Needs and priorities for Women’s Health training in Internal Medicine: Perspectives from residents at Yale New Haven Hospital

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**Background:** Despite published core competencies and recommendations for Women’s Health (WH) training by the American Board of Internal Medicine (ABIM) and other national medical organizations, gaps in this area still exist.

**Specific Aims:** In this study, we asked internal medicine (IM) residents at Yale New Haven Hospital (YNHH) to reflect upon their experiences in order to identify specific barriers to WH training within our institution and to identify opportunities for curricular innovation.

**Hypothesis:** Residents’ comfort managing issues in WH is correlated with exposure to clinical training opportunities.

**Methods:** In this cross-sectional study, we administered a 67-item questionnaire to all current residents in the YNHH IM Residency Programs (Traditional, Primary Care and Med-Peds) from April-June of 2009. The questionnaire focused on 13 WH topics, based upon ABIM recommended core competencies, as well as a review of curricula at existing WH programs across the United States. Items addressed residents’ comfort level managing these WH topics, the number of times residents had performed/managed these issues within the last six months, and perceived availability of training opportunities in those WH topics at YNHH. Residents also had the opportunity to prioritize a range of potential clinical and didactic/scholarly training experiences. We used descriptive and correlation statistics to examine the relationship between comfort level, frequency managing WH issues, and perceived availability of training opportunities.

**Results:** One hundred IM residents (63%) responded to the questionnaire (PGY1: 36, PGY2: 35, PGY3: 27, PGY4: 2), with roughly equal numbers of male and female respondents. The majority of residents reported feeling “not comfortable” or only “somewhat comfortable” with 7 out of 13 topics. Regarding frequency, with the exception of cardiovascular WH, more than three quarters of residents reported performing/managing these WH issues 5 times or less in the last 6 months. When asked about training opportunities, with the exception of cardiovascular WH and pelvic exams/pap interpretation, more than half of residents perceived limited training opportunities for these WH topics. No statistically significant differences in responses arose when stratified by gender. When stratified by program, no differences were found except for an increase in comfort, frequency and training opportunities in domestic violence screening and intervention among Primary Care residents. Correlation analysis suggests a linear relationship between low comfort levels and low frequency managing WH issues, as well as low comfort levels and limited availability of training opportunities (r=0.89 and r=0.97, respectively).

Regarding potential training opportunities, residents deemed the majority of the clinical topics presented as “very important/should be part of core curriculum”, and a substantial proportion of residents expressed interest in WH-related didactic activities such as a journal club (46%), monthly WH conference/grand rounds (47%), or a formal didactic curriculum/directed readings (57%).

**Conclusions:** Despite an active interest among residents to develop comfort and competency managing WH issues, important gaps still exist in WH training. Residents want opportunities not only to enhance clinical skills, but to broaden their knowledge base in WH. The findings of this study will inform targeted interventions to improve WH training for IM residents at YNHH.