

# Assessing medical trainees' understanding of age-related fertility decline, family planning goals, and impact on residency specialty choice

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# Agenda



**1. Study Findings**



**2. Proposed Supports**



**3. Discussion**

# Background

- Physicians are known to **delay child-bearing** compared to non-physicians (Cusimano 2021)
- Physicians have higher complications of pregnancy due to age & delay in childbearing (Cusimano 2022)
- This trend is more **pronounced for certain specialties**
- Medical training falls within the years of optimal fertility (below 35), but trainees have **limited knowledge about family planning and age-related fertility decline**



# Our Research

- Aim → Canadian medical trainees' perceptions of:
  - Age-related fertility decline
  - Factors contributing to specialty and residency program choice
  - Family planning goals and supports
  - Mentorship
- **Two qualitative studies** (supported by 2021 Knox Richie Research Grant Department of Obstetrics and Gynaecology at Sinai Health)
  - **38 final-year medical students** from U of T (2021)
  - **32 residents** across all specialties –from Ontario schools (2022)
  - Voluntary participation with intentions to recruit broadly from different genders, specialties, ages

# Family Planning : the Hidden Curriculum

Family planning has become a taboo topic

Specific programs are generally discouraging towards family planning

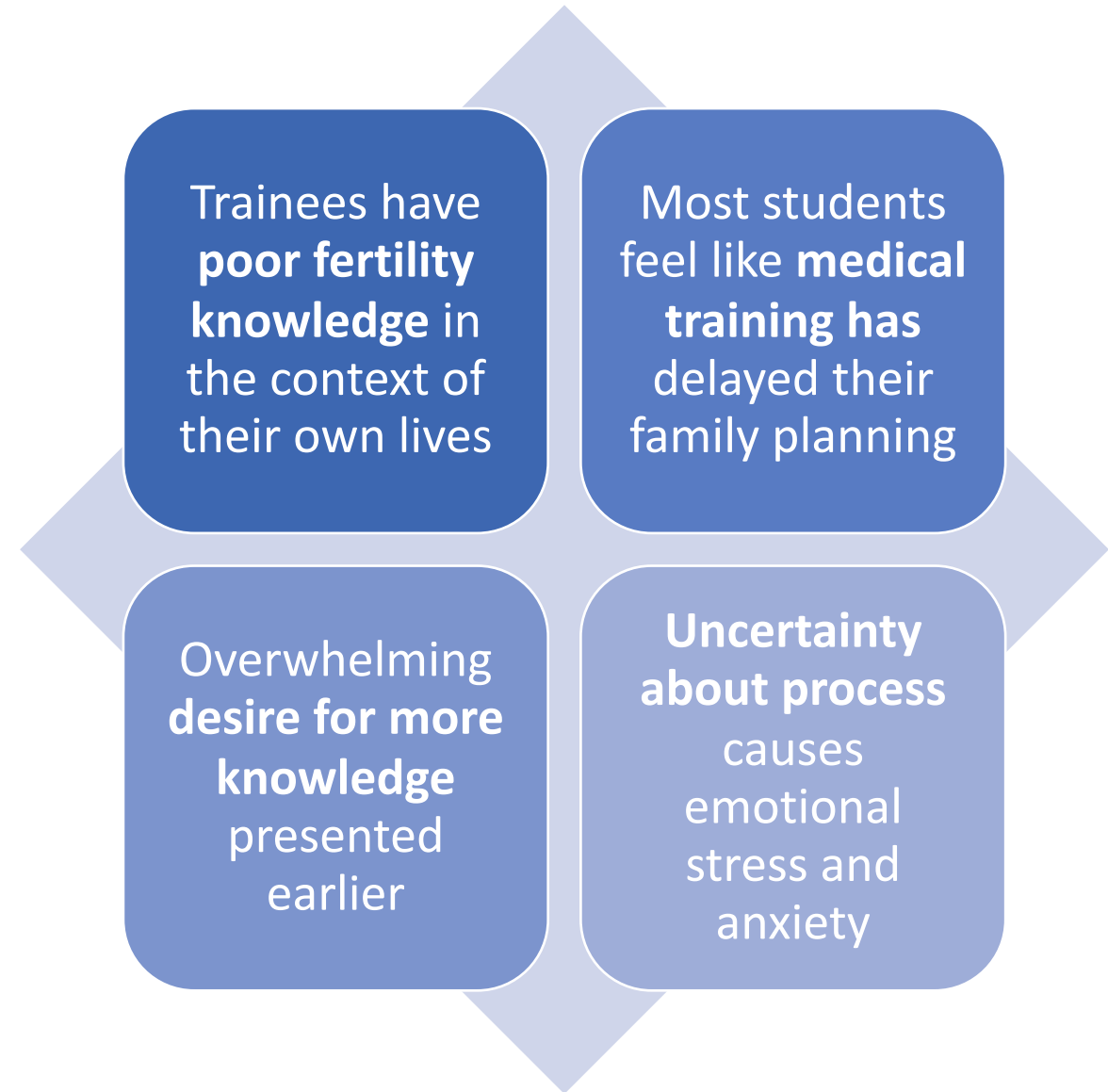
Residents who have children place a burden on other colleagues

