RESIDENCY CHALLENGES - Wellness, Parental Leave, Mentoring Marginal Medical Student

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RESIDENT WELLNESS/(BURNOUT)
60% of my residents appreciated for their time, energy, and effort and know faculty care. EMR takes them away from patient care. COVID.
Do you remind residents of dental/doctor appointments?

A. Never

B. Only a year in resident orientation in July

C. Twice a year in their bi-annual review
How do your department handle life's events such as birth of nephew/niece, or family/friend weddings?

A. Ignore
B. Take time out of vacation
C. Let the chief residents handle the schedule
Do you discuss with residents need for monthly date night in their bi-annual review with their significant other?

A. Yes

B. No
How long should a pregnant ENT resident in third trimester be on her feet?

A. 6 hours per day

B. 12 hours per week

C. Does not matter
Incidence of Infertility and Pregnancy Complications in US Female Surgeons

Erika L. Rangel, MD, MS; Manuel Castillo-Angeles, MD, MPH; Sarah Rae Easter, MD; Rachel B. Atkinson, MD; Ankush Gosain, MD, PhD; Yue-Yung Hu, MD; Zara Cooper, MD, MSc; Tanujit Dey, PhD; Eugene Kim, MD

**IMPORTANCE** While surgeons often delay pregnancy and childbirth because of training and establishing early careers, little is known about risks of infertility and pregnancy complications among female surgeons.

**OBJECTIVE** To describe the incidence of infertility and pregnancy complications among female surgeons in the US and to identify workplace factors associated with increased risk compared with a sociodemographically similar nonsurgeon population.

**DESIGN, SETTING, AND PARTICIPANTS** This self-administered survey questionnaire was electronically distributed and collected from November 2020 to January 2021 through multiple surgical societies in the US and social media among male and female attending and resident surgeons with children. Nonchildbearing surgeons were asked to answer questions regarding the pregnancies of their nonsurgeon partners as applicable.

**EXPOSURES** Surgical profession; work, operative, and overnight call schedules.

**MAIN OUTCOMES AND MEASURES** Descriptive data on pregnancy loss were collected for

**Female surgeons more likely to:**
- Nonelective c-section
- Postpartum depression
- Muscular skeletal disorders

**Also:**
- Fewer children
- Delay pregnancy
- Use IVF/ART
- Major pregnancy complications

Call it Wellness

”Holiday Wellness Break”
Canceled lecture “Wellness Night”

Other panel & audience examples…
Parental Leave Policy
A R3 resident makes an appointment with you – he and his partner are adopting a child. He is asking for three months off as per FMLA policy. What is your response?

A. You must be joking? You are in a surgery residency!

B. Only birthing mothers are allowed that much time away!

C. Congratulations – this is a big adventure for you. Please give me expected dates and let’s look through all the policies and scheduling constraints together!
## Parental Leave Policy

<table>
<thead>
<tr>
<th>Organization</th>
<th>Policy Details</th>
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<tbody>
<tr>
<td><strong>ABOTO</strong></td>
<td>6 weeks off in any year. For one year may take up to 8 weeks.</td>
</tr>
<tr>
<td><strong>UW- Union</strong></td>
<td>4 months – can extend to 6 months</td>
</tr>
<tr>
<td><strong>FMLA</strong></td>
<td>If work at least 12 months can get up to 3 months</td>
</tr>
<tr>
<td><strong>WA – PFML</strong></td>
<td>12 weeks + 4 weeks + 2 weeks if complications</td>
</tr>
<tr>
<td><strong>UW - GME</strong></td>
<td>Must comply with Union and FMLA and State policies</td>
</tr>
<tr>
<td><strong>ABMS</strong></td>
<td>6 weeks off in any year. For one year may take up to 8 weeks.</td>
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Parental Leave Policy

- How do you manage time away when a resident announces that they will be on parental leave?

