

# Perceptions of House Officers Working in Obstetrics and Gynaecology Department Regarding their Training

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## ABSTRACT

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**Background:** House job is a challenging stage in doctors' career in which they learn how to apply knowledge which they have obtained from their medical school in practice. It is the social responsibility of the medical institute to train their doctor in a way to provide proper health care facilities to the society.

**Objectives:** To explore perception and views of House Officers, posted in Department of Obstetrics & Gynaecology of Shalamar Hospital regarding their training.

**Methods:** A cross-sectional self-administered, question-based survey was conducted in department of obstetrics & gynaecology of Shalamar Hospital Lahore. The House Officers (HOs) posted in Department of obstetrics & gynaecology were enrolled in the study from April 2017 to April 2019. Thematic analysis of the free comments was also performed.

**Results:** A total of 55 house officers took part in the survey. Out of total 55, approximately 83% of HOs reported to be satisfied with their training while 11% were not satisfied. Most of the HOs (74%) agreed with the statement that they are well prepared for future practice, after posting in department of obstetrics & gynaecology. 7.2% strongly agreed, 76% agreed and 11% disagreed with the statement that they were satisfied with their training. 74% agreed and 11% disagreed with the statement that they were well prepared for future practice after their obstetrics & gynaecology rotation. 90% of respondents said that they needed more surgical skills and 33% reported that they were deficient in dealing with emergencies. Common themes that emerged from comments included, peer behaviour, clerkship, problems of working environment, and less exposure to emergencies as well as surgical procedures.

**Conclusions:** House job is the first step of post-graduate training for physicians in Pakistan. The HOs at Shalamar Hospital had mixed views about their training. Most of the HOs were satisfied with their overall training, but they reported lack of surgical skills and suggested training in dealing with gynecological emergencies. Greater peer support and hands on training are required to facilitate young professionals so that they proceed with skills and gain confidence in their professional journey.

**Keywords:** House Officers, Junior doctors, Training programme

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## INTRODUCTION

House job is a challenging and stressful stage in a doctor's career. Routine workload, patient

influx, clinical decision making, and pressure to avoid medical errors and work expectation make medical practice stressful, particularly in Pakistan.<sup>1</sup> House job is the first year of junior doctors after graduation from the medical school, which according to Pakistan Medical & Dental Council, require placement of 6 months each in medical (and Allied) and Surgical (and Allied) department of a hospital.<sup>2</sup> It is the time when they learn to apply their knowledge which

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they have acquired from their medical school in clinical practice. It is important to develop standardized and structured training program for our junior doctors, so their training is properly organized. It is the social responsibility of the medical institutes to train their doctors in a way that they become safe competent. The main aim of the training is to prepare the doctors in a way that they will be able to deliver proper health care services to the society. The teaching and learning approaches are such that they produce doctors with knowledge, practical, procedural and communication skills that are the requirement of medical profession.<sup>3</sup> once graduate, the doctors have theoretical knowledge, but they acquire most of the clinical and soft skills during post-graduate training. It is mainly the period of house job in which they learn clinical, surgical and teamwork skills. The things which are learnt in the period of house job make lifelong impact on the learner. In the traditional approach they are placed in a clinical setting without any knowledge of what they are expected to learn, there is no formal teaching and no formal feedback sessions about their strength and weaknesses. They are ignorant about defined goals and awareness about the society demands is poor. So, at the end of the training they are not confident about their preparedness for effective serving of the community. There are changes in the approach to training of junior doctors.<sup>4</sup> it is recognized that clinical capabilities are better in the graduates who are trained by outcome based integrated medical program.<sup>5</sup> globally there is shift of training towards training that is based on development of competencies. Great emphasis is given on development of professional competencies for many medical disciplines.<sup>6</sup> Competency is defined as the ability to do something successfully and efficiently. We need to treat doctors in training as adult learners.<sup>7</sup> The involvement of the doctors is important if progress is to be made in providing high quality care. The present study was conducted to find out perception and views of House Officers (HOS), posted in department of obstetrics &

gynaecology of Shalamar Hospital regarding their training. This research will also serve as a feedback to identify the issues raised by junior doctors for the betterment of training in future.

