness in Medical Studies in Baden-Württemberg. Results of a state-wide study.](http://www.ncbi.nlm.nih.gov/pubmed/22558030)[Niehues J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Niehues%20J%5BAuthor%5D&cauthor=true&cauthor_uid=22558030)1, [Prospero K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Prospero%20K%5BAuthor%5D&cauthor=true&cauthor_uid=22558030), [Fegert JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fegert%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=22558030), [Liebhardt H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Liebhardt%20H%5BAuthor%5D&cauthor=true&cauthor_uid=22558030).AbstractThis paper describes the results of the study on "Family-friendliness of the Medical Studies in Baden-Württemberg" carried out in 2009-2011 by the working group "Family, Time policy and E-Learning" of the University Hospital of Ulm, supported by the Ministry of Science, Research and the Arts of Baden-Württemberg. This state-wide survey of the studying conditions and personal circumstances of medical students with children at the five medical schools in Baden-Württemberg aims to describe existing and necessary factors of family-friendliness. A total of 238 students with children participated in the quantitative online survey conducted during the summer semester 2010 which was based on topics from previous qualitative interviews with student parents.The data shows that even though founding a family while at university is usually planned, student parents are faced with significant compatibility issues, demonstrating the need for additional measures to individualise course organisation and to make the curriculum more flexible. At the same time, the need to significantly increase information and advisory services alongside the establishment of additional support services for student parents is discernable. The study contributes to the debate on the family-friendliness of universities and university hospitals and adds practice-oriented approaches to solutions.PMCID: PMC3339324 **Free PMC Article**  |
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| 16.  | GMS Z Med Ausbild. 2012;29(2):Doc16. doi: 10.3205/zma000786. Epub 2012 Apr 23.[Compatibility of studies and family: approaches at the Medical Faculty Mannheim.](http://www.ncbi.nlm.nih.gov/pubmed/22558022)[Becher J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Becher%20J%5BAuthor%5D&cauthor=true&cauthor_uid=22558022)1, [Fritz H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fritz%20H%5BAuthor%5D&cauthor=true&cauthor_uid=22558022), [Neumaier-Probst E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Neumaier-Probst%20E%5BAuthor%5D&cauthor=true&cauthor_uid=22558022), [Scheib-Berten A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Scheib-Berten%20A%5BAuthor%5D&cauthor=true&cauthor_uid=22558022).AbstractThe compatibility of studies or a career with children is becoming increasingly important. This is partly attributable to the fact that it is important for people of either gender to spend time with their families, their children. Not too long ago, raising children was almost exclusively the domain of the mother. On the other hand, more and more women study medicine. More than half of first year students are now female. Many of these young women, like their male counterparts, would like to start families. The possibility to both study and have children is particularly important during the "training" life phase. The Medical Faculty Mannheim realises the need for action and wants to actively tackle the associated challenges in terms of advice, study design and infrastructure. This article represents the steps which the faculty - in close cooperation with the Equality Office, the Dean of Studies and the University Hospital - has taken so far or is currently putting in place to enable students to successfully combine the challenge of studying with that of having children. These include individual advice services on study organisation, information about support services, changes to the infrastructure and more intensive cooperation between the various departments.PMCID: PMC3339695 **Free PMC Article**  |
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| 17.  | Breastfeed Med. 2012 Jun;7(3):151-4. doi: 10.1089/bfm.2011.0045. Epub 2011 Dec 7.[Breastfeeding experiences among physicians.](http://www.ncbi.nlm.nih.gov/pubmed/22148929)[Riggins C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Riggins%20C%5BAuthor%5D&cauthor=true&cauthor_uid=22148929)1, [Rosenman MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rosenman%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=22148929), [Szucs KA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Szucs%20KA%5BAuthor%5D&cauthor=true&cauthor_uid=22148929).AbstractBACKGROUND: During medical school and residency training, physicians are taught that breastfeeding is the preferred feeding for all infants, with rare exceptions. But evidence is accumulating that while physician mothers have a high rate of breastfeeding initiation, they face significant obstacles to sustained breastfeeding.METHODS: In our academic medical center, we conducted a brief survey of physicians who have young children, to explore their own experiences with breastfeeding. The survey explored the physician-as-parent's own experiences with breastfeeding -- prenatal intentions, postnatal difficulties, ability to meet goals, emotions if goals were not met, resources for support pre- and postnatally, and ideas about what would have helped her breastfeed longer.RESULTS: Two-thirds of the physicians who initiated breastfeeding had difficulties. Among those with difficulties, about three-fourths were able to resolve them.CONCLUSIONS: Even mothers who are medical professionals experience, and often cannot overcome, difficulties with breastfeeding. Women in medicine need enhanced breastfeeding support and services/resources. Advocacy is needed, in our work environments, for better breastfeeding support not only for our physician colleagues, but also for all lactating employees within our institutions. |
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| 18.  | Simul Healthc. 2012 Feb;7(1):1-9. doi: 10.1097/SIH.0b013e31822c0f20.[Does every code need a "reader?" improvement of rare event management with a cognitive aid "reader" during a simulated emergency: a pilot study.](http://www.ncbi.nlm.nih.gov/pubmed/22113440)[Burden AR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Burden%20AR%5BAuthor%5D&cauthor=true&cauthor_uid=22113440)1, [Carr ZJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Carr%20ZJ%5BAuthor%5D&cauthor=true&cauthor_uid=22113440), [Staman GW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Staman%20GW%5BAuthor%5D&cauthor=true&cauthor_uid=22113440), [Littman JJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Littman%20JJ%5BAuthor%5D&cauthor=true&cauthor_uid=22113440), [Torjman MC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Torjman%20MC%5BAuthor%5D&cauthor=true&cauthor_uid=22113440).Comment in* [Code reader: a novel concept that warrants more research.](http://www.ncbi.nlm.nih.gov/pubmed/22476330) [Simul Healthc. 2012]

