

implementation of strategies to control nosocomial infection, active surveillance of infection rates, and adherence to well-planned antibiotic protocols.

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A Study on Parental Stress in the Neonatal ICU Using Parental Stressor

BACKGROUND: Parents of neonates admitted to the NICU undergo a great deal of stress, making it imperative for health care providers to identify and act on the sources of this stress.

OBJECTIVES: In this prospective study, we determined the level of stress among parents of neonates admitted to the NICU by using the Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU). We also correlated the scores obtained with relevant parental and neonatal factors that could contribute to parental stress. The study setting was a tertiary care NICU in northern India.

METHODS: The study was conducted from November 2009 to April 2011. All parents of neonates admitted to the NICU for at least 48 hours were administered the PSS: NICU. Relevant parental demographic data and relevant neonatal data were collected. Total as well as mean scores and subscores were obtained. Correlation of the scores with other factors was conducted by using SPSS version 12.

RESULTS: A total of 343 parents completed the questionnaire. The total mean PSS: NICU scores ranged from 1.35 to 4.91 (mean: 3.71). The mean score for mothers was 3.78, and the mean score for fathers was 3.65. The mean subscores were highest for infant behavior (mean: 4.25), followed by parental role alteration (mean: 3.64). The mothers scored higher than the fathers in all subscores. Factors such as birth weight and gestational age influenced the stress levels to a significant degree; factors such as gender of the neonate, education and socioeconomic status of the parents, presence of birth asphyxia, ventilation status, and the nature of the infant's illness did not influence stress to any significant levels.

CONCLUSIONS: Parents of neonates admitted to the NICU experience high levels of stress. Parents of neonates with lower birth weights and gestational age experience more stress.

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The Training and Career Paths of Canadian Paediatric Residents, 2004–2010

BACKGROUND: Canadian pediatric residents usually pursue training in general pediatrics or subspecialty pediatrics. Graduates can work in community-based settings, hospital-based settings, or a combination thereof. Furthermore, new graduates may work in large urban or rural/remote centers. To date, no study has profiled the training and career paths of Canadian pediatric residents.

OBJECTIVES: The goal of this study was to profile the training and career paths of pediatric residency program graduates in Canada.

METHODS: A survey of all pediatric residency programs was completed in 2010 and updated in 2011. All residency programs in Canada participated. Data on residents were reported by their core training program (at completion of their third year of postgraduate training).

RESULTS: A total of 699 residents completed their core training in pediatrics in Canada between 2004 and 2010. The annual number of pediatric residents who completed their core training rose from 83 in 2004 to 122 in 2010. Training path data were available for 685 (98%) residents. Overall, 430 (63%) residents completed subspecialty training, whereas 255 (37%) completed general pediatric training only. There was a significant increase in the frequency of subspecialty training from the early graduates (2004–2007) to the later graduates (2008–2010) (Fig 1). Career path data were available for 665 (95%) of all Canadian pediatric residents: 405 (61%) of residents were working as subspecialists or still in training, 245 were working as general pediatricians, and 15 graduates (2%) had other practice types. Of all residents currently in practice, only 36 (8%) were working in rural/remote or underserved areas.

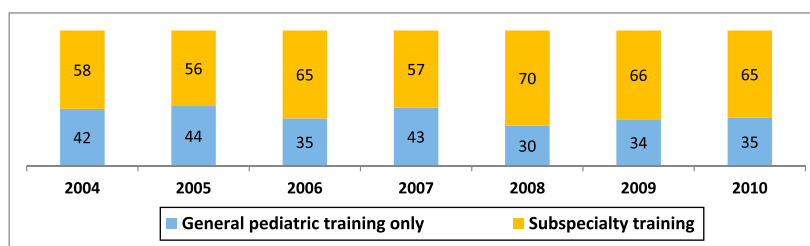


FIGURE 1 Percentage of residents who completed general pediatric training only versus subspecialty training, 2004 to 2010.

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