

ORIGINAL RESEARCH

Barriers to Global Health Training in Obstetrics and Gynecology



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Abstract

BACKGROUND The Lancet Commission on Global Surgery includes obstetrics and gynecology as an area needing international strengthening in low- and middle-income countries. Despite interest, a majority of participants in US residency programs graduate with little exposure to global health or preparation to work abroad.

OBJECTIVE The aim of this study was to determine the level of interest of obstetrics and gynecology (Ob/Gyn) residents in gaining global health training and to identify perceived barriers to receiving training.

METHODS Residents in accredited Ob/Gyn programs were identified using a national residency database. The survey was online and anonymous.

FINDINGS A total of 278 residents completed the survey. A high level of motivation to participate in a global health elective was associated with interests in preparation for future global work, desire for activism in maternal health and social determinants of health, and becoming better informed on global health policy. Eighty-two percent of respondents stated they would participate in a global health curriculum if it were offered, and 54.8% would use their vacation time. There were associations between personal safety, family, lack of resources, and lack of interest from faculty and motivational level as perceived barriers. Eighty-one percent strongly agreed that scheduling conflicts and time constraints pose barriers; more than 80% either agreed or strongly agreed that funding such endeavors and a lack of mentorship are major deterrents to pursuing global health.

CONCLUSIONS Because resident motivation is clearly high and international need persists, we determined that most barriers to training abroad are related to the structure and budget of residency programs.

KEY WORDS global health training, residency, obstetrics, gynecology, Lancet Commission on Global Surgery

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All authors had access to the data and all contributed in writing and editing the manuscript. Stephanie Deter Pickett performed the data collection and Prakash Ganesh and Rachel Pope performed the statistical analysis.

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INTRODUCTION

The recent Lancet Commission on Global Surgery highlights obstetrics and gynecology as one of the surgical fields in which global strengthening is urgently needed.¹ Hung et al² describe global health training as a rising demand of obstetrician and gynecology trainees, yet a majority of residents graduate with little exposure to global health competency or preparation to work abroad. Opportunities to obtain global health training may be limited by the belief that surgical diseases are not considered public health concerns, and funding to boost education in this specialty has not been as robust as in other specialties.³ However, the Commission has galvanized the medical community to reexamine the need for and high yield of surgery in global health, including obstetrics and gynecology, citing cesarean sections and hysterectomies among some of the core procedures needed.¹

Many barriers exist that deter training US obstetricians and gynecologists to contribute to global health, including requiring trainees to uphold continuity clinical time, financial expenses, and lack of institutional support, for example. Another factor that may limit surgical experiences abroad may be institutional reticence to allow surgeons to leave their domestic roles because they are the hospital's "financial engines."⁴ This study was carried out to determine the scope of desire for residents in obstetrics and gynecology (Ob/Gyn) to gain additional training abroad and to identify perceived barriers.

METHODS

This was a cross-sectional study of all of all residents in Ob/Gyn Accreditation Council for Graduate Medical Education (ACGME)–accredited programs across the United States. An email was sent to program coordinators at each residency program containing a link to an electronic survey, which was then sent to residents. The survey was online and anonymously available through Survey Monkey. Residents were given 10 months to respond to the survey. A follow-up email was sent to all program coordinators after 6 months reminding residents to complete the survey. The research protocol was approved by the Institutional Review Board at University Hospitals, Case Western Reserve University. The survey contained 50 questions. Demographic data on respondents were collected. There were questions regarding individual residents' interest in

participating in global health opportunities during residency using Likert scales from 0–5 describing no interest to high interest, respectively. There were also questions regarding limitations to obtaining training and any options available to them through their program.

Fisher's exact test or χ^2 test was used to compare categorical variables. All variables were included in a multivariate analysis using logistic regression to identify factors associated with the level of experience in global health activities during residency and the level of motivation to pursue global health electives. All *P* values were 2-tailed, and statistical significance was accepted at *P* < .05. SPSS Statistics for Windows Version 21 (IBM Corp., Armonk, NY) was used for the analysis.

RESULTS

A total of 278 respondents completed the survey. Demographics are listed in [Table 1](#). Respondents

Table 1. Demographics	
Variable	Frequency
Level of Training	N = 278
PGY-1	35.3% (98)
PGY-2	20.9% (58)
PGY-3	24.8% (69)
PGY-4	19.1% (53)
No. of Resident in Each Class	N = 278
<4	9.4% (26)
4–7	61.9% (172)
7–10	25.2% (70)
11 or more	3.6% (10)
Age (y)	N = 278
<25	0%
25–29	65.1% (181)
30–34	27.7% (77)
>35	7.2% (20)
Gender	N = 278
Male	9.0% (25)
Female	91.0% (253)
Marital Status	N = 278
Single	43.5% (121)
Married	51.4% (143)
Domestic partner	4.0% (11)
Divorced	1.1% (3)
Widowed	0%
Children	N = 278
Yes	20.9% (58)
No	79.1% (220)

PGY, program year.

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