AbstractINTRODUCTION: Prompt treatment is necessary to assure patient survival during crisis. Obstetric cardiac arrest (OCA) and malignant hyperthermia (MH) are rarely occurring crises. Cognitive aids (CAs) consolidate management and assist treatment decisions. We investigated a novel method to encourage resident physician CA use during simulated crises.METHODS: Resident physicians were examined during 31 simulated crises of OCA and MH. CAs reviewed in a prior lecture were placed on resuscitation carts. The confederate emergency management team consisted of two anesthesiologists, two critical care nurses, and a medical student who was assigned to act as the CA "Reader." If the subject failed to manage the crisis, the Reader would prompt the subject to use the CA. If the subject still failed to manage the crisis, the Reader would read the aid aloud to the subject. Steps were scored if completed; physiologic variables were recorded. Subject performance was examined before and after Reader introduction.RESULTS: OCA: No subjects performed all critical steps before introduction of the Reader. Twenty-two percent of Anesthesiology (AN) and 31% of Obstetrics (OB) trainees used the CA. MH: All subjects (AN) correctly diagnosed MH and administered the first dantrolene dose at 7.3 ± 2.5 minutes (PETCO2 72 ± 8 mm Hg, temperature 41.5 °C ± 1.3 °C) but skipped critical treatment steps. Thirty-three percent of subjects used the CA. After Reader introduction, all critical actions for both OCA and MH were completed.CONCLUSIONS: Reader introduction resulted in execution of all critical actions. During the debriefing of the simulated scenarios, subjects acknowledged the benefit of the Reader. |
|  | PMID: 22113440 [Indexed for MEDLINE] |
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| 19.  | Semin Perinatol. 2010 Oct;34(5):318-24. doi: 10.1053/j.semperi.2010.06.001.[Impact of anesthesiologists on the incidence of vaginal birth after cesarean in the United States: role of anesthesia availability, productivity, guidelines, and patient safety.](http://www.ncbi.nlm.nih.gov/pubmed/20869547)[Birnbach DJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Birnbach%20DJ%5BAuthor%5D&cauthor=true&cauthor_uid=20869547)1, [Bucklin BA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bucklin%20BA%5BAuthor%5D&cauthor=true&cauthor_uid=20869547), [Dexter F](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dexter%20F%5BAuthor%5D&cauthor=true&cauthor_uid=20869547).AbstractThe rate of vaginal birth after cesarean delivery (VBAC) has been steadily decreasing in the United States. What is not clear, however, is what part the availability of anesthesia personnel has played in this reduction. We review the role of anesthesia services in the trend of the decreasing rates of VBAC. Three areas of particular interest to anesthesiology services are addressed: (1) the current ability of anesthesiologists in the United States to provide "immediate" availability for VBAC at all delivery locations; (2) the workforce estimates for anesthesiology staffing in the future; and (3) the barriers to the immediate availability of anesthesiologists in all hospitals that provide obstetrical care. The concept of "immediate availability" is discussed, and examples of ways to reduce the risks to patients are provided. Finally, possible solutions that may improve patient safety without a dramatic increase in number of anesthesiologists available to work on labor and delivery units are highlighted.Copyright © 2010 Elsevier Inc. All rights reserved. |
|  | PMID: 20869547 [Indexed for MEDLINE] |
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| 20.  | Acad Med. 2010 Apr;85(4):640-6. doi: 10.1097/ACM.0b013e3181d2cb5b.[Do women residents delay childbearing due to perceived career threats?](http://www.ncbi.nlm.nih.gov/pubmed/20354380)[Willett LL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Willett%20LL%5BAuthor%5D&cauthor=true&cauthor_uid=20354380)1, [Wellons MF](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wellons%20MF%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Hartig JR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hartig%20JR%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Roenigk L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Roenigk%20L%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Panda M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Panda%20M%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Dearinger AT](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dearinger%20AT%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Allison J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Allison%20J%5BAuthor%5D&cauthor=true&cauthor_uid=20354380), [Houston TK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Houston%20TK%5BAuthor%5D&cauthor=true&cauthor_uid=20354380).AbstractPURPOSE: To assess gender differences among residents regarding their plans to have children during residency and determine the most influential reasons for these differences.METHOD: Using the Health Belief Model as a framework, the authors created an instrument to survey 424 residents from 11 residency programs at three academic medical institutions about their intentions to have children during residency. The authors developed a scale to assess the perceived career threats of having children during residency, evaluated its psychometric properties, and calculated the effect of the mediators.RESULTS: The response rate was 77% (328/424). Forty-one percent of men versus 27% of women planned to have children during residency (P = .01). The instrument measured four career threats-extended training, loss of fellowship positions, pregnancy complications, and interference with career plans-on a five-point Likert scale. The scale had a Cronbach alpha of 0.84 and an eigenvalue of 2.2. Compared with men, women had higher scores for each item and a higher mean score (2.9 versus 2.1, P = .001), signifying greater belief in the potential of pregnancy to threaten careers. After adjusting for age, institution, postgraduate year, and knowledge of parental leave policies, women were less likely to plan to have children during residency (odds ratio 0.46 [95% confidence interval 0.25-0.84]). In mediation analysis, threats to career explained 67% of the gender variance.CONCLUSIONS: Women residents intentionally postpone pregnancy because of perceived threats to their careers. Medical educators should be aware of these findings when counseling female trainees. |
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| 21.  | CJEM. 2009 Sep;11(5):496-7.[On becoming "Dr. Mom".](http://www.ncbi.nlm.nih.gov/pubmed/19788795)[Williams J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Williams%20J%5BAuthor%5D&cauthor=true&cauthor_uid=19788795)1. |
|  | PMID: 19788795 [Indexed for MEDLINE] |
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| 22.  | Simul Healthc. 2009 Summer;4(2):84-91. doi: 10.1097/SIH.0b013e31818cffd3.[Teaching residents the two-challenge rule: a simulation-based approach to improve education and patient safety.](http://www.ncbi.nlm.nih.gov/pubmed/19444045)[Pian-Smith MC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pian-Smith%20MC%5BAuthor%5D&cauthor=true&cauthor_uid=19444045)1, [Simon R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Simon%20R%5BAuthor%5D&cauthor=true&cauthor_uid=19444045), [Minehart RD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Minehart%20RD%5BAuthor%5D&cauthor=true&cauthor_uid=19444045), [Podraza M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Podraza%20M%5BAuthor%5D&cauthor=true&cauthor_uid=19444045), [Rudolph J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rudolph%20J%5BAuthor%5D&cauthor=true&cauthor_uid=19444045), [Walzer T](http://www.ncbi.nlm.nih.gov/pubmed/?term=Walzer%20T%5BAuthor%5D&cauthor=true&cauthor_uid=19444045), [Raemer D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Raemer%20D%5BAuthor%5D&cauthor=true&cauthor_uid=19444045).AbstractINTRODUCTION: Residents train in a historically hierarchical system. They may be compelled to question their teachers if they do not understand or disagree with a clinical decision, have a patient safety concern, or when treatment plans are unclear. We sought to determine whether a debriefing intervention that emphasizes (1) joint responsibility for safety and (2) the "two-challenge rule" (a rubric for challenging others) using a conversational technique that is assertive and collaborative (advocacy-inquiry) can improve the frequency and effectiveness with which residents "speak up" to superiors.METHODS: In a simulated operating room, anesthesiology trainees were presented with opportunities to challenge coworkers (eg, orders to administer a relatively contraindicated medication). Opportunities to challenge the attending faculty anesthesiologist, attending faculty surgeon, and nurse (all confederates) were presented. When debriefed, subjects were taught the two-challenge rule and a communication technique that paired advocacy (stating trainee's observation) and inquiry (request for the other's reasoning). A second scenario offered new opportunities to challenge. Video recorded scenarios were evaluated by two investigators and trainee use of the prescribed advocacy-inquiry language was rated on a 5-point scale.RESULTS: Forty subjects participated. Overall use of the two-challenge rule and advocacy-inquiry increased after debriefing. The debriefing and instruction specifically improved the frequency and quality of challenges directed toward superordinate physicians, without improving resident challenges toward nurses.CONCLUSIONS: This instructional intervention improves "speaking up" by residents to other physicians during simulated obstetric cases. Providing increased opportunities for resident learning, sharing responsibility for patient safety, and overcoming communication barriers within the medical hierarchy may improve teamwork and patient safety. |
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| 23.  | J Am Coll Surg. 2009 Feb;208(2):297-8. doi: 10.1016/j.jamcollsurg.2008.11.004.[Invited commentary: some things cannot be delegated.](http://www.ncbi.nlm.nih.gov/pubmed/19228543)[Freischlag JA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Freischlag%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=19228543).Comment in* [Birth trends and pregnancy complications among women urologists.](http://www.ncbi.nlm.nih.gov/pubmed/19228542) [J Am Coll Surg. 2009]
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|  | Icon for Elsevier ScienceIcon for Mayo Clinic College of Medicine |

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| 24.  | Gastrointest Endosc. 2009 Jan;69(1):121-3. doi: 10.1016/j.gie.2008.10.005.[The pregnant fellow--scoping for two.](http://www.ncbi.nlm.nih.gov/pubmed/19111692)[Price J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Price%20J%5BAuthor%5D&cauthor=true&cauthor_uid=19111692)1, [Dunbar K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dunbar%20K%5BAuthor%5D&cauthor=true&cauthor_uid=19111692). |
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| 25.  | Int J Obstet Anesth. 2008 Jan;17(1):20-5.[Assessment of knowledge regarding cardiopulmonary resuscitation of pregnant women.](http://www.ncbi.nlm.nih.gov/pubmed/18162200)[Cohen SE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cohen%20SE%5BAuthor%5D&cauthor=true&cauthor_uid=18162200)1, [Andes LC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Andes%20LC%5BAuthor%5D&cauthor=true&cauthor_uid=18162200), [Carvalho B](http://www.ncbi.nlm.nih.gov/pubmed/?term=Carvalho%20B%5BAuthor%5D&cauthor=true&cauthor_uid=18162200).Comment in* [Strategies to comply with the five-minute rule after maternal arrest.](http://www.ncbi.nlm.nih.gov/pubmed/18511259) [Int J Obstet Anesth. 2008]

AbstractINTRODUCTION: The 2000-2002 triennial UK Report on Confidential Enquiries into Maternal Deaths concluded that over 50% of maternal deaths involved substandard care and that many could have been prevented. Catastrophic events leading to cardio-respiratory arrest may necessitate the resuscitation of pregnant women in various hospital locations. This study was designed to evaluate knowledge about resuscitation of parturients among anesthesiologists, obstetricians and emergency physicians.METHODS: A 12-question survey was distributed anonymously to residents and faculty in the anesthesia (ANES), obstetrics (OB), and emergency medicine (EM) departments at Stanford University Medical Center/Lucile Packard Children's Hospital, Stanford, California. Questions were designed to elicit knowledge deficiencies in four critical areas: need for left uterine displacement (LUD), advanced cardiac life support algorithms (ACLS), physiologic changes of pregnancy (PHYS), and the recommendation to perform cesarean delivery in parturients (>20 weeks gestation) after 4-5 min of unsuccessful resuscitation for cardiac arrest (5CD).RESULTS: In total, 74/75 physicians (43% ANES, 37% OB, and 20% EM) completed the test. ANES scored highest in overall test scores, and in knowledge of PHYS (P<0.05). Scores for LUD and 5CD were similar among groups, but 25-40% of these questions were answered incorrectly. In the ACLS category, the EM group scored highest (93%).CONCLUSION: We conclude that knowledge of important basic concepts, including the need for LUD and the potential benefit of early cesarean delivery during cardiac arrest, is inadequate among all three specialties. All three departments should provide ACLS physician training with emphasis on the special considerations for parturients. |
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|  | Icon for Elsevier ScienceIcon for Mayo Clinic College of Medicine |

