

# Preferences and Outcomes for Chemotherapy Teaching in a Postgraduate Obstetrics and Gynecology Training Program

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**PURPOSE:** To determine whether chemotherapy teaching is a desired component of postgraduate training programs in obstetrics and gynecology and assess its effect on practicing clinicians.

**METHOD:** After obtaining institutional review board approval, 99 individuals who completed postgraduate training at a single academic medical center between 2005 and 2013 were invited to complete an online survey. Descriptive statistics were used to summarize responses.

**RESULTS:** Of the 99 individuals, 68 (68%) completed the survey. Respondents included physicians currently practicing in both academic medicine ( $n = 36$ , 52.9%) and private practice ( $n = 24$ , 35.2%). Most respondents ( $n = 60$ , 88.2%) indicated that chemotherapy teaching was a desired feature of their training and expressed a preference for both formal didactics and direct clinical involvement ( $n = 55$ , 80.2%). Benefits identified by respondents included improved insight into the management of symptoms commonly associated with chemotherapy ( $n = 55$ , 82.1%) and an enhanced ability to counsel patients referred for oncology care ( $n = 48$ , 70.5%). All respondents who pursued training in gynecologic oncology following residency ( $n = 6$ ) indicated that chemotherapy teaching favorably affected their fellowship experience. Of the 6 gynecologic oncologists, 3 (50%) who responded also indicated that chemotherapy teaching during residency improved their performance in fellowship interviews.

**CONCLUSION:** Chemotherapy teaching was a desired feature of postgraduate training in general obstetrics and gynecology at the institution studied. Consideration should

be given to creating curricula that incorporate the principles and practice of chemotherapy and address the needs of obstetrics and gynecology trainees who intend to pursue both general and subspecialty practice. (J Surg Ed 72:936-941. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** chemotherapy, teaching, residency, gynecology, oncology, postgraduate medical education

**COMPETENCIES:** Patient Care, Systems-Based Practice, Medical Knowledge

## INTRODUCTION

Over the past 5 years, the organization of postgraduate medical training programs has dramatically evolved. Initially driven by limitations on work hours, changing attitudes of trainees now also require that educators carefully consider program content in addition to structure.<sup>1,2</sup> Currently, the Accreditation Council for Graduate Medical Education (ACGME) broadly states that core postgraduate training in obstetrics and gynecology (OBG) should cover the prevention, diagnosis, and treatment of female reproductive tract cancers.<sup>3</sup> More detailed requirements have been spelled out by the Council on Resident Education in Obstetrics and Gynecology (CREOG).<sup>4</sup> The CREOG guidelines clearly state that residents should not only recognize each of the major chemotherapeutic agents used to treat gynecologic cancers but also understand their mechanisms of action and adverse effects. An important aspect of the CREOG guidelines is a requirement for postgraduate trainees to familiarize themselves with the methods and medications used to manage the side effects and complications of chemotherapy. The CREOG also recommends that trainees should understand the long-term consequences of these agents on female reproductive health. Although many

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postgraduate training programs address these requirements using lecture-based didactics, trainees at many institutions also actively participate in clinical management of oncology patients and are able to gain practical experience with the use of chemotherapy in this manner. However, the opportunity to gain actual clinical experience with chemotherapy depends on the practice patterns of local gynecologic oncologists.

Currently, there are very little objective data that can be used to determine whether or how topics related to chemotherapy should be taught to postgraduate OBG trainees or whether graduates of OBG training programs consider chemotherapy teaching desirable. We undertook the present study with the goal of assessing whether practicing obstetrician-gynecologists consider the training they received in chemotherapy to be valuable and to determine how this training affects their current clinical activities.

## METHODS

Permission to conduct all study activities was obtained from the institutional review boards of Baylor College of Medicine and its affiliated institutions (H-34967, approved June 27, 2014). Multiple focus groups were conducted with postgraduate trainees currently at our institution with the goal of identifying educational goals as well as perceived benefits and concerns related to the activities provided by our program to familiarize them with chemotherapy and its uses. Common themes identified by these interviews were used to assemble a study instrument to determine whether (a) chemotherapy training received as a trainee affects current clinical practice, (b) former trainees are satisfied with the chemotherapy training they received, and (c) preferred methods for learning chemotherapy-related topics could be delineated. Multiple questions were also included to assess the extent to which individual trainees were involved in chemotherapy during their training and whether their current practice requires the use of chemotherapeutic agents. Before its use, the survey instrument developed for this project was distributed to multiple educators and physician administrators involved in postgraduate medical education. Input was solicited from these thought leaders regarding potential benefits and concerns related to chemotherapy teaching during postgraduate medical education, particularly the 2-month second-year rotation and 1-month fourth-year rotation at the safety-net health system that serves as the primary platform for teaching trainees about gynecologic oncology at our institution. All feedback was incorporated into the final version of the study instrument ([Appendix 1](#)).

Upon its completion, the survey was loaded onto a cloud-based platform for survey development and administration (SurveyMonkey, Palo Alto, CA). The online version of the

study instrument was deemed ready for use when each of its questions could be readily viewed from web addresses external to our institution. An invitation to participate in this study was then e-mailed to all individuals ( $n = 99$ ) who graduated from our postgraduate training program between 2005 and 2013. A cover letter included with this e-mail explained the nature and purpose of this study. If recipients of the e-mail were willing to participate, they were asked to complete the study questionnaire, which could be accessed at a web address provided with their invitation. We specifically selected former trainees of our institution as the study population because detailed information regarding the patterns and structure of chemotherapy training provided to them over the past decade is well known, allowing responses to be accurately interpreted and potential improvements to be identified. No more than 3 reminder e-mails were sent at weekly intervals to potential subjects over the 1-month interval during which the questionnaire was made available. Descriptive statistics were used to summarize responses.

## RESULTS

Of the 99 physicians, 68 (68.7%) completed the online survey in response to our invitation. Two former trainees declined to participate, while no response was obtained from the 28 remaining individuals. Most respondents were between 31 and 35 years of age and were actively practicing obstetrics and gynecology in either an academic environment or private practice ([Table](#)). Other demographic features of study subjects are summarized in the [Table](#). The proportion of gynecologic care provided by respondents as part of their current clinical practice varied widely ([Fig. 1](#)). Of the 68 respondents, 22 (32.4%) indicated that they either administer chemotherapy as part of their current clinical practice or provide care for women who have received chemotherapy, whereas 43 respondents (63.2%) did not. A total of 3 respondents (4.4%) declined to respond to this question. Slightly more than 75% of respondents stated that they wrote chemotherapy orders for 10 or fewer patients per week during their oncology rotations ([Fig. 2](#)).

### Involvement With Chemotherapy Education

We found that most respondents acknowledged that they had received chemotherapy teaching ( $n = 63$ , 94%) as part of their postgraduate education. Only 2 respondents (2.9%) indicated that they had not received any teaching, and 2 subjects failed to respond (2.9%). Most respondents ( $n = 35$ , 51.5%) indicated that they had not received formal didactic teaching during their residency, despite the fact that formal instruction including clinical indications and uses of chemotherapy is routinely covered as part of the

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