

Characteristics of Women's Health Electives in Medical Schools and Factors Influencing Their Development

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Background: Medical educators recognize the importance of integrating education about women's health into the medical school curriculum. The Association of American Medical Colleges (AAMC) in collaboration with the Office of Research on Women's Health (ORWH) at the National Institutes of Health (NIH) has verified the lack of women's health education in medical schools, while the Association of Professors of Gynecology and Obstetrics (APGO) along with the Association of Reproductive Health Professionals (ARHP) have provided guidelines to aid in developing women's health educational programs. However, medical schools continue to face obstacles in developing women's health electives. The aim of this study was to identify how many U.S. and Canadian medical schools currently offer women's health electives, describe the characteristics of these electives, and identify key factors contributing to the development and sustainability of women's health electives.

Methods: Medical educators from all U.S. and Canadian medical schools (N=126) identified through a list provided by the AAMC, and medical educators contacted by mail and through medical educator listservs and were asked to respond to an online survey assessing electives in women's health offered by their medical school. The survey included items that assessed whether women's health electives were offered at their institution, and whether there was a plan to offer such electives in the future. If electives were offered, additional items assessed the specific characteristics of each women's health elective offered and the impetus, facilitating factors and barriers to establishing these electives. Descriptive analyses were performed using SPSS v.14.0.

Results: Of the 126 medical schools surveyed, a total of 73 medical schools responded (58%) and 56 (44%) indicated that they offered at least one women's health elective. The majority (13, 54.2%) indicated that they offered only one women's health elective and 15 (47%) offered enrollment to only one student per session. Respondents indicated that they used APGO (13, 43%) and ARHP guidelines (6, 20%) to aid in elective development. Most electives were available to fourth year students (31, 94%), were available to visiting students (29, 90%), required student evaluations (22, 79%), had no on-call requirements (28, 90%), and were offered in an outpatient setting (70% of time spent). Obstetrics/gynecology was indicated by 17 (52%) as the sponsoring department. The majority of preceptors (26, 90%) were provided by the department of obstetrics/gynecology. The impetuses for elective development mentioned most frequently were student interest (22, 67%) and faculty interest (18, 55%). The facilitating factors mentioned most frequently were also student interest (18, 55%) and faculty interest (31, 94%). Few noted grant funding (2, 6.1%) as a contributing factor for development. A major barrier to elective development was time pressure (22, 81.5%).

Conclusions: Cultivating interest in women's health among students, offering incentives for faculty to address women's health, providing funding support for the development of women's health electives, and encouraging multidisciplinary involvement in women's health education are needed for further development of women's health electives and further incorporation of women's health into the medical school curriculum.