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| 26.  | N Engl J Med. 2007 Nov 8;357(19):1889-91.[Becoming a doctor, starting a family--leaves of absence from graduate medical education.](http://www.ncbi.nlm.nih.gov/pubmed/17989381)[Jagsi R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jagsi%20R%5BAuthor%5D&cauthor=true&cauthor_uid=17989381)1, [Tarbell NJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tarbell%20NJ%5BAuthor%5D&cauthor=true&cauthor_uid=17989381), [Weinstein DF](http://www.ncbi.nlm.nih.gov/pubmed/?term=Weinstein%20DF%5BAuthor%5D&cauthor=true&cauthor_uid=17989381). |
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| 27.  | Med Health R I. 2006 Jul;89(7):230-1.[Breastfeeding practices of resident physicians in Rhode Island.](http://www.ncbi.nlm.nih.gov/pubmed/16925182)[Kacmar JE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kacmar%20JE%5BAuthor%5D&cauthor=true&cauthor_uid=16925182)1, [Taylor JS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Taylor%20JS%5BAuthor%5D&cauthor=true&cauthor_uid=16925182), [Nothnagle M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Nothnagle%20M%5BAuthor%5D&cauthor=true&cauthor_uid=16925182), [Stumpff J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stumpff%20J%5BAuthor%5D&cauthor=true&cauthor_uid=16925182). |
|  | PMID: 16925182 [Indexed for MEDLINE] |
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| 28.  | Anesthesiology. 2006 Aug;105(2):260-6.[Development of an objective scoring system for measurement of resident performance on the human patient simulator.](http://www.ncbi.nlm.nih.gov/pubmed/16871059)[Scavone BM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Scavone%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=16871059)1, [Sproviero MT](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sproviero%20MT%5BAuthor%5D&cauthor=true&cauthor_uid=16871059), [McCarthy RJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=McCarthy%20RJ%5BAuthor%5D&cauthor=true&cauthor_uid=16871059), [Wong CA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wong%20CA%5BAuthor%5D&cauthor=true&cauthor_uid=16871059), [Sullivan JT](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sullivan%20JT%5BAuthor%5D&cauthor=true&cauthor_uid=16871059), [Siddall VJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Siddall%20VJ%5BAuthor%5D&cauthor=true&cauthor_uid=16871059), [Wade LD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wade%20LD%5BAuthor%5D&cauthor=true&cauthor_uid=16871059).AbstractBACKGROUND: The decrease in the percentage of patients having cesarean delivery during general anesthesia has led some educators to advocate the increased use of simulation-based training for this anesthetic. The authors developed a scoring system to measure resident performance of this anesthetic on the human patient simulator and subjected the system to tests of validity and reliability.METHODS: A modified Delphi technique was used to achieve a consensus among several experts regarding a standardized scoring system for evaluating resident performance of general anesthesia for emergency cesarean delivery on the human patient simulator. Eight third-year and eight first-year anesthesiology residents performed the scenario and were videotaped and scored by four attending obstetric anesthesiologists.RESULTS: Third-year residents scored an average of 150.5 points, whereas first-year residents scored an average of 128 points (P = 0.004). The scoring instrument demonstrated high interrater reliability with an intraclass correlation coefficient of 0.97 (95% confidence interval, 0.94-0.99) compared with the average score.CONCLUSIONS: The developed scoring tool to measure resident performance of general anesthesia for emergency cesarean delivery on the patient simulator seems both valid and reliable in the context in which it was tested. This scoring system may prove useful for future studies such as those investigating the effect of simulator training on objective assessment of resident performance. |
|  | PMID: 16871059 [Indexed for MEDLINE] |
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| 29.  | Eur J Obstet Gynecol Reprod Biol. 2006 Jul;127(1):79-87. Epub 2005 Nov 2.[Protective medical legislation deficient knowledge of maternity (health and safety) rights for work-adjustment exists amongst flexible trainee doctors: is there a risk to maternal and foetal health?](http://www.ncbi.nlm.nih.gov/pubmed/16260078)[Pal BR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pal%20BR%5BAuthor%5D&cauthor=true&cauthor_uid=16260078)1, [Hussein NR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hussein%20NR%5BAuthor%5D&cauthor=true&cauthor_uid=16260078), [Howlett A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Howlett%20A%5BAuthor%5D&cauthor=true&cauthor_uid=16260078), [Harun YE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Harun%20YE%5BAuthor%5D&cauthor=true&cauthor_uid=16260078), [Rajaratnam R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rajaratnam%20R%5BAuthor%5D&cauthor=true&cauthor_uid=16260078).AbstractOBJECTIVE: To assess awareness, identify knowledge source and evaluate uptake amongst doctors of "health and safety rights" (HSR) contained within the current European protective medical legislation for pregnant workers.STUDY DESIGN: A descriptive cross-sectional pilot study, by a postal questionnaire during the period 1998-1999, targeted 97 UK doctors (West Midlands region) after their first pregnancy.RESULTS: Of 67 respondents (response rate 73%), 41 (61%) were Registrars (SpR) and 25 (37%) SHOs: 80% work-schedules did not change during pregnancy. Only 11% (95% CI, 4-21%) of the doctors surveyed actually knew their maternity rights. 66.2% had no knowledge of maternity legislation; 80% of respondents had not taken up health and safety rights. Fifty-two percent (95% CI, 40-65%) reported maternal and neonatal complications.CONCLUSIONS: In a self-selected group of flexible trainees following their first pregnancy, only one in five female doctors have adequate knowledge about the legislative "health and safety rights" of work-schedule adjustment. A combination of reasons may contribute to the low uptake of these rights. The question of whether or not poor knowledge and uptake of legislative rights may be detrimental towards pregnancy and neonatal complications requires a large prospective study. An improvement in the knowledge of current maternity legislation could occur by targeting all medical students, all doctors, postgraduate trainers and National Health Service (NHS) employers. |
|  | PMID: 16260078 [Indexed for MEDLINE] |
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| 30.  | Obstet Gynecol. 2005 May;105(5 Pt 1):1123.[What obstetrics and gynecology means to me.](http://www.ncbi.nlm.nih.gov/pubmed/15863554)[van Dis J](http://www.ncbi.nlm.nih.gov/pubmed/?term=van%20Dis%20J%5BAuthor%5D&cauthor=true&cauthor_uid=15863554)1. |
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| 31.  | Arch Surg. 2005 Mar;140(3):241-4.[Women in surgery: the same, yet different.](http://www.ncbi.nlm.nih.gov/pubmed/15781785)[Buyske J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Buyske%20J%5BAuthor%5D&cauthor=true&cauthor_uid=15781785)1. |
|  | PMID: 15781785 [Indexed for MEDLINE] |
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| 32.  | Acad Psychiatry. 2004 Winter;28(4):299-304.[Women in U.S. psychiatric training.](http://www.ncbi.nlm.nih.gov/pubmed/15673826)[Jain S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jain%20S%5BAuthor%5D&cauthor=true&cauthor_uid=15673826)1, [Ballamudi B](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ballamudi%20B%5BAuthor%5D&cauthor=true&cauthor_uid=15673826).AbstractOBJECTIVE: The number of women in psychiatric training is predicted to increase over time. This article aims to review and evaluate the existing literature on the topic and identify present areas of concern and recommend future areas for research.METHOD: A Medline search from 1964 to the present day was conducted. Literature on female physicians in psychiatry, internship and residency, career choices, and medical education was reviewed.RESULTS: Much has changed, for the better, to accommodate the needs of this population. The areas of role integration, career choices, and pregnancy remain issues of concern. These concerns will continue as the percentage of female physicians increases.CONCLUSIONS: The multiple issues surrounding the pregnant resident need to be formally addressed and recognized to avoid strain on all residents, patients and departmental systems. Political, social, and departmental issues need to be addressed to help female residents with role integration. Psychiatry should lead the way among medical specialties in advocating for excellent family leave policies and childcare. Academic psychiatry will have to use creative strategies to effectively recruit and maintain female faculty. |
|  | PMID: 15673826 [Indexed for MEDLINE] |
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| 33.  | Minn Med. 2004 Nov;87(11):8-9.[A woman's place is in the OR.](http://www.ncbi.nlm.nih.gov/pubmed/15615190)[Kiser K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kiser%20K%5BAuthor%5D&cauthor=true&cauthor_uid=15615190). |
|  | PMID: 15615190 [Indexed for MEDLINE] |
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| 34.  | JAMA. 2004 Feb 4;291(5):636.[STUDENTJAMA. Residency training and pregnancy.](http://www.ncbi.nlm.nih.gov/pubmed/14762048)[van Dis J](http://www.ncbi.nlm.nih.gov/pubmed/?term=van%20Dis%20J%5BAuthor%5D&cauthor=true&cauthor_uid=14762048)1. |
|  | PMID: 14762048 [Indexed for MEDLINE] |
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| 35.  | Obstet Gynecol. 2003 Nov;102(5 Pt 1):948-51.[Duty hours and pregnancy outcome among residents in obstetrics and gynecology.](http://www.ncbi.nlm.nih.gov/pubmed/14672468)[Gabbe SG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gabbe%20SG%5BAuthor%5D&cauthor=true&cauthor_uid=14672468)1, [Morgan MA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Morgan%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=14672468), [Power ML](http://www.ncbi.nlm.nih.gov/pubmed/?term=Power%20ML%5BAuthor%5D&cauthor=true&cauthor_uid=14672468), [Schulkin J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schulkin%20J%5BAuthor%5D&cauthor=true&cauthor_uid=14672468), [Williams SB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Williams%20SB%5BAuthor%5D&cauthor=true&cauthor_uid=14672468).AbstractOBJECTIVE: To assess the present status of resident duty hours in obstetrics and gynecology, identify existing policies concerning work schedules during pregnancy, and evaluate pregnancy outcome in female house officers.METHODS: A questionnaire-based study was administered to residents taking the 2001 Council on Residency Education in Obstetrics and Gynecology examination.RESULTS: More than 90% of the residents reported that their institution had a maternity leave policy. The leave was usually 4-8 weeks long and was paid. Nearly 95% of residents reported that they had to take over the work of residents on maternity leave. Most women residents worked more than 80 hours weekly throughout pregnancy, and few took time off before delivery. Most pregnancies occurred during the fourth year of training and did not seem to be adversely affected by the long work hours.CONCLUSION: This study, performed before the institution of the new Accreditation Council for Graduate Medical Education resident duty hour policies, demonstrated that, although women house officers continued to work more than 80 hours per week during pregnancy, most had a good pregnancy outcome. Nevertheless, there was a higher frequency of preterm labor, preeclampsia, and fetal growth restriction in female residents than in spouses or partners of male residents. |
|  | PMID: 14672468 [Indexed for MEDLINE] |
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| 36.  | Acad Med. 2003 Apr;78(4):418-28.[Pregnancy during residency: a literature review.](http://www.ncbi.nlm.nih.gov/pubmed/12691977)[Finch SJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Finch%20SJ%5BAuthor%5D&cauthor=true&cauthor_uid=12691977)1.AbstractPURPOSE: It is estimated that by 2010 30% of U.S. physicians will be women. Pregnancy during residency can and does happen in all programs, and continues to provide problems for many. The author reviews the issues surrounding pregnancy during residency by evaluating published commentaries and research reports.METHOD: A literature search was conducted using Medline (January 1984-October 2001). Published articles were categorized as research or commentary. Research reports were sorted by content and summarized under three headings: mother and infant health, sources of stress and support for the pregnant resident, and reactions of colleagues to the pregnant resident.RESULTS: A total of 27 research reports were located; two additional reports published before 1984 were added because they complemented included studies. The majority of the studies in this review used retrospective self-report questionnaires, mostly completed by female residents and physicians. All reports suggested an increased risk of complications, especially adverse late-pregnancy events, for pregnant physicians. Pregnant residents found the physical demands of residency and lack of support from fellow residents and their departments most stressful. Anger and resentment toward the pregnant resident were common among not-pregnant residents, feelings particularly associated with expectations of increased workload. Individual maternity/parental leave policies were inconsistent. Policy development is discussed.CONCLUSIONS: The studies in this review supported planning for residents' pregnancies, and the author advocates clear maternity/parental leave policies. The author comments on the use of existing data to make common sense changes and on the need for further studies to help clarify the issues and evaluate program changes. |
|  | PMID: 12691977 [Indexed for MEDLINE] |
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| 37.  | Obstet Gynecol. 2002 Dec;100(6):1359.[What's a smart woman like you doing at home?](http://www.ncbi.nlm.nih.gov/pubmed/12468192)[Plante LA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Plante%20LA%5BAuthor%5D&cauthor=true&cauthor_uid=12468192).Comment on* [What's a smart woman like you doing at home?](http://www.ncbi.nlm.nih.gov/pubmed/12220786) [Obstet Gynecol. 2002]
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|  | PMID: 12468192 [Indexed for MEDLINE] |
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| 38.  | Surgery. 2002 Oct;132(4):682-7; discussion 687-8.[Maternity policy and practice during surgery residency: how we do it.](http://www.ncbi.nlm.nih.gov/pubmed/12407353)[Carty SE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Carty%20SE%5BAuthor%5D&cauthor=true&cauthor_uid=12407353)1, [Colson YL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Colson%20YL%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Garvey LS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Garvey%20LS%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Schuchert VD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schuchert%20VD%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Schwentker A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schwentker%20A%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Tzeng E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tzeng%20E%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Corcoran NA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Corcoran%20NA%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Simmons RL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Simmons%20RL%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Webster MW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Webster%20MW%5BAuthor%5D&cauthor=true&cauthor_uid=12407353), [Billiar TR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Billiar%20TR%5BAuthor%5D&cauthor=true&cauthor_uid=12407353).AbstractBACKGROUND: Pregnancy during general surgery residency has traditionally been discouraged.METHODS: In 2001, using an approved protocol, we anonymously surveyed 25 residents (PGY3 level or greater) concerning their experiences working with each other during episodes of resident pregnancy and maternity leave.RESULTS: From 1995 to 2001, 13 of 59 residents in general surgery were female (22%). While training, 6 of 13 residents reported 8 pregnancies with 2 miscarriages. Five residents (39%) gave birth to 6 children and adopted 1 child. Residents worked until the day of term delivery in 5 of 6 cases; 1 pregnancy was complicated by placental abruption at 33 weeks. Residents were off work postpartum for a median of 6 weeks (range 2-6). Nursing was universal for > or = 3 months but at-work problems with privacy and stress were frequent. On survey, all resident mothers believed they had been treated very fairly, and 94% of surveyed male peers stated that the coworker's status had no effect or a positive effect on their own work life. Fatherhood was reported to occur during residency by 42% of male respondents.CONCLUSIONS: Parenthood during residency is frequent. The complexities of resident maternity can be handled with mutual safety, equity, and satisfaction by the residents and faculty of a surgical training program. |
|  | PMID: 12407353 [Indexed for MEDLINE] |
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| 39.  | Surgery. 2002 Jun;131(6):666-9.[Perspectives of a woman resident.](http://www.ncbi.nlm.nih.gov/pubmed/12075181)[Walsh DS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Walsh%20DS%5BAuthor%5D&cauthor=true&cauthor_uid=12075181)1. |
|  | PMID: 12075181 [Indexed for MEDLINE] |
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| 40.  | Obstet Gynecol. 2002 May;99(5 Pt 1):832-4.[What's a smart woman like you doing at home?](http://www.ncbi.nlm.nih.gov/pubmed/11978295)[Becker JE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Becker%20JE%5BAuthor%5D&cauthor=true&cauthor_uid=11978295)1.Comment in* [What's a smart woman like you doing at home?](http://www.ncbi.nlm.nih.gov/pubmed/12220786) [Obstet Gynecol. 2002]
* [What's a smart woman like you doing at home?](http://www.ncbi.nlm.nih.gov/pubmed/12220788) [Obstet Gynecol. 2002]
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|  | PMID: 11978295 [Indexed for MEDLINE] |
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| 41.  | Obstet Gynecol. 2001 Dec;98(6):1093-8.[Maternity leave: existing policies in obstetrics and gynecology residency programs.](http://www.ncbi.nlm.nih.gov/pubmed/11755559)[Davis JL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Davis%20JL%5BAuthor%5D&cauthor=true&cauthor_uid=11755559)1, [Baillie S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baillie%20S%5BAuthor%5D&cauthor=true&cauthor_uid=11755559), [Hodgson CS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hodgson%20CS%5BAuthor%5D&cauthor=true&cauthor_uid=11755559), [Vontver L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Vontver%20L%5BAuthor%5D&cauthor=true&cauthor_uid=11755559), [Platt LD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Platt%20LD%5BAuthor%5D&cauthor=true&cauthor_uid=11755559).Comment in* [Maternity leave: existing policies in obstetrics and gynecology residency programs.](http://www.ncbi.nlm.nih.gov/pubmed/11978299) [Obstet Gynecol. 2002]