- Do you allow the residents to manage themselves
- Do you help arrange schedules
- Does the resident pay back call
Parental Leave Policy

- What if a resident does go over 8 weeks in a year?
  - Additional time at the end of their chief year?
- How do you manage schedules?
  - Clinic vs. OR
  - What if they are just at the competency bar – how do you allocate key indicator cases between this individual and the rising seniors?
- What do you do financially?
- Fellowship?
Parental Leave Policy

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ORIGINAL RESEARCH

Otolaryngology residents' experiences of pregnancy and return to work: A multisite qualitative study

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Tanya K. Meyer MD | Regan W. Bergmark MD
Mentoring marginal/non-matched students

What type of involvement do you have with Dean of student’s office when mentoring a marginal student?

A. Rely on only the Dean’s office to counsel student (no advice from department)
B. Rely on only your departments advice to counsel student (no advice from Dean)
C. In contact with Dean’s office to ensure student getting the same advice from both the department and the Dean’s office
D. Dean’s office and ENT department both giving advice, but no communication between the two
Mentoring marginal/non-matched students

Do you encourage marginal students who identify interest during 3rd year to?

A. Continue to move forward with 4th year and apply to residency after working to make application more competitive during 3rd year

B. Plan to take a research year between 3rd year and traditional 4th year rotations
Do you encourage marginal students (prior to match - early in 4th year) to:

A. Apply only to ENT and rely on SOAP in another field if not matched
B. Apply only to ENT with plan for research year if not matched
C. Apply to ENT with plan for preliminary surgery year if not matched
D. Apply to ENT and another less competitive specialty for primary match
How do you counsel a non-matched student to ENT who does not want to enter SOAP for categorical spot in another specialty and wants to apply to ENT again next year to?

A. Apply for funded or non-funded research year

B. Apply for preliminary surgical year through SOAP
When an early 3rd year student comes to you with interest in applying to ENT

What do you look at to determine how competitive they are?

What general advice do you give?

How do you determine if student is “marginal?”

If you determine they are marginal, what advice do you give for 3rd year?
Mentoring marginal/non-matched students

When a marginal student is approaching 4th year

What advice do you give? (research year? away rotations? STEP 2?)
Mentoring marginal/non-matched students

When a marginal student is applying for residency

What advice do you give? (dual applications? Contact programs?)
Mentoring marginal/non-matched students

When a non-matched student is committed to ENT and does not want to participate in SOAP

What advice do you give? (research year? prelim surgery?)

Do you talk to them about how they are dealing with news emotionally?
How Should Unmatched Otolaryngology Applicants Proceed?

Josianna Schwan, BS; Mona Abaza, MD, MS; Cristina Cabrera-Muffy, MD, FACS

Objectives/Hypothesis: To determine the attitudes of otolaryngology residency program directors and chairpersons toward unmatched residency applicants, including whether a surgical internship or research year is preferred in considering repeat applicants.

Study Design: Cross-sectional survey.

Methods: Approval was obtained from the Colorado Multiple Institution Review Board. A 12-question Web-based survey was sent to otolaryngology residency program directors and chairpersons three times over a 6-week period. Responses collected from respondents were anonymous, with no identifying characteristics.

Results: Forty-five percent of those contacted responded to the survey. The most commonly recommended course of action for an unmatched applicant was completion of a general surgery intern year (43%) or a year of research (31%). Program directors were more likely than chairpersons to recommend a year of research (P value 0.014). Ninety-seven percent of the respondents felt it was important or essential to obtain new letters of recommendation. Respondents ranked poor interview skills as the most common reason for applicants remaining unmatched (29%).

Conclusion: Otolaryngology residency match is even more competitive for previously unmatched applicants. Unmatched applicants should be advised to proceed with either a research year or postgraduate year 1 general surgery year. Before applying again, applicants should obtain new letters of recommendation, and the importance of improving poor interviewing skills should be emphasized by advisors.

Key Words: Otolaryngology, residency, match.

Level of Evidence: N/A.