

Letters to the Editor

Innovative Approaches Used to Teach OB-GYN Residents

To The Editor:

The article by Yen et al, "A Family Medicine Teaching Program for Obstetrics-Gynecology Residents,"¹ reports a year-long primary care continuity clinic experience since July 1994 for first-year OB-GYN residents.

We offered a similar continuity clinic to first-year OB-GYN residents from July 1991 to June 1996. We found that after 5 years of experience, the half-day continuity clinic for first-year OB-GYN residents was not effective due to available patient mix and volume for only one half day per week. Patients were dissatisfied with the loss of their primary physician after only 1 year. There was also competition by the family practice residents for interesting patients and concern on the part of the faculty that we were diluting the ambulatory experience for our family practice residents.

We have replaced this continuity clinic in the family practice center with a 2-month rotation in a busy, private, community family physician's office. In addition, the OB-GYN first-year residents spend 2 months on our adult inpatient service, where they are supervised by senior family practice or internal medicine residents.

Family medicine faculty give a monthly lecture series on primary care medicine to all of the OB-GYN residents in their conference series. The OB-GYN residents maintain their continuity clinic in their GYN clinic for the duration of their 4-year residency. The family medicine faculty serve as consultants on primary care issues that arise.

We have found this model to be the most effective for teaching primary care to OB-GYN residents. The 4-year continuity clinic leads to better patient satisfaction and has promoted improved, ongoing collegial relationships between the two programs.

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Authors' Reply:

We were delighted to learn of the St Vincent's experience and would like to commend their innovative approaches in offering family medicine teaching to OB-GYN residents. However, we have not yet experienced the problems encountered by the St Vincent's continuity teaching model.

In our program, family medicine teaching experiences for OB-GYN residents have included continuity clinic experience, block rotations at the family practice center, family practice inpatient rotations, and community learning experiences (such as nursing home assignments, home visits, and community immunization drives). We reported the usefulness of the continuity clinic curriculum in the article by comparing the clinical experiences of the OB-GYN residents with the matched family practice residents. We also offer the OB-GYN residents a 1-month block rotation at our ambulatory family health center. Currently, we are studying the appropriateness of the block rotation by pre/post tests and videotaping analysis.

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Outdoor-based Training Examined

To the Editor:

While I agree with the conclusions of Evans and Egnew that experiential learning enhances teamwork skills, the evidence presented in their article, "Outdoor-based Leadership Training and Group Development of Family Practice Interns,"¹ has two important methodological flaws.

First, the authors compared responses on a follow-up survey instrument that examined attitudes toward peers; group awareness, problem solving, and effectiveness; and interpersonal communication, after internship orientations at 13 family practice residencies affiliated with the University of Washington. The study group included two residencies that used an Outward Bound-style experience during their orientation. Responses from these residents were compared with those of residents from the 11 control programs and were found to have significantly higher scores on all five survey variables. However, the mutual selection process by residency applicants and faculty that determines which residents train at which programs alone might account for the differences found. The decision by the faculty to include such group learning experiences is likely to reflect the specific residency's learning culture and values.

The authors note the great variation in time and activities of the 13 intern orientations. Similar variation might be expected of each orientation's learning goals and objectives. A better study design could have employed the same instrument in a pre-, post-, and follow-up test design that

compared the observed changes before and after the Outward Bound experience specifically and after the orientation experience, since the control programs also used outdoor experiences (eg, raft trips, camping, and picnics). The current study assesses the chemistry between residency selection and intern orientations, not the specific learning experience of the title.

Second, the conversion of the survey instrument's Likert scales (which are ordinal variables) into continuous data to compare means and apply the *t* test to determine statistical significance is an error. Comparing medians and application of a nonparametric test of statistical significance, such as the Mann-Whitney U or Wilcoxon rank sum tests, would be more appropriate. This confusion is probably the most common found in the published medical literature.

For more than a decade, our own intern orientation has used a group community project with similar learning goals but "outdoors" only in the sense that it must be conducted beyond the walls of the hospital and family practice center.² Since intern orientation is an annual event, I hope that the authors will confirm their preliminary findings with a stronger evaluation design in the future.

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2. Strelnick AH, Gold M, Dyche L, Fulchon C, Gooding A, Massad RJ. Orientation to social medicine and the Bronx: an adult-learner, value-driven educational experience. *Teaching and Learning in Medicine* 1998 (in press).

Authors' Reply:

Dr Streinick suggests that measured differences between control and study groups may be explained by the learning culture and values at the residency programs in the study group and/or the attitudes of those residents who chose these programs. We recognize this possibility, particularly regarding the culture of the residency programs. Program selection bias regarding orientation activities by residency applicants was potentially minimized by incoming interns being blinded to the outdoor learning experience prior to the match process. It is therefore doubtful that residents self-selected the study programs for an orientation experience that they did not know existed. However, selection bias in the study group could explain our results, based on other unexplored issues of residency culture.

As Dr Streinick suggests, other factors are at work in the residency orientations (eg, raft trips, camping, and picnics) that could contribute to group development. It was for this reason that we felt it was important to document residency orientation activities in Table 4 of the article. Our study

results show significant variation between residencies that provide structured outdoor learning experiences and those that do not. We agree that other study designs might more thoroughly examine this issue, but our study is clearly exploratory and does not claim to be definitive. It was appropriate that in our conclusions we discussed several limitations and possible follow-up explorations that are currently underway.

Statistical analysis for the study was conducted in consultation with the research section of the Department of Medical Education, University of Washington School of Medicine. Our consultant recognizes the validity of the criticism of the statistical analysis raised by Dr Strelnick. However, reanalysis by Mann-Whitney U of the *P* values in Table 3 of the original article reveals a difference in the *P* value reported in only one variable, "Trust in Peers," which was reported as statistically insignificant and confirmed more strongly so by Mann-Whitney analysis. All other Mann-Whitney *P* values are the same as those generated by the *t* test analysis in the article. This may explain why the *t* test pervades the medical literature as an acceptable, albeit academically incorrect, statistical analysis for this type of study.

We appreciate Dr Strelnick's thoughtful comments.

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