Preferences in Decision Making During Obstetric emergencies

Swedish maternity and intrapartum care is designed in a way to ensure equality of servicesthroughout the country. Despite this, regional differences still persist regarding the frequency of a number of perinatal outcomes such as caesarean sections, lacerations, etc. A couple of American studies have suggested that physicians' personality traits are of importance for outcomes in intrapartum care. However, it is a question of whether personality can have similar effects in Sweden, where healthcare differs significantly from that in the US. The purpose of this study is to analyse preferences in decision-making and personality traits among Swedish gynecologists and obstetricians.

We wonder if you, as a member of SFOG, would consider participating in this study. It takes about 15-20 minutes to complete the questionnaire. The research results will be used as part of the ongoing effort to improve Swedish maternity care. The intention is above all, to increase patient safety. Your contribution is valuable and we hope that it can feel motivating enough to participate.

By completing the form and by clicking on 'submit' on the last page, you certify that you have voluntarily consented to participate, in accordance with the latest GDPR (Personal Data Act). You can withdraw your participation at any time. All data is anonymous and encrypted, and no third party will have access to how you specifically answered a question.The quality of the answers is based on sincerity, generosity, and integrity.

Please note that there are no right or wrong answers. See your participation as a serious opportunity to contribute to understanding more about an individual's unique profile. Themethods used in the questionnaire are based on thousands of hours of scientific studies and underlying algorithms.

You will have to decide on a number of statements throughout six pages, requiring a bit of focused time. Our best advice is to have fun while filling out the form, keep a steady pace,and above all, trust your first, intuitive reaction - sincerity is rewarded by the analysis formulas.

Lets start.

General Information

1. Tell us if you are a woman or a man (for statistics)

   - [ ] Man
   - [ ] Woman
   - [ ] I don’t identify as either woman or man

2. Tell us your age (for statistics)

   _____

3. Tell us where you work, city/region (for statistics)

   _____

4. To what extent are you clinically active?

- 20% or less
- Between 20 and 50%
- 50%
- Between 50 and 100%
- 100%

5. Tell us how many years you've worked with obstetrics and gynecology

Thank you for answering this first part.

Obstetrics or gynecology?

6. Which do you prefer?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Obstetrics					
Gynecology					

How well do the following statements relate to you? Answer preferably quickly, honestly and intuitively.

7. I like obstetrics because…

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Patient contact is usually quite limited.					
You make quick, crucial decisions.					
You get to be part of very special moments.					

8. I like gynecology because...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I help women.					
Sick patients get well often.					
Surgery is particularly stimulating.					

9. I would have NOT liked to only work with obstetrics because...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There is too much uncertainty with/around pregnancy and childbirth.					
I feel uncomfortable with the responsibility during childbirth.					

10. I would have NOT liked to only work with gynecology because...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I would get bored from that type of interaction with patients.					
I can't manage to stay concentrated for too long during surgery.					

11. Briefly describe what motivates your preference.

We appreciate that you're still interested to continue the questionnaire.

Personality traits

How well do the following statements relate to you? Answer preferably quickly, honestly and intuitively.

12.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Get easily stressed					
Often feel anxious					
Find it sometimes difficult to deal with things					
Get easily panicked					
Often feel down					
Fear the worst					

13.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Feel comfortable together with others					
Have an easy time making friends					
Talk to a lot of different people during a party					
Do a lot of fun things					
Dislike crowded places					

14.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Believe in the importance of art	⬭	⬭	⬭	⬭	⬭
See beauty where others seldom do	⬭	⬭	⬭	⬭	⬭
Have strong imagination	⬭	⬭	⬭	⬭	⬭
Avoid philosophical discussions	⬭	⬭	⬭	⬭	⬭
Have difficulty understanding abstract theories	⬭	⬭	⬭	⬭	⬭
Dislike going to museums	⬭	⬭	⬭	⬭	⬭

15.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Get emotionally affected by others	⬭	⬭	⬭	⬭	⬭
Am indifferent to other's feelings	⬭	⬭	⬭	⬭	⬭
Use others for my own needs	⬭	⬭	⬭	⬭	⬭
Do not give time for others	⬭	⬭	⬭	⬭	⬭
Am uninterested in other people's problems	⬭	⬭	⬭	⬭	⬭
Feel sympathy for those that have it worse than me	⬭	⬭	⬭	⬭	⬭

