

Capsule Commentary on Krause et al., Impact of Pregnancy and Gender on Internal Medicine Resident Evaluations: A Retrospective Cohort Study

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J Gen Intern Med 32(6):681
DOI: 10.1007/s11606-017-4033-y
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The retrospective cohort study by Krause et al.¹ explores a possible association between resident performance evaluations and pregnancy, by gender. In their population, 13.2% of female residents became pregnant during residency, compared with 24.7% of the partners of male residents. While there was no difference in faculty evaluations of these two groups, the average peer [resident] evaluation score for women after having a baby was significantly lower than those among men whose partner had a baby (4.04 vs. 4.16 out of 5.0).

Having a child is well known to be a significant stressor, and it is reasonable to hypothesize that the stress on the mother is different from that on the father. Therefore, the idea that female and male residents are impacted differently by the birth of a child is rational. There is no specific maternity leave in residency, so female residents often return to work quickly in order to avoid having to extend their training. The workload of female residents during their maternity leave is commonly distributed across the program and picked up by other residents. The postpartum period can be very challenging on one's mental health.² The fact that the attending physicians did not perceive a difference may indicate that patient care is not being compromised, but disparity in peer ratings may suggest that the resident division of labor is different. Further studies would be needed to see whether this difference holds on easier versus more difficult resident rotations.

Despite the ongoing challenges, progress may be occurring. A repeat survey of residents in diverse fields found that residents felt better supported with pregnancy than they did in 2007.³ Their perception of support was higher in programs with a female leadership presence. Despite this progress, however, the study by Krause et al. indicates that unconscious bias may also play a role in the differences in evaluations. Whatever the explanation for these findings, we as a medical community need to continue to look for ways to support our residents in their family planning and to build cultures that allow for these young physicians to also be parents if they so desire.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflicts of interest with this article.

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