

Original Study

Creation and Dissemination of a Multispecialty Graduate Medical Education Curriculum in Pediatric and Adolescent Gynecology: The North American Society for Pediatric and Adolescent Gynecology Resident Education Committee Experiences

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ABSTRACT

Study Objective: The goal was to develop a multispecialty committee to address deficiencies in pediatric and adolescent gynecology (PAG) resident education through curricular development under the auspices of the North American Society for Pediatric and Adolescent Gynecology.

Design, Setting, Participants, Interventions, and Main Outcome Measures: A multispecialty North American committee was organized to develop short as well as long curricula in PAG through a combination of conference calls and face-to-face meetings. Content was guided by objectives of national accrediting organizations. The curricula used print as well as interactive electronic resources.

Results: After publication of the short and long curricula, a dissemination strategy was developed to present the information at national meetings. A curricular study was performed after introduction of the curriculum to evaluate its efficacy. Long-term plans for further curricular components and expansion of educational tools are ongoing.

Conclusion: We gathered a diverse multispecialty group of doctors to collaborate on a unified educational goal. This committee developed and disseminated resident PAG curricula using a variety of learning tools. This curricular development and implementation can occur with a minimal financial burden.

Key Words: Resident education, Curriculum, Graduate medical education

Introduction

The practice of pediatric and adolescent gynecology (PAG) synthesizes the unique content and skills of 5 distinct disciplines; gynecology, pediatrics, adolescent medicine, pediatric surgery, and endocrinology. Optimal PAG patient care encompasses the ability to perform the procedural skills of gynecology, effectively communicate with the pediatric patient and her guardian, and connect with the adolescent patient sensitively and directly. Education in PAG is an evolving discipline that requires a special set of skills and knowledge to train learners of diverse

backgrounds in all these different skill sets. This article describes the work of a North American multispecialty graduate medical education (GME) committee in its creation of a new PAG resident education curriculum. First, we describe the inception of the committee and the processes used. Next, outcomes of this process are enumerated and reflect on the journey. Finally we share lessons learned and future directions of this group of educators.

Background

Residency training programs with PAG expertise in North America are limited. Barriers to formalized training include: lack of trained and dedicated faculty, limited opportunity to evaluate and treat pediatric patients, and absence of formalized teaching curricula in PAG. Programs without this expertise or curriculum might have difficulty fulfilling GME training requirements. Studies have shown that formal PAG teaching is limited, with some obstetrics and gynecology (Ob/Gyn) residency programs completely lacking an

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outpatient PAG rotation.^{1,2} Solomon et al surveyed 105 US Ob/Gyn residency programs and reported that 63% (65/105) have no formal, dedicated PAG clinic, whereas 83% (87/105) have no outpatient PAG rotation.³ Kershner et al surveyed residents in pediatric, family medicine, and Ob/Gyn programs and reported the residents needed additional training in specific areas of adolescent health care.⁴ Thus, the degree of exposure might be insufficient to meet the PAG learning objectives in most training programs as defined by the accreditation bodies for resident education.^{5–7}

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) is an organization of health care professionals dedicated to PAG, which was founded in 1986. Its current mission is to provide multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth. NASPAG's goals include: (1) to serve and be recognized as the lead provider in PAG education, research, and clinical care; (2) to conduct and encourage multidisciplinary and interprofessional programs of medical education and research in PAG; and (3) to advocate for the reproductive well-being of children and adolescents, and the provision of unrestricted, unbiased and evidence-based practice of PAG.⁸ NASPAG developed a resident education committee to create, establish, and implement methods to improve resident education in PAG. It is valuable to share this specialty team approach, which could have applicability to other areas in medicine that involve collaborative efforts of more than 1 medical specialty.

Materials and Methods

At the annual 2011 NASPAG Board of Directors meeting, it was proposed to develop a resident education committee to address the gaps in training and exposure to PAG education. The committee's goal was to share ideas and work collaboratively to develop NASPAG-approved materials for resident education. Faculty members with an interest in PAG resident education were solicited from the NASPAG membership and members were selected on the basis of expertise and region. The committee chairs were appointed by the NASPAG board. Members attended the first meeting held at the 2012 annual meeting. The membership of the committee consisted of 4 general obstetrician gynecologists with PAG fellowship training, 3 adolescent medicine physicians (also trained in pediatrics, 1 in fellowship training), and 1 Ob/Gyn/reproductive endocrinologist. The committee was diverse geographically within the United States and Canada. The committee members had various educational leadership positions such as GME rotation directors, residency program directors, and fellowship directors.

After the initial face-to-face meeting in April 2012, the committee communications occurred via e-mail correspondence (once a month initiated by chairs with deadlines for responses) and quarterly conference calls (Table 1). As the committee established its goals and its role evolved, the NASPAG board developed terms of reference in 2013, which included purpose, objectives, committee composition, and deliverables.

By consensus, the first goal chosen by the committee was to develop a PAG curriculum for GME programs for pediatric and Ob/Gyn residencies. In addition, the committee believed that curriculum needed flexibility, with diverse learners including medical students and residents in other disciplines such as family medicine and postgraduate fellows in adolescent medicine or PAG. The first educational scholarly product developed was the Short Curriculum in PAG, a basic overview core curriculum⁹ (http://c.ymcdn.com/sites/www.naspag.org/resource/resmgr/PDF's/Resident_Education_Curriculu.pdf). The learning objectives were established by the committee from PAG-specific objectives, from the Council on Resident Education in Obstetrics and Gynecology,⁵ Royal Colleges of Physicians and Surgeons of Canada,⁶ and the American Academy of Pediatrics.⁷ These objectives were considered to be most critical among all of the PAG learning objectives by the committee. The short curriculum was designed for use as 10 one-hour sessions over a 2-week rotation or spread out as 10 sessions over the 3- to 4-year resident experience. The rationale for the flexibility was an acknowledgement of the limited training time and/or exposure in PAG during residency.

The Short Curriculum was then followed by a comprehensive Long Curriculum, which incorporated detailed learning objectives¹⁰ (http://c.ymcdn.com/sites/www.naspag.org/resource/resmgr/PDF's/Long_Curriculum_in_Resident.pdf). The Long Curriculum was designed ideally for a 1-month training experience but could also be used over a more extended time period. The focus for Ob/Gyn and Pediatrics differed in that one was surgical whereas the other was nonsurgical. However, the curriculum was designed to encompass the needs of both groups. Certain topics were highlighted as more surgical, such as performing vaginoscopic procedures. The resources used in both of the curricula were standard textbooks as well as available electronic resources, including those from the leading professional organizations. Some of these resources were free whereas others required a small fee by non-Ob/Gyn residents. Resources on simulation were also built into the curriculum.

Content topics for the curriculum were divided on the basis of expertise and interest. There was general consensus within the committee, with cochairs facilitating the division of content topics. In general, larger content topics were covered by 2 committee members. The committee member(s) reviewed the literature and available learning tools, and translated them into the outline created by the committee. Content and design of the curriculum were reviewed via conference calls by the entire committee. The committee chairs collated the various sections for the long as well as short curricula. When the short and long curricula were developed, a plan was made for publication in the *Journal of Pediatric and Adolescent Gynecology* under NASPAG board approval and branding.^{9,10} The 2 committee co-chairs, who did most of the organizational work, were determined to be first and senior authors, whereas the remainder of the committee was given authorship alphabetically. Creation and publication of the curricula in the NASPAG journal was deemed to be a critical first step in sharing them with PAG educators.

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