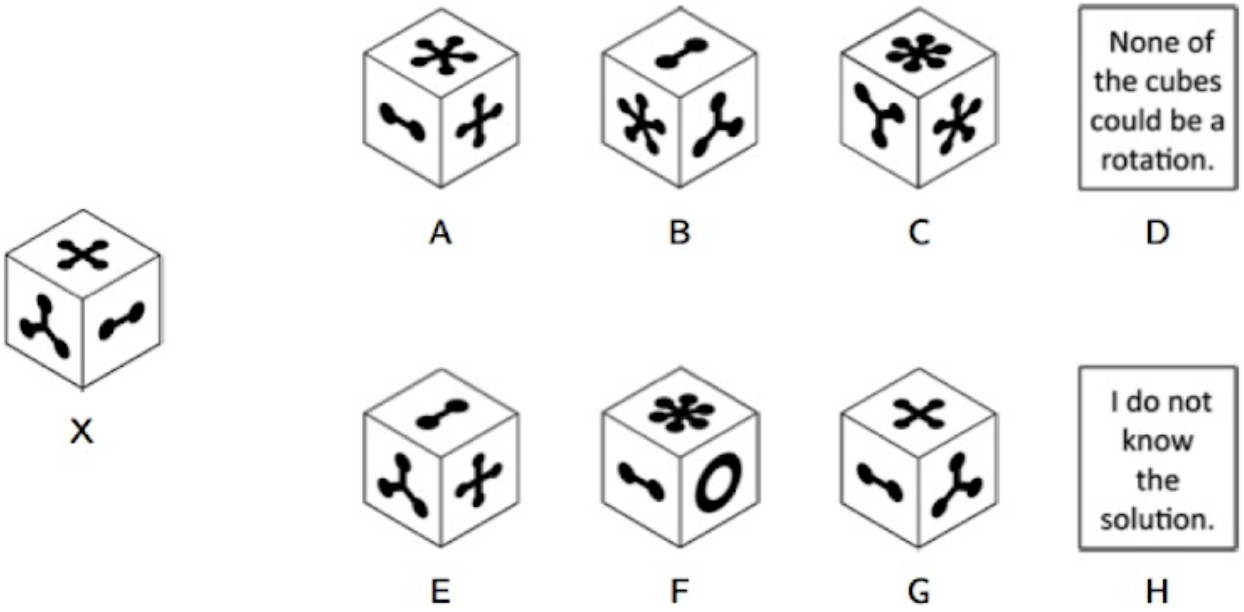
16.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Waste my time	◯	◯	◯	◯	◯
Follow through with my plans	◯	◯	◯	◯	◯
Work hard	◯	◯	◯	◯	◯
Always complete my tasks	◯	◯	◯	◯	◯
Know how to get things done	◯	◯	◯	◯	◯
Just do as much as I need to	◯	◯	◯	◯	◯

Good job! You've done more than half.

Spatial understanding

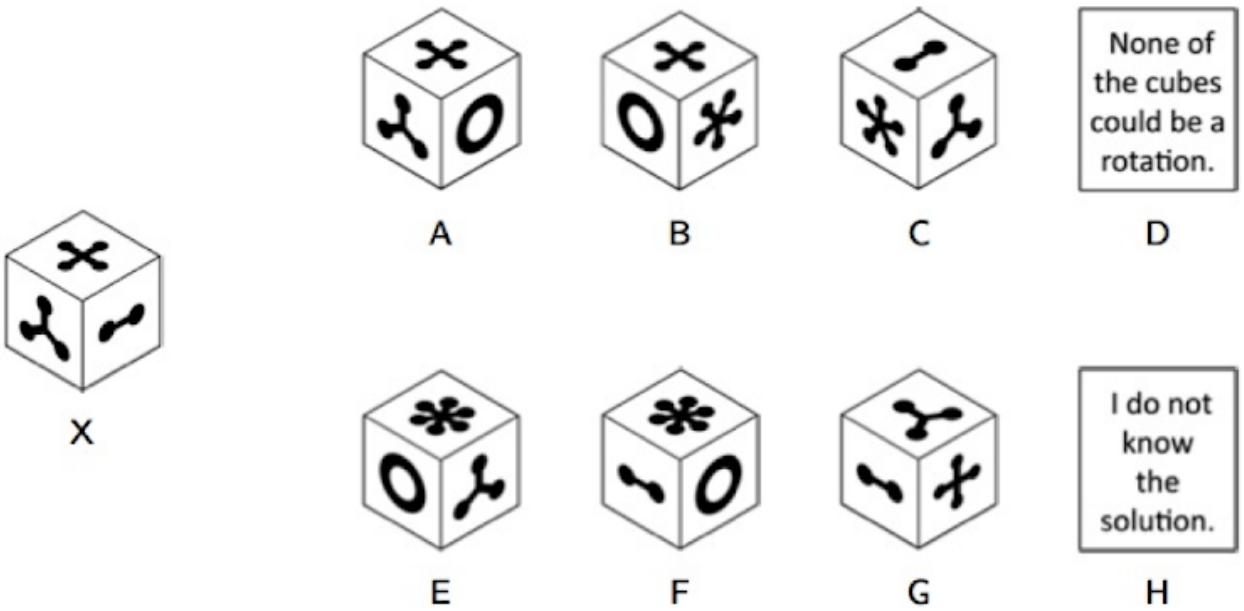
Which of the following alternatives is a rotated version of cube X?
Your answers are important, please keep focus. And don't use Google search.

