

**ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING
Junior Fellow Research Day Oral Presentation and iPoster Session Contests**

RESEARCH ABSTRACT FORM

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Title: Balancing a Family in Medicine: What Is Important to Medical Students When Choosing a Specialty and Residency Program?

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Background

Parenting during medical training has been addressed among residents and post-graduates, yet little is known about how medical students think about these issues. The decision as to when to start or grow a family during medical training is a difficult one. Medical students who desire a family may consider several factors when choosing a specialty and residency program. We sought to evaluate thoughts about parenting in residency and family planning among fourth-year medical students.

Methods

Students from 196 US allopathic and osteopathic medical schools who are participating in the 2020-2021 Residency Application cycle were invited to take a novel 24-question online survey. Survey items included background information and several questions assessing thoughts about family planning during medical training. Thoughts about family planning were formatted on a 5-point Likert scale of agreement (1=strongly disagree to 5=strongly agree). Factors of importance when choosing a residency program were formatted on a 5-point Likert scale of importance (1=not at all important to 5=extremely important). Descriptive statistics were used for demographics and Mann-Whitney tests were applied to look at different responses between groups.

Results

415 students participated in the survey with an average age of 27. The majority identified as female (66%). 303 (76%) plan to enter a non-surgical field, 97 (24%) surgical, and 3 (0.7%) undecided. Of 327 respondents who want children, most plan to have a child during residency (61%) and will carry the child themselves (64%). On a Likert scale, students report it is important to plan when to start a family (mean 3.9), often think about when to start a family (mean 3.5), express concern with balancing training and family (mean 4.2), and fear that pregnant residency applicants are viewed negatively (mean 4.0). Those pursuing non-surgical specialties ($p=0.002$), plan to carry a child themselves ($p<0.001$), or plan to start a family during residency ($p<0.001$) were more likely to choose a medical specialty based on the ability to have or raise a child during residency.

Discussion

Students report the ability to have a family is important when choosing a specialty and residency program. Program administrations should adopt policies to support trainees who desire to start a family during medical training.