

# Dr. Kristin Wadsworth

## Community Obstetrics & Gynecology

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### Overview

1. **Profile:** OB/GYN (Cambridge ); Urogynecology and Reconstructive Pelvic Surgery Fellowship (Mt. Sinai), Obstetrics & Gynecology Residency (Queen's), MD (Toronto)
2. **Pitch:** Variety that never leaves you bored, mix of medicine and surgery, flexible career choice, even later in life
3. **Path:** Dr. Wadsworth chose OB/GYN over FM after falling in love with delivering babies! Further cemented by fascinating and challenging Gynecologic surgeries
5. **Personal:** You need to be able to connect with patients and listen - OB/GYN deals with extremely intimate moments and issues in women's lives and demands a physician who can aptly deal with them.
6. **Philosophy:** Don't Quit on your Worst Day - give yourself the opportunity to learn and master the challenges ahead of you.

### Elevator Pitch

(1:40)

- Great variety, no two days are alike
  - Mix of surgery and medicine
  - Mix of short-term and long-term patients
- Focus on Women's Health
- Ability to adapt your career as you go

### Personality

(2:32)

- High energy complements difficulties of being on call and meeting many new people
- Organizational capacity has been important in making sure to remember the many moving pieces that complicate a difficult call shift
- Ability to empathize and connect with others as OB/GYNs deal with many high intensity and deeply personal problems and situations.

## Stereotypes

(4:03)

- A 2014 UK survey showed that medical students described a positive outlook on OB/GYN as rewarding and interesting, but noted concerns for a poor work-life balance, difficulties for male physicians to enter the field, and the high propensity for litigation.
- Response:
  - Work-Life Balance: OB/GYN does have a very difficult balance, but it is possible to find your own harmony.
    - Notes that it is much better now: there are usually many OBs in the hospital and it is no longer a “your OB must deliver your baby” system.
    - Dr. Wadsworth has put an emphasis on protecting her own time - she never takes post-call work and schedules a 1-week vacation every 2 months, just in case she needs time to catch up on administrative work and other life duties (and sometimes even to take a vacation!)
  - Men in OB/GYN: There are challenges, in particular with initial contact and referral as many women would prefer to see a woman for these sensitive issues. However, Dr. Wadsworth notes that the characteristics of a good OB/GYN have nothing to do with gender/sex.
  - Litigation: True, OB/GYNs pay the highest insurance premiums. When bad things happen they are often very serious and usually occur in highly stressful situations for both doctor and patient. However, the Canadian medical system provides strong legal support for its physicians.
- Other: There may be a perception among some surgical specialties that Obstetrics and Gynecology is not a “real” surgical specialty, which Dr. Wadsworth completely disagrees with. It is however much less valued and its surgeries are billed at far lower prices than most other surgical specialties.

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Referenced Material: Ismail and Kevelighan. Graduate medical students ' perception of obstetrics and gynaecology as a future career specialty. *Journal of Obstetrics and Gynaecology*, 2014; 34: 341–345.

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## Path

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### Medical School

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- Medical School was interesting because it seemed to blend her interest in human relationships and challenging problem-solving.
  - Mostly drawn to Family Medicine and Rural Medicine, until she saw a delivery during a Rural FM elective.
  - This interest was further cemented during her OB/GYN clerkship rotation, which exposed her to Gynecologic surgery.
  - When deciding between OB/GYN and FM, she had to decide whether she truly liked surgery, or whether she just wanted to deliver babies. She chose the more surgical aspects of OB/GYN because of her propensity to “do” and solve problems.

### Residency and Fellowship

- During interviews, Dr. Wadsworth felt very strongly about the Queen’s program after interviewing, despite never having done an elective there.
- Her will to solve problems herself led her to do a Urogynecology fellowship in order to help women with remediable problems like incontinence and prolapse.

### Staff

- Interviewed at Cambridge one week after her son being born.
- Preferred community medicine:
  - Academic medicine was too research focused, and the many learners would take away from her ability to “do” surgeries and deliveries herself.
  - Rural medicine was a little too detached - her partner works in Toronto, and they often like to visit Toronto to see family and friends.
  - Needed to be big enough to allow her to do more complex Gyne surgeries, while also retaining independence from academic centres.
- Notes that every center is different and it’s important to find the right career match

## Day-to-Day Life

(20:10)

- 1/3 OB, 2/3 GYN
- Office:
  - 9 am - 4 pm
  - Mixes of new patients and follow ups, obstetrics and gynecology, older and younger patients
- Call:
  - 8 am - 8 am, with bedside handover
  - 1 in 7 at Cambridge

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- Ultimate variety of Obstetrical care
    - Inductions, labor, C-section, emergency room consults for abortions, bleeding, and post-operative pain.
    - Free time often spent on administrative work from office and clinic days
  - OR:
    - 3/month
    - Prolapses, incontinence, hysterectomy, ablations
  - Urodynamics clinic:
    - 8 am - 4 am
    - Cystoscopy and Urodynamics for investigation and treatment of incontinence
  - Admin work piles up for every role
  - Meetings: Department every 2 months, Department Chiefs 1/month, Surgery Department 1/month, Grand Rounds 1/month
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## Personal Takeaways

(27:31)

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**Listening:** Many obstetric and gynecologic issues are difficult for many women to discuss, especially in the older generations. These problems go unmanaged and ignored for years before women finally bring them up. Even if there isn't an immediate treatment, making them feel safe and heard with sensitive issues can be life-changing.

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### Personal Story:

*"I had a patient who'd had a lot of issues with vomiting in her pregnancy, [even] needing an IV at home. She also had a lot of mental health issues so I ended up seeing her a lot during her pregnancy and got her connected with psychiatry. I really put a lot of effort into helping her. She needed to be induced so we could plan it for a day that I was working and she had a great delivery, everything was totally fine. At the end, we asked her what the baby's name was and she'd given the baby the middle name Kristen after me. No one had ever named a baby after me. And she said "Thank you so much for helping me and for listening to me."*

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

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## Final Comments

(38:07)

1. Specialty Selection: “What will you be least annoyed about being woken up at 3 AM?”
2. There are always times of doubt and insecurity for med students, residents and even staff physicians, but give yourself the chance to learn and never quit on your worst day.
3. Obstetrics is not a specialty for everyone - it’s got variety and challenge, but you must be able to make decisions quickly, juggle and prioritize under pressure. You also need to be able to stay up all night without sleeping.
4. Obstetricians are responsible for patients at a very important time in their lives. The rewards are high, but you must always be ready for the worst and prepared to act.