Leadership Training for Obstetrics and Gynecology Residents,





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BACKGROUND

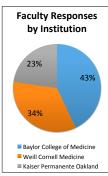
Senior-level obstetrics and gynecology residents are expected to demonstrate teamwork, accountability, and integrity as they lead patient care teams. While other specialties have incorporated leadership training into residency education, there have been few of these programs within obstetrics and gynecology

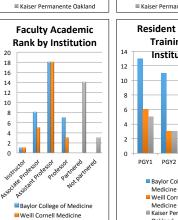
OBJECTIVES

To determine perceived necessity as well as potential content and format needs for a leadership curriculum in obstetrics and gynecology residency training.

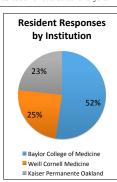
METHODS

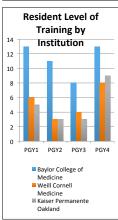
In June-July 2019, a needs assessment survey regarding leadership training was distributed to residents and academic faculty at three US obstetrics and gynecology residency programs. Chi-square testing was used for statistical analysis.





Kaiser Permanente Oakland





RESULTS

Response rate was 86/111 (77%) for residents and 79/124 (63%) for faculty.

Of PGY-1 residents, 73% believe sufficient leadership training exists during residency, however only 29% of PGY2-4s (p<0.01) and 26% of faculty believed similarly (p< 0.01).

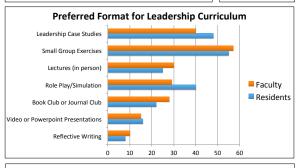
Comments regarding currently available leadership training

- ..minimal to no formal leadership training."
- ...the admin chiefs receive [leadership] training, though no one else does." "not sure anything is formalized...mostly 'on the job' training."
- "I think we could have a more robust curriculum... the difficulty is balancing it with all of the other competing needs."



Only PGY1s thought sufficient leadership training was provided.

The majority of residents (84%) and faculty (82%) agree residents would benefit from a leadership curriculum



Perceived Importance for Leadership Curriculum Competencies: **Faculty vs Residents**

Faculty		Residents	
1	Effective Communication (7.12)	1	Effective Communication (7.65)
2	Team Management (6.47)	2	Team Management (7.19)
3	Professionalism (5.97)*	3	Time Management (6.06)
4	Time Management (5.77)	4	Self-awareness (5.63)
5	Social Intelligence (5.64)	5	Conflict Resolution (5.37)

Faculty and resident views of professionalism in a leadership curriculum differed, with 31% (18/58) of faculty rating professionalism as a top two skill compared to only 6% (4/69) of residents (p<0.01).

QUALITATIVE COMMENTS

How do leadership skills required in Ob/Gyn differ from leadership skills required in other medical specialties?

Clinical Setting Based Skill Set

"Ob/Gyn is a specialty in which a multi-varied skill set is required- primary care, inpatient care, and surgical training-- all requiring slightly different leadership skills."

"Making decisions in a team environment (OR, L&D) in a collaborative, time-sensitive environment is crucialknowing when to apply a sense of urgency and directiveness vs a more collaborative approach."

Advocacy for Women's Health

"The aspect of patient advocacy/political involvement for Women's healthcare rights is important.

Advocacy is crucial given the constant and increasing threats to our patients' reproductive freedom and to our autonomy as reproductive health experts."

CONCLUSIONS

Consensus exists among residents and faculty that additional leadership training would be beneficial. Small group exercises and leadership cases addressing issues pertinent to women's health should be incorporated into obstetrics and gynecology residency training.

FUTURE DIRECTIONS

Guided by findings from this survey, we plan to develop, implement and review a leadership curriculum specific to obstetrics and gynecology residents.

REFERENCES

Blumental DM, Bernard K, Fraser TN, Bohnen J, Zeidman J, Stone VE. Implementing a pilot leadership course for internal medicine residents: design considerations participant impressions, and lessons learned. BMC Med Educ. 2014 Nov 30; 14:257

Gallagher E, Moore A, Schabort I. Leadership training in a family medicine residency program: Cross-sectional quantitative survey to inform curriculum development. Can Fam Physician. 2017 Mar;63(3):e186-e192

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