AbstractOBJECTIVE: To survey program directors in obstetrics and gynecology regarding maternity leave and to determine how programs are dealing with maternity leave coverage.METHODS: Questionnaires regarding impact and policy on maternity leave were mailed to accredited obstetrics and gynecology residency programs.RESULTS: A total of 188 of 274 (69%) questionnaires were returned completed. Respectively, 80% and 69% of respondents indicated that they have a formal maternity (maximum mean 8.7 weeks) and paternity (mean 5.27 days) leave policy. Approximately 75% of programs require residents to make up time if their leave exceeds 8 weeks during the first 3 years. Eighty-five percent of programs require residents to make up time if their leave exceeds 6 weeks during the fourth year. Ninety-three percent of programs require residents to make up time if their leave exceeds 20 weeks over the 4 years. Seventy-seven percent of respondents have other residents in their program cover for the absent resident. Thirty-seven percent of programs have schedules flexible enough to allow rearrangement so that some rotations go uncovered. Eighty-three percent of programs surveyed stated that maternity leave has a somewhat to very significant impact on the residents' schedules.CONCLUSION: Most residency programs have written maternity/paternity leave policies. A more flexible curriculum may help to accommodate the residents on leave without overburdening the residents who are left to cover. |
|  | PMID: 11755559 [Indexed for MEDLINE] |
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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] |
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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] |
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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).AbstractThe 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)  |
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| 45.  | Tenn Med. 1996 Nov;89(11):407-9.[Comparison of female and male graduates of southern Appalachian family practice residencies.](http://www.ncbi.nlm.nih.gov/pubmed/8942278)[Rosenfeld JA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rosenfeld%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=8942278)1, [Zaborlik PM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zaborlik%20PM%5BAuthor%5D&cauthor=true&cauthor_uid=8942278).AbstractPURPOSE: One aim of Southern Appalachian family practice residencies is to produce graduates for surrounding physician-needy areas. Some evidence suggests that women are less likely to go to rural areas and that they practice differently than men. This study investigated the practice patterns and location of Appalachian family practice residency female and male graduates.METHODS: Surveys were sent to graduates of seven family practice residencies from 1984 to 1994 in the Southern Appalachian area to determine practice patterns, locations, and reasons for choosing practices.RESULTS: Women were more likely than men to be single and not to have children. More women worked part-time. Women's and men's practice patterns and characteristics were similar except that women were more likely to provide prenatal care and do vaginal deliveries. Women in similar percentages practiced in small towns, and a greater percentage of women practiced in rural areas with populations of less than 2,500.CONCLUSIONS: Female family practice residency graduates from Appalachian residencies are fulfilling the purposes of their residencies as well as male graduates, although more of them are working part-time. |
|  | PMID: 8942278 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8942278)  |
|  | Icon for Mayo Clinic College of Medicine |