17.



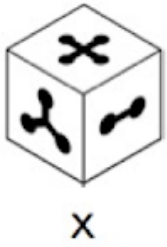
A ◯ B ◯ C ◯ D ◯ E ◯ F ◯ G ◯ H ◯

18.

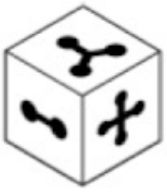


A ◯ B ◯ C ◯ D ◯ E ◯ F ◯ G ◯ H ◯

19.



X



A

B

C

None of the cubes could be a rotation.

D

E

F

G

I do not know the solution.

H

A ⬭ B ⬭ C ⬭ D ⬭ E ⬭ F ⬭ G ⬭ H ⬭

Good job! Only one part left.
This last part is a little longer, but don't give up. Your answers are important, please stay focused.

Obstetric emergencies

20. Obstetric emergency 1.

You work as a young trainee in a medium-sized maternity unit with about 2,500 births per year. It's 01:30 at night. Your senior is 30 minutes away. You've taken care of a few gynecological emergencies, and have worked non-stop since the beginning of your shift at 16:30. You recon it's finally settling down and think of going to your room in the hope of getting a couple of hours sleep. But, you just want to check on the delivery suites one extra time. On your way there, the phone rings. It's a somewhat anxious voice at the other end: "the midwife wants you to come, there's a bad tracing". She hangs up before you even get the chance to ask anything. To your general state of anxiety and fatigue now adds a layer of annoyance. Finally inside the right suite, your gaze almost automatically turns to the CTG. The woman, who is giving birth to her second child, is kneeling in bed and leaning against the headboard. The partner is super-peppery. The midwife says: "she's fully dilated and the head is pretty far down. I just want you to check the CTG". You see a pathological tracing with repetitive complicated variable decelerations for just over 7 minutes. Variability is still good but the baseline rate seems to fall slowly.

How well do the following statements relate to you? Give an honest answer of what you would have done.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CTG is pathological. I tell the midwife that we should immediately deliver with a ventouse (ie vacuum extractor).	⬭	⬭	⬭	⬭	⬭
The patient should shift position to either her side or her back.	⬭	⬭	⬭	⬭	⬭
I greet the patient and her partner. I listen to the midwife's report, and take peek at the CTG at the same time.	⬭	⬭	⬭	⬭	⬭
Together, we get the patient to shift position. The midwife wants to try an let the patient push a little more, which I think is reasonable.	⬭	⬭	⬭	⬭	⬭
CTG seems to have been normal earlier on, we give it a chance but I stay in the suite.	⬭	⬭	⬭	⬭	⬭
I take a lactate sample while the woman is standing on her knees, when the head is coming down, just to be sure.	⬭	⬭	⬭	⬭	⬭

21. Obstetric emergency 2.

You work as a young trainee in a medium-sized maternity unit with about 2,500 births per year. It's 01:30 AM. Your senior is 30 minutes away. You've taken care of a few gynecological emergencies, and have worked non-stop since the beginning of your shift at 16:30. You recon it's finally settling down and think of going to your room in the hope of getting a couple of hours sleep. But, you just want to check on the delivery suites one extra time. On your way there, the phone rings. An assistant nurse, who sounds a bit blasé, asks for "help on the third. The midwife wants you to come and help out with an instrumental delivery. The mom's too tired". When you get to examine the patient, you sense that there is plenty of space but that the head might be a bit too high up. The contractions are strong and painful but short-lived. The woman's giving birth to her first child and is completely exhausted. The CTG is normal with repetitive uncomplicated decelerations. You call for your senior but he does not answer the phone.

