

## In Sickness and in Health: Results of the AUA Residents and Fellows Committee Essay Contest



### INTRODUCTION

The theme of this year's essay contest, the third annual competition open to medical students, residents and fellows, was "Standing Together: Going Above and Beyond for One of Our Own." Although we had numerous outstanding submissions, the collaborative spirit and creative innovations made by her colleagues to support Dr. Meghan Cooper throughout a complicated pregnancy ultimately moved the committee to select this outstanding work. Dr. Cooper's moving description of the time leading up to and following the birth of her son while training can serve as a model for the innovation and positive change needed to better address the challenges surrounding parental leave in urology and for surgical trainees at large.

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#### Woodson Smelser

*AUA Residents and Fellows Committee Essay Contest Chair  
University of Kansas Health System  
Kansas City, Kansas*

On day 1 of my residency I was told, "Welcome to the family." Residency is often compared to a marriage and during my third year I truly learned what that sentiment meant. As I experienced one of my darkest hours, I was met with support and encouragement every step of the way. It was not just one fellow trainee who lifted me up. During my most desperate time, my entire urology family stepped up to the plate and, as a team, I would say we hit a home run.

"We found something on your imaging." I have delivered some variation of this statement many times to my patients throughout my residency. However, I was not entirely prepared to be on the receiving end of it during my 26th week of pregnancy. As a third-year urology resident, worst-case scenarios began running through my mind.

I pride myself on being a hardworking and well prepared resident. I always read up on my patients in advance because, like most surgeons, I don't like surprises. That being said, having a high risk

pregnancy in the midst of my surgical residency was definitely not something I was prepared for.

My obstetrician referred me to maternal fetal medicine for further evaluation. The news spread throughout my small program and the troops rallied without delay. My attendings called in favors and I was seen by the head of the maternal fetal medicine department almost immediately. After another ultrasound my doctor delivered the unexpected news just as I would have to my own patient, with undivided attention and her hand placed over mine. I had the rare complication of complete vasa previa and I would need to be admitted to the hospital at 30 weeks for close fetal monitoring with plans to deliver at 34 to 35 weeks via cesarean section. To say this was a surprise would be an understatement. Suddenly I had less than a month to rearrange both my professional and personal life to accommodate this unforeseen twist of events.

The baby books always talk about pregnancy as a special time in your life that you will never forget, and that you should cherish every moment. They gloss over the parts about swollen feet, insomnia, food aversions and "morning" sickness (which in my case was more like nonstop sickness). Taking multiple bathroom breaks in the operating room became my new norm and compression socks became my best friend. Yet, through all of my pregnancy woes and extenuating circumstances, my team came through for me. My supportive co-residents offered to cover my call without hesitation and my program director allowed me to conduct research during my month-long inpatient stay to avoid delaying my graduation.

I checked into the hospital at 30 weeks, got placed into a beautiful corner room overlooking the bay (one of the perks of being a resident!), and took in the new surroundings that would be my home for the next month. The days consisted of reading, writing and studying for my in-service examination. Every day I had multiple visitors ranging from my favorite operating room nurses to my best friend

from out of state to my chairman. They brought me books to read, nonhospital food to eat and even some interesting inpatient consults to discuss.

As I got closer to the big day I continued to have a steady influx of visitors. This included the team that would be there the day of my delivery, all of whom I knew previously from my interactions with their services in residency. My obstetrician came in on his day off to sit with me for more than an hour to go over all of my questions and concerns. The neonatologist came in multiple times to reassure me on the plan. The anesthesiologist went step by step about what to expect with the spinal anesthesia. The culmination of my stay was a surprise baby shower in the hospital, organized by residents, nurses and attendings within my program. It was a

much needed moment of levity during a stressful time.

The big day arrived, my son was born healthy at 35 weeks, and my life was changed forever (as any parent can attest). As a female surgeon I often get asked how I balance my family and career. The truth is I don't. Balance is a relative term, and it implies stability, which is not inherent to a career in medicine. Rather, I do the best I can and never forget to thank those who help me along the way.

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**Meghan Cooper**

*Chief Resident*

*Department of Urology*

*University of South Florida*

*Tampa, Florida*

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## EDITORIAL COMMENT

The winning essay of this year's Residents and Fellows Committee essay contest was an honest account of the challenges faced by new parents during urological training. The topic of parental leave, particularly during residency training, is important and appropriately gaining more attention this year. Data regarding parental leave policies and perceptions were presented at the 2020 AUA (American Urological Association) meeting (held virtually in June). Research regarding parental leave highlights obstacles and the lack of standardized policies surrounding parental leave during surgical training. Among surveyed surgical trainees, the most common obstacles to parental leave during residency included a lack of universal policies across all specialties, a strain on residency, loss of training time, lack of program flexibility and a perceived lack of support from faculty/peers.<sup>1</sup> In alignment with these findings, we can attest to the significant impact of perceived support when planning for children. One of us did not have children during residency because of real (or perceived) disapproval by peers while the other decided to have a child with real (or perceived) approval.

As urology training programs tend to be smaller than those of many other ACGME (Accreditation Council for Graduate Medical Education) specialties, the temporary loss of a colleague to parental leave is felt more acutely. Thus, the strain resulting from parental leave on the residency program must be adequately addressed. Among surgical residents more than a quarter felt that parental leave put an unreasonable burden on other residents.<sup>1</sup> The lack of redundancy among urology

training program personnel can result in increased clinical assignments of remaining residents, thus negatively impacting resident relationships and affecting family planning and leave decisions. If the strain on co-residents is not addressed, residents will continue to struggle with family planning and leave decisions. This strain may continue following their return, particularly among breastfeeding residents who must find additional coverage to accommodate pumping.

Given these challenges, the AUA Residents and Fellows Committee has appropriately identified policy surrounding maternity and paternity leave in urology training as an essential area for improvement. When program directors were queried regarding parental leave policies, the majority reported formal policies, but these varied significantly regarding call expectations, contingency plans for complications or early delivery, fluoroscopic safety and breastfeeding allowances.<sup>2</sup> Implementation of comprehensive standardized policies will mitigate many of the obstacles surrounding parental leave during urological training. As the winning essay poignantly highlights, childbirth and new parenthood are unpredictable, and these standardized policies must allow for flexibility, particularly among trainees who are the most vulnerable. Moving forward, a statement from the AUA and ACGME is needed to guide parental leave practices with partnership and endorsement from key stakeholder organizations, such as the Society of Academic Urologists, Society of Women in Urology and Society of Urologic Oncology. Effective policy changes for



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parental leave will undoubtedly require a concerted effort but will lead to lasting changes that improve wellness and combat burnout in our specialty.

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**Kathryn H. Gessner and Angela B. Smith**

*Department of Urology  
University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina*

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## REFERENCES

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