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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] |
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| 47.  | Acad Radiol. 1995 Sep;2(9):804-6.[Pregnancy and maternity policies in radiology residencies: the 1993 survey of the American Association for Women Radiologists.](http://www.ncbi.nlm.nih.gov/pubmed/9419643)[Manaster BJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Manaster%20BJ%5BAuthor%5D&cauthor=true&cauthor_uid=9419643)1, [Hulen R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hulen%20R%5BAuthor%5D&cauthor=true&cauthor_uid=9419643). |
|  | PMID: 9419643 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 48.  | Plast Reconstr Surg. 1995 Feb;95(2):330-5.[The pregnant plastic surgical resident: results of a survey of women plastic surgeons and plastic surgery residency directors.](http://www.ncbi.nlm.nih.gov/pubmed/7824613)[Eskenazi L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Eskenazi%20L%5BAuthor%5D&cauthor=true&cauthor_uid=7824613)1, [Weston J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Weston%20J%5BAuthor%5D&cauthor=true&cauthor_uid=7824613).AbstractPregnancy during plastic surgery residency poses unique challenges to the resident herself, to her resident colleagues, and to her residency director. Studies of the effects of pregnancy have been conducted that have combined all medical specialties or have included all surgeons as a statistically uniform group. The Women Plastic Surgeons' Caucus Committee of the American Society of Plastic and Reconstructive Surgeons has conducted a survey in order to obtain objective data on maternal fetal complications, time off work, maternal leave policies, call coverage, and other important issues. Response rates were 40 percent for the women residents and 45 percent for the program directors surveyed. The results show a 57 percent overall complication rate (excluding miscarriages), a 26 percent elective abortion rate, and a 33 percent infertility rate in women plastic surgeons, numbers that are higher than those currently in the literature. Data obtained regarding issues such as time off work, planning of pregnancy, call coverage, productivity and income, perceived peer support, program directors' opinions and policies, and possible solutions that might provide a mutually rewarding outcome are presented for discussion. |
|  | PMID: 7824613 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 49.  | Plast Reconstr Surg. 1994 Jul;94(1):186-92.[Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8016233)[Mackinnon SE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mackinnon%20SE%5BAuthor%5D&cauthor=true&cauthor_uid=8016233), [Mizgala CL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mizgala%20CL%5BAuthor%5D&cauthor=true&cauthor_uid=8016233). |
|  | PMID: 8016233 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 50.  | Plast Reconstr Surg. 1994 Apr;93(4):889.[Pregnancy and residency.](http://www.ncbi.nlm.nih.gov/pubmed/8134453)[Guth CJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Guth%20CJ%5BAuthor%5D&cauthor=true&cauthor_uid=8134453).Comment on* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8430151) [Plast Reconstr Surg. 1993]
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|  | PMID: 8134453 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 51.  | J Am Med Womens Assoc (1972). 1994 Mar-Apr;49(2):49-52.[Impact of pregnancy during training on a psychiatric resident cohort.](http://www.ncbi.nlm.nih.gov/pubmed/8169299)[Rodgers C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rodgers%20C%5BAuthor%5D&cauthor=true&cauthor_uid=8169299)1, [Kunkel ES](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kunkel%20ES%5BAuthor%5D&cauthor=true&cauthor_uid=8169299), [Field HL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Field%20HL%5BAuthor%5D&cauthor=true&cauthor_uid=8169299).AbstractThe issues surrounding pregnancy during residency training include length of maternity leave, coverage during that leave, and relationships among resident colleagues. With more women entering medicine, the likelihood of a majority of residents in any postgraduate year being pregnant at one time has increased. This study presents an in-depth view of one such resident cohort. Conflicts occurred over the perception that pregnant residents received special treatment. The defenses mobilized by residents included projection and denial. |
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|  | Icon for Mayo Clinic College of Medicine |

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| 52.  | J Am Med Womens Assoc (1972). 1993 Nov-Dec;48(6):185-8, 193.[Maternity leave experiences of resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/8263276)[Bongiovi ME](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bongiovi%20ME%5BAuthor%5D&cauthor=true&cauthor_uid=8263276)1, [Freedman J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Freedman%20J%5BAuthor%5D&cauthor=true&cauthor_uid=8263276). |
|  | PMID: 8263276 [Indexed for MEDLINE] |
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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).AbstractIn 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. |
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| 54.  | Acad Med. 1993 Mar;68(3):206.[Experience with pregnant physicians has been a good teacher.](http://www.ncbi.nlm.nih.gov/pubmed/8447915)[Franco K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Franco%20K%5BAuthor%5D&cauthor=true&cauthor_uid=8447915), [Tamburrino MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tamburrino%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=8447915), [Evans CL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Evans%20CL%5BAuthor%5D&cauthor=true&cauthor_uid=8447915), [Campbell NB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Campbell%20NB%5BAuthor%5D&cauthor=true&cauthor_uid=8447915), [Jurs S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jurs%20S%5BAuthor%5D&cauthor=true&cauthor_uid=8447915). |
|  | PMID: 8447915 [Indexed for MEDLINE] |
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|  | Icon for Lippincott Williams & WilkinsIcon for Mayo Clinic College of Medicine |

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| 55.  | Plast Reconstr Surg. 1993 Feb;91(2):344-5.[Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8430151)[Wray RC Jr](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wray%20RC%20Jr%5BAuthor%5D&cauthor=true&cauthor_uid=8430151).Comment in* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8415986) [Plast Reconstr Surg. 1993]
* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8415985) [Plast Reconstr Surg. 1993]
* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8415984) [Plast Reconstr Surg. 1993]
* [RRCPS policies on pregnancy and parental leave. Residency Review Committee for Plastic Surgery.](http://www.ncbi.nlm.nih.gov/pubmed/8415983) [Plast Reconstr Surg. 1993]
* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8415987) [Plast Reconstr Surg. 1993]
* [Pregnancy and residency.](http://www.ncbi.nlm.nih.gov/pubmed/8134453) [Plast Reconstr Surg. 1994]
* [Pregnancy and plastic surgery residency.](http://www.ncbi.nlm.nih.gov/pubmed/8267763) [Plast Reconstr Surg. 1993]
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|  | PMID: 8430151 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=8430151)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 56.  | Am J Gastroenterol. 1992 Oct;87(10):1368-71.[Parental leave for trainees in gastroenterology. The Ad Hoc Committee for Women in Gastroenterology, The American College of Gastroenterology.](http://www.ncbi.nlm.nih.gov/pubmed/1415089)[Riely CA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Riely%20CA%5BAuthor%5D&cauthor=true&cauthor_uid=1415089)1, [Jagiella V](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jagiella%20V%5BAuthor%5D&cauthor=true&cauthor_uid=1415089), [Michaletz-Onody P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Michaletz-Onody%20P%5BAuthor%5D&cauthor=true&cauthor_uid=1415089), [Roseman S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Roseman%20S%5BAuthor%5D&cauthor=true&cauthor_uid=1415089), [Schuman B](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schuman%20B%5BAuthor%5D&cauthor=true&cauthor_uid=1415089), [Surawicz C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Surawicz%20C%5BAuthor%5D&cauthor=true&cauthor_uid=1415089), [Karlstadt R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Karlstadt%20R%5BAuthor%5D&cauthor=true&cauthor_uid=1415089).Comment in* [Parental leave.](http://www.ncbi.nlm.nih.gov/pubmed/1415087) [Am J Gastroenterol. 1992]
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|  | PMID: 1415089 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1415089)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 57.  | Am J Gastroenterol. 1992 Oct;87(10):1365.[Parental leave.](http://www.ncbi.nlm.nih.gov/pubmed/1415087)[Zetterman RK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zetterman%20RK%5BAuthor%5D&cauthor=true&cauthor_uid=1415087).Comment on* [Parental leave for trainees in gastroenterology. The Ad Hoc Committee for Women in Gastroenterology, The American College of Gastroenterology.](http://www.ncbi.nlm.nih.gov/pubmed/1415089) [Am J Gastroenterol. 1992]
 |
|  | PMID: 1415087 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1415087)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 58.  | J Am Med Womens Assoc (1972). 1992 May-Jun;47(3):85-6.[Maternity leave: rights, rules and regulations.](http://www.ncbi.nlm.nih.gov/pubmed/1624672)[Freedman J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Freedman%20J%5BAuthor%5D&cauthor=true&cauthor_uid=1624672)1. |
|  | PMID: 1624672 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1624672)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 59.  | J Am Med Womens Assoc (1972). 1992 May-Jun;47(3):82-4.[Physician pregnancy: male and female colleagues' attitudes.](http://www.ncbi.nlm.nih.gov/pubmed/1624671)[Tamburrino MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tamburrino%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=1624671)1, [Evans CL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Evans%20CL%5BAuthor%5D&cauthor=true&cauthor_uid=1624671), [Campbell NB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Campbell%20NB%5BAuthor%5D&cauthor=true&cauthor_uid=1624671), [Franco KN](http://www.ncbi.nlm.nih.gov/pubmed/?term=Franco%20KN%5BAuthor%5D&cauthor=true&cauthor_uid=1624671), [Jurs SG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jurs%20SG%5BAuthor%5D&cauthor=true&cauthor_uid=1624671), [Pentz JE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pentz%20JE%5BAuthor%5D&cauthor=true&cauthor_uid=1624671).AbstractA survey questionnaire was mailed to residents and faculty at a midwestern medical school to assess male and female attitudes toward colleagues' pregnancies. A total of 67% (N = 97) of the 145 faculty and 48% (N = 103) of the 214 residents completed surveys, yielding an overall return rate of 56% (N = 200). Among faculty, responses on only 1 of the 15 items showed a significant difference by gender. Residents' responses, however, showed statistically significant gender differences on 8 of the 15 items. More female than male residents felt that pregnant physicians maintain job performance and interest in medicine. More male than female residents believed pregnancy was disruptive to relationships with colleagues and viewed women of childbearing age as a risk to the optimum functioning of a department. The authors discuss reasons for the gender differences in attitude found among the residents and suggest possible interventions. |
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|  | Icon for Mayo Clinic College of Medicine |