How well do the following statements relate to you? Give an honest answer of what you would have done.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The head is probably too far up, patient is tired, and it's late: "probably best to go for a c-section".	⬭	⬭	⬭	⬭	⬭
I tell the midwife that the patient should stand up for an hour, after which a new assessment should be made, in the hope that a ventouse or forceps can be applied.	⬭	⬭	⬭	⬭	⬭
I hear with the midwife what she thinks, and I suggest: "we should increase the oxytocin, and let the patient try to push".	⬭	⬭	⬭	⬭	⬭
The assistant nurse says that the patient has been lying most of the time, and that she is scared. After a brief discussion outside the suite, the midwife and I suggest a plan for the patient and her partner.	⬭	⬭	⬭	⬭	⬭
After a thorough examination it feels as if it should work with a ventouse. I tell the couple that "it's going to be fine".	⬭	⬭	⬭	⬭	⬭
The midwife and I have talked with each other, we believe that there's a fair chance she can give birth vaginally. While in the suite, I ask the midwife to increase the oxytocin, and ask for help in hyperflexion of the hips.	⬭	⬭	⬭	⬭	⬭

22. Obstetric emergency 3.

You work as a young trainee in a medium-sized maternity unit with about 2,500 births per year. It's 01:30 AM. Your senior is 30 minutes away. You've taken care of a few gynecological emergencies, and have worked non-stop since the beginning of your shift at 16:30. You recon it's finally settling down and think of going to your room in the hope of getting a couple of hours sleep. But, you just want to check on the delivery suites one extra time. On your way there, the phone rings. A panicky voice that you barely recognize says: "you need to come now, it's room 2. The child is stuck!" You immediately think of a shoulder dystocia, and in the back of your mind "god I do not hope so"... Barely a couple of minutes later you enter the delivery suite, short of breath. The midwives' desperate gazes, and what you feel is as a mixture of fear and anxiety in the partner's face meet you. The patient pushes with all she's got. One of the midwives says: "I can't get hold of the posterior shoulder, it's been 4 minutes now".

How well do the following statements relate to you? Give an honest answer of what you would have done.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I take control of the situation and start the HELPERR sequence, according to guidelines.	⬭	⬭	⬭	⬭	⬭
It is my job to solve the situation.	⬭	⬭	⬭	⬭	⬭
I first listen to what the midwife has to say.	⬭	⬭	⬭	⬭	⬭
The midwife suggests to use some nitroglycerine spray, and that we try HELPERR again, but that I stand between the patients legs.	⬭	⬭	⬭	⬭	⬭
I ask for permission to get access, and see if I can help the baby out.	⬭	⬭	⬭	⬭	⬭
I finally break the baby's collar bone, Since nothing else seems to work.	⬭	⬭	⬭	⬭	⬭

23. During obstetric emergencies…

Please respond to the following statements. Your answers are important. Be honest, nobody is here to judge you.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
the responsibility rests with me.	⬭	⬭	⬭	⬭	⬭
I take in information, process and give directives.	⬭	⬭	⬭	⬭	⬭
guidelines are important.	⬭	⬭	⬭	⬭	⬭
structure creates a sense of safety.	⬭	⬭	⬭	⬭	⬭
there are right and wrong decisions.	⬭	⬭	⬭	⬭	⬭
my focus is on the birthing woman and her partner.	⬭	⬭	⬭	⬭	⬭
it's nice to have a sparring partner.	⬭	⬭	⬭	⬭	⬭
we help each other out in the team.	⬭	⬭	⬭	⬭	⬭
the different team members' contributions are important.	⬭	⬭	⬭	⬭	⬭
I think of the consequences for the birthing woman.	⬭	⬭	⬭	⬭	⬭
I trust my intuition.	⬭	⬭	⬭	⬭	⬭
I don't always know what's right.	⬭	⬭	⬭	⬭	⬭
I sometimes need to improvise.	⬭	⬭	⬭	⬭	⬭
the outcome is beyond my control but it's important that everyone does her/his best.	⬭	⬭	⬭	⬭	⬭
I trust the process/higher powers.	⬭	⬭	⬭	⬭	⬭

24. Final feedback.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
This questionnaire was important.					
The questions were relevant.					
It was difficult to answer.					
It was rewarding for me.					

Thank you for your contribution and effort! We trust that you had a good time. No one knows you better than yourself. Just click ‘submit’ to finish and send us your answers.