

Competence amongst Obstetric and Gynaecology Trainees

The RANZCOG ITP co-ordinator perspective

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BACKGROUND

Factors such as, 'consumerism, government regulations, financial constraints, medical information on the Internet, litigation, technology and the explosion of medical knowledge' are changing the nature and demands of healthcare provision and therefore the demands of medical education programs.¹

Competency Based Medical Education (CBME) is an educational theory increasingly being employed in postgraduate programs worldwide. By focusing on outcomes rather than time-in-training, and utilising modern educational techniques, this model aims to train doctors capable of meeting modern societal needs.

The Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) has not implemented a competency-based curriculum or system of training delivery. Due to the sociopolitical factors mentioned above and the worldwide proliferation of and evidence for CBME- based training, it is likely that an Australian/ New Zealand CBME O&G curriculum will become more desirable in the future. If this is to occur then trainee competency within the Australian O&G context needs first to be understood.

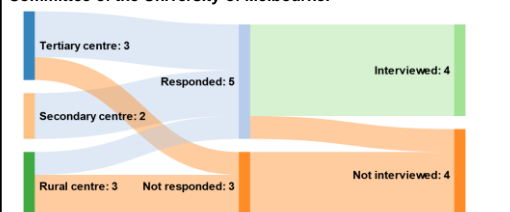
This project investigates how RANZCOG Integrated Program Co-ordinators define trainee competency.

METHODS

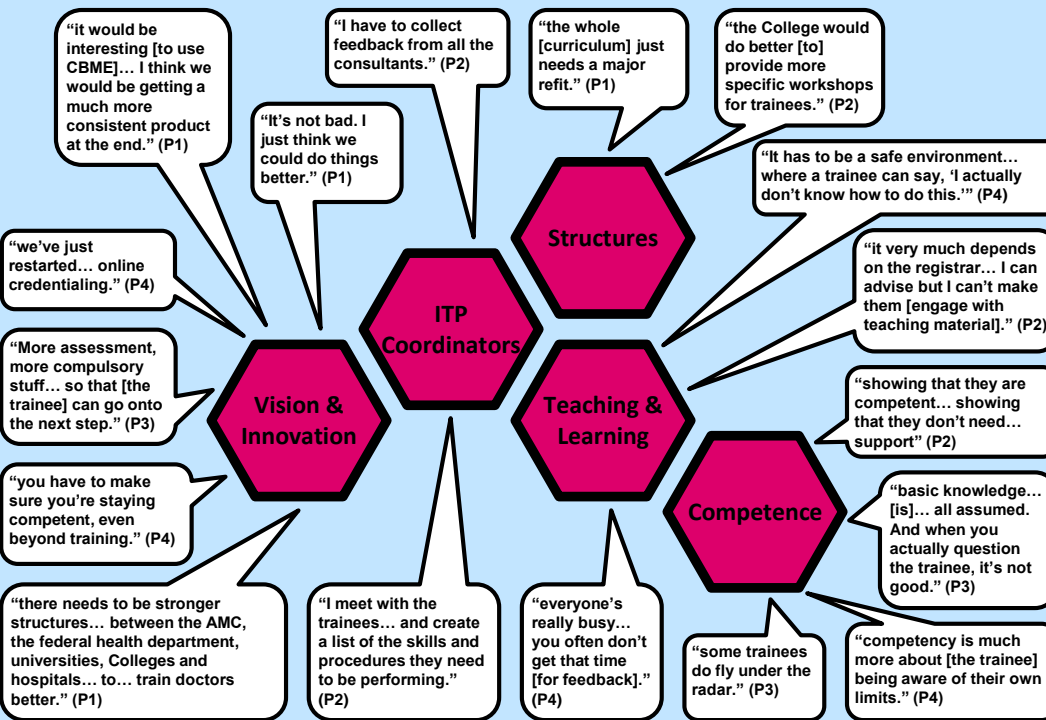
A prospective, qualitative design using individual, semi-structured interviews was used to explore the study aims using a Grounded Theory approach.

Selective sampling was undertaken in order to include subjects from different localities (see Figure 1). Semi-structured interviews were recorded, transcribed and securely stored. Transcripts were separately manually thematically coded and analyzed by two authors. Reflexivity was practiced and journaled throughout this process.

This project was approved by the Human Research Ethics Committee of the University of Melbourne.



RESULTS



CONCLUSIONS

Five major themes were identified: Vision and Innovation, Competence, Teaching and Learning, ITP coordinators, and Structures. Trainee competence was defined as being independent, safe practice by an individual aware of their own limits. A host of integrated background technical and procedural skill and knowledge is also required for competency. Enablers and barriers to teaching and learning were identified and included human, systemic and structural aspects related to learners, supervisors, hospitals and the RANZCOG curriculum. ITP co-ordinators agree that the RANZCOG curriculum and the delivery of O&G training in Australia has positive aspects but could be improved; there is a call for an approach to training with more effective and consistent "checks and balances" (P3) to ensure ITP trainees and graduates are of high quality.

REFERENCES

1. Frank JR, Danoff D. The CanMEDS initiative: implementing an outcomes-based framework of physician competencies. Med Teach. 2007;29(7):642-7.