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| 60.  | J Am Med Womens Assoc (1972). 1992 May-Jun;47(3):71-4.[Pregnancy during residency: a look at the issues.](http://www.ncbi.nlm.nih.gov/pubmed/1624668)[Silva BM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Silva%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=1624668)1. |
|  | PMID: 1624668 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1624668)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 61.  | J Am Med Womens Assoc (1972). 1992 May-Jun;47(3):66.[Maternity and medicine.](http://www.ncbi.nlm.nih.gov/pubmed/1624661)[Bernstein AE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bernstein%20AE%5BAuthor%5D&cauthor=true&cauthor_uid=1624661). |
|  | PMID: 1624661 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1624661)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 62.  | JAMA. 1992 Feb 5;267(5):741.[Parental leave and medical careers.](http://www.ncbi.nlm.nih.gov/pubmed/1731144)[Forman PD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Forman%20PD%5BAuthor%5D&cauthor=true&cauthor_uid=1731144)1. |
|  | PMID: 1731144 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=1731144)  |
|  | Icon for Silverchair Information SystemsIcon for Mayo Clinic College of Medicine |

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| 63.  | JAMA. 1991 Jun 5;265(21):2859-60.[A pregnant surgical resident? Oh my!](http://www.ncbi.nlm.nih.gov/pubmed/2033746)[Huang EH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20EH%5BAuthor%5D&cauthor=true&cauthor_uid=2033746), [Jonasson O](http://www.ncbi.nlm.nih.gov/pubmed/?term=Jonasson%20O%5BAuthor%5D&cauthor=true&cauthor_uid=2033746).Comment in* [Pregnant surgical residents: Oh K?!](http://www.ncbi.nlm.nih.gov/pubmed/1920715) [JAMA. 1991]

Comment on* [Spontaneous and induced abortion among resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/2033738) [JAMA. 1991]
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|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=2033746)  |
|  | Icon for Silverchair Information SystemsIcon for Mayo Clinic College of Medicine |

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| 64.  | JAMA. 1991 Jun 5;265(21):2821-5.[Spontaneous and induced abortion among resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/2033738)[Klebanoff MA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Klebanoff%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=2033738)1, [Shiono PH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shiono%20PH%5BAuthor%5D&cauthor=true&cauthor_uid=2033738), [Rhoads GG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rhoads%20GG%5BAuthor%5D&cauthor=true&cauthor_uid=2033738).Comment in* [A pregnant surgical resident? Oh my!](http://www.ncbi.nlm.nih.gov/pubmed/2033746) [JAMA. 1991]

AbstractFemale resident physicians are believed to be at an increased risk for a variety of third-trimester pregnancy complications. However, early pregnancy complications have been less well studied. This report compares spontaneous and induced abortions in a nationally representative sample of 5096 female medical school graduates (who experienced 1284 pregnancies) and of the sexual partners of 5000 of their male classmates (who experienced 1481 pregnancies). The response to the survey was 86.1%. The life-table probability of spontaneous abortion was 14.8% for female residents compared with 12.6% for the sexual partners of male residents. However, female residents were more likely than the male residents' sexual partners to terminate a pregnancy voluntarily (8.2% vs 2.7%). The increased risk of voluntary termination persisted when only married women were studied (3.6% vs 1.4%). However, female residents' pregnancies were at approximately half the risk of voluntary termination compared with pregnancies among the general US population of women aged 25 to 34 years. These results provide reassurance to those residents who would like to become pregnant but are concerned about the possible effect of their occupation on the course of the pregnancy. |
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| 65.  | Fam Med. 1991 May-Jun;23(4):263-4.[Pregnancy, motherhood, and residency.](http://www.ncbi.nlm.nih.gov/pubmed/2065873)[Helton MR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Helton%20MR%5BAuthor%5D&cauthor=true&cauthor_uid=2065873). |
|  | PMID: 2065873 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 66.  | JAMA. 1991 Apr 3;265(13):1756.[AMA-RPS instrumental in achieving new maternity leave policy.](http://www.ncbi.nlm.nih.gov/pubmed/2002585)[No authors listed] |
|  | PMID: 2002585 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=2002585)  |
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| 67.  | N Engl J Med. 1991 Feb 28;324(9):629-31.[Outcomes of pregnancy in resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/1992324)[No authors listed]Comment on* [Outcomes of pregnancy in a national sample of resident physicians.](http://www.ncbi.nlm.nih.gov/pubmed/2215563) [N Engl J Med. 1990]

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| 68.  | Invest Radiol. 1991 Jan;26(1):102-3.[Pregnancy in Radiology Residents.](http://www.ncbi.nlm.nih.gov/pubmed/2022445)[Brogdon BG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Brogdon%20BG%5BAuthor%5D&cauthor=true&cauthor_uid=2022445)1, [Herbert DE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Herbert%20DE%5BAuthor%5D&cauthor=true&cauthor_uid=2022445). |
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| 69.  | J Fam Pract. 1990 Dec;31(6):618-22.[Outcome of pregnancies experienced during residency.](http://www.ncbi.nlm.nih.gov/pubmed/2246636)[Osborn LM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Osborn%20LM%5BAuthor%5D&cauthor=true&cauthor_uid=2246636)1, [Harris DL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Harris%20DL%5BAuthor%5D&cauthor=true&cauthor_uid=2246636), [Reading JC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Reading%20JC%5BAuthor%5D&cauthor=true&cauthor_uid=2246636), [Prather MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Prather%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=2246636).AbstractTo investigate potential adverse effects of residency training on pregnancy outcome, a cohort study was conducted among 45 university-affiliated residency programs. Outcomes of the first pregnancy experienced during residency were compared between 92 female residents and 144 spouses of male residents. Despite long hours, sleep deprivation, and an increase in perceived stress, the female residents were as likely to give birth to a live, full-term newborn as the spouses of male residents. For white cohort members, an increased risk of premature labor without delivery was identified (RR = 12.3, 95% confidence interval 2.4-61.6). No significant differences were found in prematurity, spontaneous and therapeutic abortions, or presence of congenital abnormalities in the infants. Method of delivery and use of anesthetics and of other medications were similar in both groups. Pregnancy outcomes between the two groups were similar; however, the increased risk for premature labor among female residents is a cause for concern and should be further investigated. |
|  | PMID: 2246636 [Indexed for MEDLINE] |
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| 70.  | Ann Intern Med. 1990 Apr 1;112(7):553.[Planning parental leave.](http://www.ncbi.nlm.nih.gov/pubmed/2316949)[Odell WD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Odell%20WD%5BAuthor%5D&cauthor=true&cauthor_uid=2316949), [Williams HJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Williams%20HJ%5BAuthor%5D&cauthor=true&cauthor_uid=2316949), [Stults BM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stults%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=2316949).Comment in* [Parenting during residency.](http://www.ncbi.nlm.nih.gov/pubmed/2240893) [Ann Intern Med. 1990]