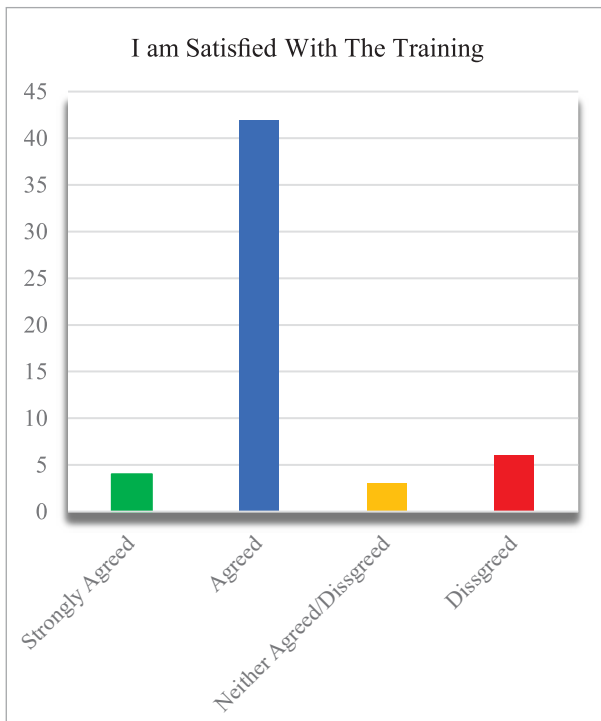
## **MATERIALS AND METHODS**

A cross-sectional, self-administered survey-based study was conducted at Shalamar Hospital Lahore after taking permission from Institutional Review board (IRB). The HOS posted in the department of obstetrics & gynaecology were enrolled through purposive sampling. All the HOs, completing their house job training during April 2017 to April 2019 in department of obstetrics and gynaecology were invited to participate in the study. The survey questionnaires were distributed to the 58 HOs working in department of obstetrics & gynaecology from April 2017 to April 2019, at the end of the house job. The questionnaire contained 6 close ended questions related to training at Shalamar Hospital. The participants had to answer according to five-point Likert scale. Score 1 stands for 'strongly agree' while score 5 stands for 'disagree'. At the end of the questionnaire, the respondents were asked to give any additional comments about the issues observed during training and suggestions for improvement of training. Respondents were invited to write their comments in their own words. The questionnaire was returned directly to the researchers and had no identification code to maintain anonymity of responses. The comments were read by researchers and themes were identified. Detailed exploratory analysis was performed. Frequencies and percentages were calculated and analyzed by SPSS version 20.

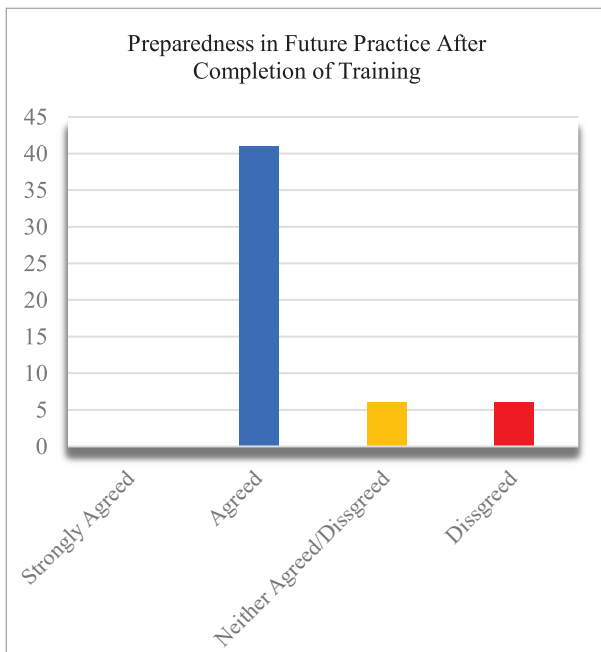
## **RESULTS**

Questionnaire was distributed to total 58 House officers of which, 55 HOs filled and returned the questionnaires after informed consent. The overall response rate was 94.8%. All research participants were female with the mean age of 24 years. Out of 55 respondents, only 4(7.2%)

strongly agreed, 42(76%) agreed, and 6(11%) disagreed with the statement that they are satisfied with their training. Only 3(5.4%) participants neither agreed nor disagreed (Fig: 1)



**Figure 1: House Officers Agreement With The Statement: I Am Satisfied With Their Training**



**Figure 2: House Officers Perceptions Regarding Preparedness in Future Practice after Completion of Training**

Perception regarding preparedness in future practice after completion of training showed that 41(74%) agreed, 6(11%) did not agree and 6(11%) neither agreed nor disagreed (Figure 2).

The question about whether the training enables them to deal with gynecological emergencies showed a response of 30(54%) in agreement and 18(13%) in disagreement. The training hours should be reduced according to 25(45%) participants while 26(47.2%) are satisfied with the current training hours. Regarding statement about adequacy of supervision provided during training 29(52%) agreed and 26(48%) disagreed with the statement. Majority of the participants, 59(90%), felt deficiency in surgical skills. The comments and suggestions from the participants were divided into following themes: Lack of peer support, clerkship, problems of work environment, lack of exposure to clinical emergencies and poor surgical skills. Most of the research participants were of the opinion that more clinical exposure to gynecological emergencies and more hand-on training to improve surgical skills are required. More supervision is needed to deal with emergencies one respondent said: We should have more frequent exposure to emergencies. Suggestion by one house officer was: We need formal teaching about how to deal with emergencies. More exposure to surgical work like deliveries is needed. More opportunities must be provided to assist and perform surgical procedures. Lack of peer support is another main issue which was highlighted by most of the research participants. This lack of support is also often seen as lack of respect. One respondent said: The post graduate trainees must deal us as their colleague. They should not make us overburdened Most of senior trainees are less concerned with our work load. One respondent suggested. You must have regular meetings with your post graduate trainees to cooperate with us and consider us doctors too. Workload is an important factor many HO's feel that they are kept busy in documentation work like making files, discharges and birth certificates. For us house

