

# Global Women's Health Education in Canadian Obstetrics and Gynaecology Residency Programs: A Survey of Program Directors and Senior Residents

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## Abstract

**Objective:** To become culturally competent practitioners with the ability to care and advocate for vulnerable populations, residents must be educated in global health priorities. In the field of obstetrics and gynaecology, there is minimal information about global women's health (GWH) education and interest within residency programs. We wished to determine within obstetrics and gynaecology residency programs across Canada: (1) current GWH teaching and support, (2) the importance of GWH to residents and program directors, and (3) the level of interest in a national postgraduate GWH curriculum.

**Methods:** We conducted an online survey across Canada of obstetrics and gynaecology residency program directors and senior obstetrics and gynaecology residents.

**Results:** Of 297 residents, 101 (34.0%) responded to the survey and 76 (26%) completed the full survey. Eleven of 16 program directors (68.8%) responded and 10/16 (62.5%) provided complete responses. Four of 11 programs (36.4%) had a GWH curriculum, 2/11 (18.2%) had a GWH budget, and 4/11 (36.4%) had a GWH chairperson. Nine of 10 program directors (90%) and 68/79 residents (86.1%) felt that an understanding of GWH issues is important for all Canadian obstetrics and gynaecology trainees. Only 1/10 program directors (10%) and 11/79 residents (13.9%) felt that their program offered sufficient education in these issues. Of residents in programs with a GWH curriculum, 12/19 (63.2%) felt that residents in their program who did not undertake an international elective would still learn about GWH, versus

only 9/50 residents (18.0%) in programs without a curriculum ( $P < 0.001$ ).

**Conclusion:** Obstetrics and gynaecology residents and program directors feel that GWH education is important for all trainees and is currently insufficient. There is a high level of interest in a national postgraduate GWH educational module.

## Résumé

**Objective:** Pour devenir des praticiens compétents sur le plan culturel étant en mesure de prodiguer des soins aux populations vulnérables et de défendre leur cause, les résidents doivent recevoir une formation abordant les priorités de la santé à l'échelle mondiale. Dans le domaine de l'obstétrique-gynécologie, nous ne disposons que de peu de renseignements au sujet de la formation en santé des femmes à l'échelle mondiale (SFEM) qu'offrent les programmes de résidence et de l'intérêt envers ce type de formation que l'on y constate. Nous souhaitons déterminer ce qui suit en ce qui concerne les programmes canadiens de résidence en obstétrique-gynécologie : (1) la situation actuelle pour ce qui est de l'enseignement de la SFEM et du soutien disponible à cet égard; (2) l'importance de la SFEM pour les résidents et les directeurs de programme; et (3) le degré d'intérêt envers un curriculum national de cycle supérieur dans le domaine de la SFEM.

**Méthodes :** Nous avons mené, à l'échelle du Canada, un sondage en ligne auprès des directeurs des programmes de résidence en obstétrique-gynécologie et des résidents de dernière année du domaine.

**Résultats :** Parmi les 297 résidents sollicités, 101 (34,0 %) ont répondu au sondage et 76 (26 %) ont rempli le sondage en entier. Onze des 16 directeurs de programme sollicités (68,8 %) ont répondu et 10/16 (62,5 %) nous ont fourni des réponses complètes. Quatre des 11 programmes (36,4 %) comptaient un curriculum de SFEM, 2/11 (18,2 %) comptaient un budget de

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Competing Interests: None declared.

SFEM et 4/11 (36,4 %) comptaient un président de la SFEM. Neuf directeurs de programme sur 10 (90 %) et 68 résidents sur 79 (86,1 %) étaient d'avis qu'une compréhension des questions de SFEM est importante pour tous les stagiaires canadiens en obstétrique-gynécologie. Seulement un directeur de programme sur 10 (10 %) et 11 résidents sur 79 (13,9 %) étaient d'avis que leur programme offrait une formation suffisante sur ces questions. Parmi les résidents des programmes comptant un curriculum de SFEM, 12/19 (63,2 %) étaient d'avis que les résidents de leur programme qui n'entreprenaient pas un stage au choix international auraient tout de même l'occasion de se sensibiliser à la SFEM, par comparaison avec seulement neuf des 50 résidents (18,0 %) des programmes ne comptant pas un tel curriculum ( $P < 0,001$ ).

**Conclusion :** Les résidents et les directeurs de programme du domaine de l'obstétrique-gynécologie estiment que la formation au sujet de la SFEM est importante pour tous les stagiaires et qu'elle est actuellement insuffisante. La mise sur pied d'un module pédagogique national de cycle supérieur en SFEM suscite un vif intérêt.

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## INTRODUCTION

In 1978, under the auspices of the World Health Organization, global leaders produced the Alma-Ata Declaration, which stated that health is “a fundamental human right” and that “the attainment of the highest possible level of health is a most important social goal.”<sup>1</sup> The Declaration also stated “The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.”<sup>1</sup>

Physicians have long played an important role in advocating for equity in health care and have a long history of providing health care to marginalized communities.<sup>2</sup> The physician's professional contract has always included the values of altruism and compassion. More recently, the advocacy role has been explicitly developed, and many professional associations, residency training programs, and medical schools now state that physicians have a duty to address the needs of vulnerable populations and to advocate for justice in health.<sup>3-5</sup> The Royal College of Physicians and Surgeons of Canada's 2005 CanMEDS Physician Competency Framework, which describes the knowledge, skills, and abilities that specialist physicians need to improve patient outcomes, articulates

the role of physicians as health advocates.<sup>6</sup> The importance of physician engagement and activity in promoting better health care for patients, communities, and larger populations, both locally and globally, is captured in the 2015 draft of the CanMEDS Physician Competencies Framework—Series IV. The final version of this document is to be officially released in October 2015.<sup>5</sup>

Medical education must therefore include training and experiences focused on providing physicians with a fundamental education in the socio-economic, political, and cultural determinants of health that will allow them to be effective health advocates within a wide range of communities. Many medical students and residents have participated in this training through international electives, with the number of trainees participating in electives in low- and middle-income countries increasing substantially over the past 25 years.<sup>4,7</sup> In a recent survey of pediatric residency programs in the United States, 52% of programs had residents participating in international health electives in the previous 12 months.<sup>8</sup> These trainees are exposed to a greater variety of disease states and are believed to develop stronger clinical examination skills, decreased reliance on laboratory or imaging tests, and greater awareness of cost issues and resource allocation than peers who do not undertake such electives. Trainees who undertake these electives develop skills in cross-cultural communication and are more likely to pursue careers that involve serving marginalized, underserved, and multicultural communities, both in their own region or internationally.<sup>4</sup> However, even trainees who do not choose (or are unable) to pursue international electives are increasingly exposed to “international” health concerns among patient populations at home. In 2006, 19.8% of the Canadian population was foreign-born. In Toronto and Vancouver, foreign-born citizens make up 46% and 40% of the population, respectively.<sup>9</sup> Other local marginalized populations, including Aboriginal Canadians, the homeless, and those living in remote communities, may experience barriers to health and may be affected by health conditions that are similar to those experienced by immigrants and refugees or residents of low- and middle-income countries.<sup>10</sup> The interconnectivity of international health concerns across countries is reflected in more recent, inclusive definitions of the term “Global Health” as “an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”<sup>11</sup>

## ABBREVIATIONS

APOG	Association of Academic Professionals in Obstetrics and Gynaecology
GWH	global women's health
PD	program director

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