Comment on* [Parental leave for residents. American College of Physicians.](http://www.ncbi.nlm.nih.gov/pubmed/2596770) [Ann Intern Med. 1989]
 |
|  | PMID: 2316949 [Indexed for MEDLINE] |
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| 71.  | Ann Intern Med. 1989 Dec 15;111(12):1035-8.[Parental leave for residents. American College of Physicians.](http://www.ncbi.nlm.nih.gov/pubmed/2596770)[No authors listed]Comment in* [Planning parental leave.](http://www.ncbi.nlm.nih.gov/pubmed/2316949) [Ann Intern Med. 1990]
* [Parental leave.](http://www.ncbi.nlm.nih.gov/pubmed/2316948) [Ann Intern Med. 1990]
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|  | PMID: 2596770 [Indexed for MEDLINE] |
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| 72.  | Acad Med. 1989 Sep;64(9):498-501.[Maternity leave policies for residents: an overview of issues and problems.](http://www.ncbi.nlm.nih.gov/pubmed/2765057)[Bickel J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bickel%20J%5BAuthor%5D&cauthor=true&cauthor_uid=2765057)1.AbstractThis article examines evidence of the need for maternity leave policies in residency programs and reviews studies of such policies. The author concludes that communication to residents of an established maternity leave policy facilitates equitable treatment of residents and minimizes disruptions for their colleagues and patients. The development of maternity leave policies is discussed in the context of existing and proposed federal legislation and the current pressures on program director and hospital administrators to improve other aspects residency training. Strategies for building flexibility in residency programs are presented. |
|  | PMID: 2765057 [Indexed for MEDLINE] |
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| 73.  | Obstet Gynecol. 1988 Sep;72(3 Pt 1):425-31.[Pregnancy during residency: I. The decision "to be or not to be".](http://www.ncbi.nlm.nih.gov/pubmed/3405560)[Phelan ST](http://www.ncbi.nlm.nih.gov/pubmed/?term=Phelan%20ST%5BAuthor%5D&cauthor=true&cauthor_uid=3405560)1.AbstractAlmost 50% of married female residents become pregnant during their residency. The desire to have a baby and a concern about age influence the decision to become pregnant. Career concerns, financial issues, and child care are less important. In addition, support of the faculty or house staff is not a crucial factor in decision making. In this study, over 25% of the pregnancies were unplanned. The female residents who had unplanned pregnancies had an increased likelihood of having a conflict between their desire to have a baby and their fear of not achieving career expectations. |
|  | PMID: 3405560 [Indexed for MEDLINE] |
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| 74.  | J Am Med Womens Assoc (1972). 1988 Sep-Oct;43(5):130, 157.[Longer leaves needed.](http://www.ncbi.nlm.nih.gov/pubmed/3171054)[Gracie CN](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gracie%20CN%5BAuthor%5D&cauthor=true&cauthor_uid=3171054). |
|  | PMID: 3171054 [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.AbstractForty-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] |
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| 76.  | Res Med Educ. 1988;27:120-6.[Female residents not at increased risk for adverse pregnancy outcome.](http://www.ncbi.nlm.nih.gov/pubmed/3218845)[Osborn LM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Osborn%20LM%5BAuthor%5D&cauthor=true&cauthor_uid=3218845)1, [Harris DL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Harris%20DL%5BAuthor%5D&cauthor=true&cauthor_uid=3218845), [Reading JC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Reading%20JC%5BAuthor%5D&cauthor=true&cauthor_uid=3218845), [Prather MB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Prather%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=3218845).AbstractA cohort study was conducted among 45 university-affiliated residency programs to investigate potential adverse effects of residency training on pregnancy outcome. Pregnancy outcomes between female residents and spouses of male residents were similar; however, the increased risk for premature labor among female residents is a cause for concern and should be further investigated. |
|  | PMID: 3218845 [Indexed for MEDLINE] |
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| 77.  | Fam Med. 1987 Jul-Aug;19(4):269-71.[Profile of women family practice residents.](http://www.ncbi.nlm.nih.gov/pubmed/3622972)[Tucker JB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tucker%20JB%5BAuthor%5D&cauthor=true&cauthor_uid=3622972), [Margo KL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Margo%20KL%5BAuthor%5D&cauthor=true&cauthor_uid=3622972).AbstractA questionnaire was designed to provide a profile of women who comprise an increasing percentage of family medicine residents. In addition to seeking basic demographic information, the questionnaire queried the women on their obstetrical and gynecological histories and their perceptions of life stresses. An indirect mailing resulted in a 56% (785/1,409) response rate. Results revealed that 56% of respondents are married and that 20% have at least one preschool child. Nine percent had delivered during their training and another 8% were pregnant at the time of the survey. Eighty percent felt the initial year of residency was a time of "high stress." Menstrual dysfunction and other gynecologic problems were not a cause of absenteeism, but during menses, 30% of the respondents felt "less compassionate," 42% "less efficient," and 16% "less accurate." Family medicine educators must understand women residents and their unique problems, stresses, and needs. |
|  | PMID: 3622972 [Indexed for MEDLINE] |
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| 78.  | Am J Obstet Gynecol. 1987 Jul;157(1):79-83.[Pregnancy among obstetricians: a comparison of births before, during, and after residency.](http://www.ncbi.nlm.nih.gov/pubmed/3605271)[Grunebaum A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Grunebaum%20A%5BAuthor%5D&cauthor=true&cauthor_uid=3605271), [Minkoff H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Minkoff%20H%5BAuthor%5D&cauthor=true&cauthor_uid=3605271), [Blake D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Blake%20D%5BAuthor%5D&cauthor=true&cauthor_uid=3605271).Comment in* [Pregnancy in obstetrics residents.](http://www.ncbi.nlm.nih.gov/pubmed/2589468) [Am J Obstet Gynecol. 1989]

AbstractQuestionnaires were sent to 1025 female board-certified obstetricians, and information was retrieved about pregnancy outcome. A total of 454 pregnancies, one third of which occurred during residency, were evaluated, and the relationship between pregnancy outcome and residency was assessed. Children of primiparous women who were delivered during or after residency had significantly lower mean birth weights than those who were delivered before residency (p less than 0.001 and p less than 0.005, respectively), whereas birth weights of infants born to multiparous women were not significantly different. The low birth weight rate (less than 2500 gm) was significantly increased during residency (p less than 0.002), and infants born during residency were 7.5 times more likely to be growth retarded than those born outside residency (p less than 0.002). The incidence of other pregnancy complications was not found to be increased during residency. Our data suggest a potentially negative impact of residency on the birth weights of infants born to female obstetricians in training. |
|  | PMID: 3605271 [Indexed for MEDLINE] |
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| 79.  | Women Health. 1987;12(1):5-24.[Gender and level of training differences in obstetricians' attitudes towards patients in childbirth.](http://www.ncbi.nlm.nih.gov/pubmed/3577199)[Zambrana RE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zambrana%20RE%5BAuthor%5D&cauthor=true&cauthor_uid=3577199), [Mogel W](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mogel%20W%5BAuthor%5D&cauthor=true&cauthor_uid=3577199), [Scrimshaw SC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Scrimshaw%20SC%5BAuthor%5D&cauthor=true&cauthor_uid=3577199).AbstractThis paper explores male and female obstetricians' attitudes towards their patients in childbirth. Individual interviews were conducted with 50 obstetricians using a semistructured questionnaire. Across gender and level-of-training there were few differences in descriptions of easy patients. The few differences that did emerge reveal that attending physicians see patients as less difficult to handle than do residents and that female residents place more emphasis on compliance and control than do male residents. The results of the study are discussed in terms of sex-role stereotypes, the medical school socialization process and the medical model of health care. |
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| 80.  | Am Coll Physicians Obs. 1986 Oct;6(9):15-7.[Changing attitudes toward the pregnant resident.](http://www.ncbi.nlm.nih.gov/pubmed/10279166)[Plantes P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Plantes%20P%5BAuthor%5D&cauthor=true&cauthor_uid=10279166). |
|  | PMID: 10279166 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 81.  | N Engl J Med. 1986 Jun 19;314(25):1646-7.[Pregnancy during residency.](http://www.ncbi.nlm.nih.gov/pubmed/3713770)[No authors listed] |
|  | PMID: 3713770 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=3713770)  |
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| 82.  | Invest Radiol. 1986 Mar;21(3):295-6.[Policy and attitudes toward the pregnant radiology resident.](http://www.ncbi.nlm.nih.gov/pubmed/3957606)[Wagner LK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wagner%20LK%5BAuthor%5D&cauthor=true&cauthor_uid=3957606). |
|  | PMID: 3957606 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 83.  | Psychiatr J Univ Ott. 1986 Mar;11(1):10-4.[The woman psychiatrist in residency and practice.](http://www.ncbi.nlm.nih.gov/pubmed/3517912)[Robinson GE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Robinson%20GE%5BAuthor%5D&cauthor=true&cauthor_uid=3517912), [Stewart D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stewart%20D%5BAuthor%5D&cauthor=true&cauthor_uid=3517912), [Borsook C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Borsook%20C%5BAuthor%5D&cauthor=true&cauthor_uid=3517912). |
|  | PMID: 3517912 [Indexed for MEDLINE] |
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|  | Icon for Mayo Clinic College of Medicine |

