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An Exploration of the Barriers To Workplace Lactation in Emergency Medicine

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questions and 3 open ended questions. A content analysis of patients' responses to the open ended questions was done by 3 researchers using a modified version of the Completed Clinical Evaluation Report Rating (CCERR) tool.

Results: We collected data from 42 patients and received 32 narrative comments for 20 of our 46 residents. In general, patients responded very positively, with 551/588 (94%) reporting in the highest category of "Very Good." Analysis of the narrative comments using the CCERR demonstrated that patients can articulate quality aspects of their care, and that their comments were generally supportive. Furthermore, they are able to offer at least somewhat specific examples of things residents did well (81%). We found that patients were less likely to comment on things the resident did poorly or provide recommendations for improvement.

Conclusion: This study advances our understanding of the value and scope of feedback that patients can provide residents regarding communication. Our findings have implications for the use of patients as an untapped resource in terms of gathering more assessment data about resident clinical performance. Motivating patients to elaborate on residents' positive traits and describe what they did well may be the best avenue to maximize the yield from patient feedback.

Table 1. Modified CAT Questionnaire.

"How well did the resident physician…"	Very Poor	Poor	Fair	Good	Very Good	N/A
Greet you in a way that made you feel comfortable?	0(0)	0(0)	0(0)	2(5)	40(95)	0(0)
Treat you with respect?	0(0)	0(0)	0(0)	2(5)	40(95)	0(0)
Show interest in your ideas about your health?	0(0)	0(0)	0(0)	2(5)	40(95)	0(0)
Understand your main health concerns?	0(0)	0(0)	1(2)	0(0)	41(98)	0(0)
Pay attention to you (look at you, listen carefully)	0(0)	0(0)	1(1)	2(4)	39(93)	0(0)
Let you talk without interruptions?	0(0)	0(0)	1(2)	2(5)	39(93)	0(0)
Give you as much information as you wanted?	0(0)	0(0)	0(0)	3(7)	39(93)	0(0)
Talk in terms you could understand?	0(0)	0(0)	0(0)	2(5)	40(95)	0(0)
Check to be sure you understood everything?	0(0)	0(0)	3(7)	2(5)	36(86)	1(2)
Encourage you to ask questions?	0(0)	0(0)	1(2)	2(5)	38(93)	1(2)
Involve you in decisions as much as you wanted?	0(0)	0(0)	0(0)	1(2)	40(95)	1(2)
Discuss next steps, follow-up plans.	0(0)	0(0)	0(0)	1(2)	41(98)	0(0)
Show care and concern.	0(0)	0(0)	0(0)	3(7)	38(90)	1(2)
Spend the right amount of time with you.	0(0)	1(2)	0(0)	1(2)	39(93)	1(2)

Data are reported as n(%).

Table 2. Modified Completed Clinical Evaluation Report Rating (CCERR) Tool.

	Not at All	Somewhat	Good	Very Good	Excellent
Comments are balanced providing both strengths and areas for improvement.	28(88)	2(6)	2(6)	0(0)	0(0)
Comments justify the ratings provided.	5(16)	17(53)	10(31)	0(0)	0(0)
Clearly explained examples of strengths using specific descriptions are provided in the comments.	6(19)	23(72)	3(9)	0(0)	0(0)
Clearly explained examples of weaknesses using specific descriptions are provided in the comments.	27(84)	5(16)	0(0)	0(0)	0(0)
Concrete recommendations for the trainee to attain a higher level of performance are provided.	29(91)	3(9)	0(1)	0(0)	0(0)
Comments are provided in a supportive manner.	4(13)	4(13)	21(65)	3(9)	0(0)

Data are reported as n(%).

8 An Exploration of the Barriers To Workplace Lactation in Emergency Medicine

Moulton K, Sebok-Syer S / Stanford Emergency Medicine Residency Program

Background: The benefits of breastfeeding are well established in the literature and serve as a basis for ACEP and Accreditation Council for Graduate Medical Education (ACGME) policy. However, a lack of workplace research leaves decision-makers without an analytical basis for prioritization of return-to-work (RTW) investments. We undertook, to our knowledge, the first formal, systematic needs assessment of lactating mothers in EM.

Objectives: We aimed to study workplace lactation behavior and to identify barriers to lactation for women in EM. We hypothesized that, through analysis of semi-structured interviews, patterns will emerge that suggest specific, remediable barriers to achieving lactation goals. Some findings will likely be universal to the lactating worker, some unique to EM, and some specific to EM trainees.

1. Identify general and EM-specific barriers and challenges of lactating in the workplace
2. Describe some of the support structures that exist for women lactating at work
3. Consider additional efforts needed to support women returning to work while breastfeeding

Methods: We used qualitative research methods to explore this topic. The initial target population included women affiliated with our department who have delivered and returned to work within the last three years, and a snowball sampling technique was used. Respondents participated in 20-30 minute semi-structured telephone interviews. Audio was transcribed, coded, and analyzed to facilitate inductive research based on the emergence of patterns and themes.

Results: Data from five participants has been preliminarily analyzed, and additional interviews are scheduled. Participants described lactation space essentials, RTW support, their lactation-related goals, and barriers to lactation. Notably, some participants report that their lactation goal-setting was influenced more by workplace barriers than by personal preferences or professional society recommendations. We present these findings and describe how to interpret them in relation to ACGME policies and recent advances in the area of lactation and RTW.

Conclusions: Our hope is that this work will lead to actionable, EM-specific modifications to support lactating women locally and nationally.