Trainees are actively engaged in family planning and want more explicit information

# The importance of mentorship

- Trainees highly value personal stories/testimonials, especially from mentors
- ***Program Directors were identified specifically in our research as representatives of the culture of the program***
- Trainees sought out other trainees who had children during residency for more information
- Most trainees were unable to identify what specific supports were available

# Other Findings





We need to normalize and support parenthood in medicine – starting with our trainees

# Proposed Supports

*this comes from our team and is influenced by  
comments made from trainees in our research*

# 1. Acquiring Knowledge

- Dedicated Website
  - Family Planning for Docs :  
[www.familyplanningfordocs.com](http://www.familyplanningfordocs.com)
  - Supported by PSI foundation
  - Disseminate widely!
- Mandatory\* family planning lecture EARLY in training
  - Medical School
  - ***Consider Introducing the topic during an AHD session (our group can present)***



FAMILY  
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# Family Planning for Medical Trainees

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## WELCOME

This website was created for Canadian medical trainees to highlight useful information you may need about family planning in a medical career



Advice & Mentors | Resources | Contact

- Finding a Family Physician
- Understanding Your Finances
- Breastfeeding
- Campus Family Support
- Child Care Options
- Governmental Childcare Supports
- Mental Health Resources
- External Resources

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- Words of Advice
- Connect with Mentors
- Become a Mentor

# Family Planning

About Us | Quirks of Medical Training | The Medic

- Starting a Family in Training
- Parental Leave as a Medical Student
- Parental Leave as a Resident
- Speaking to your PD
- Parental Leave as a Practicing Physician
- Returning from Parental Leave
- PARO Policies

**WEL**

# 2. Personalized Counselling

- Routine Conversations
- ***We encourage residency programs to consider this with a mentor/identified person separate from the program director***
  - Trainees want to talk about this, without fear of being penalized/harming their reputation, think about how to include this SUPPORTIVELY without onus on the resident to discuss
  - Consider an open question without judgement – have you thought about when you may want to have a family and how can we support you?

# 3. Other Considerations

- Encouraging early disclosure → trainee is not “removed” from a call schedule and call requires redistribution
- Enforcing timely distribution of schedules and knowledge of start-times/end-times of rotations
  - Consider childcare hours (730-6pm) in call duty hours
- Disseminating a list of willing mentors within the specialty
- Address concerns of other residents – consider other avenues for support
  - (i.e. use of electronic call scheduling software, use of ancillary team members such as NPs/PAs)



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Thank you for your time

Please reach out with any feedback/comments/questions  
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# Discussion Points

- How are you currently supporting trainees in your program?
  - Do you have any insights to share?
- How could your program do better at supporting trainees?
- What do you wish was available at a postgraduate medical education level for support?