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| 84.  | N Engl J Med. 1986 Feb 13;314(7):418-23.[Pregnancy during residency.](http://www.ncbi.nlm.nih.gov/pubmed/3945268)[Sayres M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sayres%20M%5BAuthor%5D&cauthor=true&cauthor_uid=3945268), [Wyshak G](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wyshak%20G%5BAuthor%5D&cauthor=true&cauthor_uid=3945268), [Denterlein G](http://www.ncbi.nlm.nih.gov/pubmed/?term=Denterlein%20G%5BAuthor%5D&cauthor=true&cauthor_uid=3945268), [Apfel R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Apfel%20R%5BAuthor%5D&cauthor=true&cauthor_uid=3945268), [Shore E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shore%20E%5BAuthor%5D&cauthor=true&cauthor_uid=3945268), [Federman D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Federman%20D%5BAuthor%5D&cauthor=true&cauthor_uid=3945268).AbstractTo identify possible barriers to women physicians who wish to combine parenting with medical careers, we studied 56 of 64 pregnancies from the past 10 years in 63 of 66 Harvard-affiliated residency programs. Pregnancies during residency were common (one in eight married women in 1983) and were usually planned (77 percent). Most institutions were unprepared for pregnancies among members of the house staff; four fifths of the programs had no maternity-leave policy. No one quit a residency program because of pregnancy, and pregnancy rarely affected achievement of board certification. Whether the pregnant women found pregnancy during residency a "pleasant" experience was determined largely by whether the program director was supportive, whether the issue of pregnancy was openly discussed within the program, and whether the woman was permitted to return to work on a part-time basis for the first weeks after maternity leave. We conclude that pregnancy within residency programs should be expected and planned for and that if proper arrangements are made, it need not be a major problem for either the training program or the pregnant resident. |
|  | PMID: 3945268 [Indexed for MEDLINE] |
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| 85.  | Curr Surg. 1985 Mar-Apr;42(2):100-4.[Women and men as surgeons: are the problems really different?](http://www.ncbi.nlm.nih.gov/pubmed/3996021)[Kinder BK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kinder%20BK%5BAuthor%5D&cauthor=true&cauthor_uid=3996021). |
|  | PMID: 3996021 [Indexed for MEDLINE] |
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| 86.  | Can J Psychiatry. 1985 Feb;30(1):28-34.[Combining motherhood with psychiatric training and practice.](http://www.ncbi.nlm.nih.gov/pubmed/3971279)[Stewart DE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stewart%20DE%5BAuthor%5D&cauthor=true&cauthor_uid=3971279), [Robinson GE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Robinson%20GE%5BAuthor%5D&cauthor=true&cauthor_uid=3971279).AbstractPsychiatric residency or practice is difficult to combine with motherhood. The experiences of 82 women psychiatrists surveyed in the last year (47 residents and 35 staff doctors) are reviewed in a number of related areas--the difficulties of pregnancy, maternity leave, child rearing and the conflicts between motherhood and practicing psychiatry. Part-time residency is explored from both the resident's and hospital's perspective. Suggestions to make practice or residency more compatible with child rearing are discussed. Other issues such as work-based day care, realistic tax credit for child care expenses, and the difficulties of obtaining reliable and good home help and child care are reviewed. There are numerous conflicts for women psychiatrists who work while their children are young and these problems need to be acknowledged and addressed by the profession. It is noteworthy that as well as a supportive spouse and good child care, the attitudes of colleagues and supervisors and the need for good role models were frequently cited as being critical to the success of combining a psychiatric career with motherhood. As more women enter the profession (approximately 50% of psychiatric residents in Canada are now female, and more than 50% of them plan to combine children with their profession at some stage of their career) the need to find creative and workable solutions to these problems becomes more pressing. |
|  | PMID: 3971279 [Indexed for MEDLINE] |
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| 87.  | Ann Intern Med. 1985 Jan;102(1):123-5.[House staff pregnancy in internal medicine residencies.](http://www.ncbi.nlm.nih.gov/pubmed/3966728)[Greganti MA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Greganti%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=3966728), [Fletcher SW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fletcher%20SW%5BAuthor%5D&cauthor=true&cauthor_uid=3966728). |
|  | PMID: 3966728 [Indexed for MEDLINE] |
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| 88.  | IMJ Ill Med J. 1984 Nov;166(5):332-3.[Maternity leave in residency.](http://www.ncbi.nlm.nih.gov/pubmed/6150911)[Herman G](http://www.ncbi.nlm.nih.gov/pubmed/?term=Herman%20G%5BAuthor%5D&cauthor=true&cauthor_uid=6150911). |
|  | PMID: 6150911 [Indexed for MEDLINE] |
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| 89.  | Am J Psychiatry. 1984 Feb;141(2):329.[Clarifying the policies for pregnant residents.](http://www.ncbi.nlm.nih.gov/pubmed/6691516)[Bernstein AC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bernstein%20AC%5BAuthor%5D&cauthor=true&cauthor_uid=6691516). |
|  | PMID: 6691516 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=6691516)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 90.  | J Am Med Womens Assoc (1972). 1983 Jul-Aug;38(4):103-5.[The pregnant resident: career conflict?](http://www.ncbi.nlm.nih.gov/pubmed/6886287)[Baucom-Copeland S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baucom-Copeland%20S%5BAuthor%5D&cauthor=true&cauthor_uid=6886287), [Copeland ET](http://www.ncbi.nlm.nih.gov/pubmed/?term=Copeland%20ET%5BAuthor%5D&cauthor=true&cauthor_uid=6886287), [Perry LL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Perry%20LL%5BAuthor%5D&cauthor=true&cauthor_uid=6886287). |
|  | PMID: 6886287 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=6886287)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 91.  | Am J Psychiatry. 1983 Jul;140(7):902-4.[Conflicts associated with physicians' pregnancies.](http://www.ncbi.nlm.nih.gov/pubmed/6859310)[Franco K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Franco%20K%5BAuthor%5D&cauthor=true&cauthor_uid=6859310), [Evans CL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Evans%20CL%5BAuthor%5D&cauthor=true&cauthor_uid=6859310), [Best AP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Best%20AP%5BAuthor%5D&cauthor=true&cauthor_uid=6859310), [Zrull JP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zrull%20JP%5BAuthor%5D&cauthor=true&cauthor_uid=6859310), [Pizza GA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pizza%20GA%5BAuthor%5D&cauthor=true&cauthor_uid=6859310).AbstractThe authors surveyed clinical faculty and residents in one medical school to assess perceived stress related to working with a pregnant colleague. The majority acknowledged stress to themselves and their departments yet indicated that pregnancy had a humanizing effect on the work environment. Although most felt that the pregnant physician maintained her professional interests and efficiency, one-third reported women of childbearing age to be a hiring risk. A higher percentage of faculty than residents favored special considerations for pregnant physicians. The authors explore age, sex, and departmental differences and suggest that pregnancy in a physician generates conflicts in her colleagues. |
|  | PMID: 6859310 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=6859310)  |
|  | Icon for AtyponIcon for Mayo Clinic College of Medicine |

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| 92.  | Am J Psychiatry. 1983 Jan;140(1):135-6.[Pregnant residents in the 1960s.](http://www.ncbi.nlm.nih.gov/pubmed/6847978)[Branchey L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Branchey%20L%5BAuthor%5D&cauthor=true&cauthor_uid=6847978). |
|  | PMID: 6847978 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=6847978)  |
|  | Icon for AtyponIcon for Mayo Clinic College of Medicine |

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| 93.  | J Am Med Womens Assoc (1972). 1982 Apr;37(4):96-7, 101-3.[Pregnancy during residency: attitudes and policies.](http://www.ncbi.nlm.nih.gov/pubmed/7086037)[Shapiro J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shapiro%20J%5BAuthor%5D&cauthor=true&cauthor_uid=7086037). |
|  | PMID: 7086037 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=7086037)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 94.  | J Am Med Womens Assoc (1972). 1981 Jul;36(7):227-31.[Children during residency: it's easier if you're a man.](http://www.ncbi.nlm.nih.gov/pubmed/6265534)[Shapiro J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shapiro%20J%5BAuthor%5D&cauthor=true&cauthor_uid=6265534). |
|  | PMID: 6265534 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=6265534)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 95.  | Am J Psychiatry. 1980 May;137(5):636-7.[Planning for the pregnant resident.](http://www.ncbi.nlm.nih.gov/pubmed/7369425)[Kalman TP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kalman%20TP%5BAuthor%5D&cauthor=true&cauthor_uid=7369425). |
|  | PMID: 7369425 [Indexed for MEDLINE] |
|  | [Similar articles](http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed&from_uid=7369425)  |
|  | Icon for Mayo Clinic College of Medicine |

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| 96.  | Am J Psychiatry. 1980 Mar;137(3):301-5.[Career choices for the woman psychiatric resident.](http://www.ncbi.nlm.nih.gov/pubmed/7356056)[Benedek EP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Benedek%20EP%5BAuthor%5D&cauthor=true&cauthor_uid=7356056), [Poznanski E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Poznanski%20E%5BAuthor%5D&cauthor=true&cauthor_uid=7356056).AbstractThe transition from residency to the active practice of psychiatry is a difficult, complex, and relatively unexplored one for both men and women. Women who have faced this transition have only recently begun to share experiences, problems, fantasies, and special knowledge. The authors illustrate career choices for women that have aspects which are different from those male residents must consider and which create transitional problems. They suggest two possible strategies to those who supervise women professionals during this transition. The first is an active counseling program at the end of residency training, adequately staffed by professional men and women. The second strategy for a new psychiatrist would be to participate in a continuing women's group. |
|  | PMID: 7356056 [Indexed for MEDLINE] |
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