job is more like doing clerkship. I have to perform too much non-clinical work. Most of the respondents claim that “they get very little time to rest when on-call and some requested for separate on-call rooms with lockers and other facilities at work. “Duties are very hectic; we get only 2 or 3 hours of rest in 24 hours calls. Even in these 2 or 3 hours we do not have a proper place for rest.

## DISCUSSION

The main aim in this study was to understand the views of HOS about their training in the department of obstetrics & gynaecology. Some mixed views about house job training were shared by the research participants. The other studies performed in UK with foundation year doctors have similar results,<sup>8</sup> although most of the research participants of this study, consider themselves to be adequately trained, however, 11% considered themselves to be not well trained. A study performed in UK, in year 2014 showed similar inference, that foundation year doctors show lack of preparedness stepping into their professional careers.<sup>9</sup>

In our study where majority of HOs feel deficient in training to deal with gynecological emergencies and procedural skills.<sup>10</sup> A multicenter study in Southern Iran also concluded that training in procedural skills need to be given more attention in curriculum. Siassakos et al, also advocated reformed training and supervision needed in emergency departments.<sup>11</sup> Gynecology and obstetrics is a particularly demanding field of healthcare, requiring 24 hours cover and it has been frequently reported that there is need for improvement in management and clinical skills among junior doctors, in order to improve the patient outcome.<sup>12</sup> Training of junior doctors in complex skills is required for their preparedness for future career. The junior doctors highlighted behavior of senior trainees as a main issue of concern for them which should be addressed. The support and respect expected from colleagues and senior trainees towards junior

doctors needs emphasis. A qualitative study of perception and experiences of pre-registration house officers on teamwork and support in West Indies also suggested that foundation doctors need to be managed carefully.<sup>13</sup> Transition within clinical training is complex and junior doctors may find adjusting into teams difficult. Such experiences may lead to consequences that can be avoided by encouragement and team building exercises.<sup>14</sup> adequate work conditions, separate rooms for house officers and reduced work hours are demanded by HOs. Humayun et al, in their study at Ganga Ram Hospital emphasized clinical environment needs to improve as they studied similar factors and more affecting the performance of junior doctors.<sup>14</sup> Studies in Malaysia and Pakistan also emphasized that working environment has a strong influence performance of workers and therefore it is essential to create a good work environment for young professionals.<sup>15, 16</sup>

## Recommendations

Based on the survey performed with HOs at Shalamar hospital Lahore, it can be suggested that there should be orientation sessions for the HOs at the time of induction, sharing their job responsibilities and highlighting the importance of documentation in healthcare system. The clerical work perceived by HOs, holds an important aspect of the care provided to the patients in an organized manner.

There should be more exposure to gynecological emergencies and departmental drills about how to deal with the emergencies. This can also be achieved by introducing simulation as a teaching methodology, so that the doctors feel confident when they approach an actual patient to manage. Formal and informal teaching sessions by senior consultants and regular mechanism of feedback may be introduced. Competency based assessment can also be introduced. Importance of teamwork and mutual respect must be emphasized by introducing small group activities. There is a definite need of adequate space for HOs to rest and study, so that they can

take care of the patients with healthy body and mind.

### Limitations

The study was limited to HOs in the department of gynecology and obstetrics only. It was an opportunity for them to give feedback and suggestions regarding the training. It is a self-assessment of the junior doctors about the quality of their training and according to Kirkpatrick evaluation model it is restricted to a level 1 evaluation.<sup>17</sup> The main limitation of this work relates to the potential biases of the sample. Similar surveys from other departments are also needed to have a holistic view about the training of house officers of Shalamar Hospital.

### CONCLUSION

House officers had mixed views about their training. Most of them were satisfied with their training. The areas that required improvement were, training to deal with gynecological emergencies and surgical skills. Lack of peer support from senior post graduate trainees was one of the main stress factors, along with lack of space for rest, which needs immediate attention. Introducing effective teaching methodologies and teamwork among doctors can help in overcoming the issues highlighted by HOs at Shalamar Hospital Lahore.

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### Conflicts of interest

The authors had no conflicts of interest to disclose.

### Contributors

Initial idea and write up was done by Dr. Shaherzad Sohail, proof reading done by Dr. Lubna Raiz Dar, data collection helped by Dr. Shaherzad, Dr. Lubna, Dr. Fouzia Umer Qureshi.

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