

Postgraduate Courses in Obstetrics for Physicians

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Great strides have been made during the past few years in improving the teaching of Obstetrics. Instruction in this subject in the past has often been lacking in practical aspects, and this has been particularly true of postgraduate courses. The work has consisted very largely of didactic teaching, and unless a physician was willing or was able to spend several years in specializing, he was rarely given the opportunity to work in clinics, wards, or in the delivery room. Courses are now being arranged so that postgraduate students are obtaining apparently more practical training in clinic work. Even now courses rarely include normal and abnormal delivery service in which the postgraduate student is allowed to work under supervision.

There are courses in Obstetrics given in a few graduate or postgraduate schools in the country, the most advantageous of which is one leading to an advanced degree, requiring study over a period of several years in scientific and clinical aspects of the specialty. It is generally agreed that a physician who is finally equipped to practice Obstetrics and Gynecology should take not less than three years, and preferably four or five years, of graduate work. This kind of training is greatly to be desired, and recent graduates particularly should be encouraged to complete a similar graduate program if they are planning to confine their practices exclusively to Obstetrics and Gynecology, both of which subjects should be given together. Practically all hospitals affiliated with medical schools offer this kind of training to a very few physicians, usually to ones who have just completed their internships. At the termination of a three- or five-year period of study in Obstetrics and Gynecology, these young doctors are in a position to begin the practice of their specialties with confidence that they are well grounded in this field, and can take care of such practice competently.

On the other hand, there are physicians who have been in general practice for several years who may want to specialize in Obstetrics and Gynecology. It is more difficult for them to obtain intensive and prolonged work directed toward complete specialization. There are, however, a few graduate schools where one may take work for periods of a year or more, and occasionally residencies in Obstetrics and Gynecology are available for this group desiring to leave general practice and take up this combined specialty. Again, there is difficulty in placing many of these recent graduate students in good hospital services after they have completed a scientific course in a graduate school. Unfortunately, many general practitioners who have the desire to specialize after a period of general work do not want to take so long a course as three to five years. This attitude is to be discouraged, for specialization in the fields of Obstetrics and Gynecology requires at least a three-year period of intensive study.

The several groups of physicians which have been discussed represent a relatively small but important part of those who practice Obstetrics, since they represent the specialists and ultimate leaders in this medical field. The physicians, however, who are to be given greatest consideration in this paper are the general practitioners who still do the majority of the Obstetrics in this country. Many of these physicians have never had more supervised training in Obstetrics than they had as medical students and possibly as interns, which, until quite recently, was universally inadequate training. The practical obstetric knowledge which they have obtained by way of their own experience is of great value but lacks the important educational features of supervision and constructive criticism.

good Obstetrics. These all add to the value of the course and are important in maintaining interest.

The remainder of the instructor's time in any community should be devoted to consultation service offered to physicians. He should also interest physicians in informal discussions in their offices concerning their practices and suggesting ways that they can be improved. These are two ways by which the instructor can do his best teaching with the minimal amount of embarrassment to the physician who might need assistance and advice but who hesitates to ask for it in a class group. Most physicians who have taken extension courses in Obstetrics will state that these services offered were most instructive and brought out the practical application of the formal lectures which made the course so helpful and popular. Lay talks on Obstetrics by the instructor are beneficial in increasing the knowledge of the public concerning the prevention and treatment of Obstetric complications. Talks to the public also are helpful, indirectly, in stimulating the doctor to attend courses, in order to maintain the service expected by the public. Such presentations on Obstetrics probably do much to make the public understand the difficulties under which physicians labor.

Probably the best plan for conducting extension classes in Obstetrics is the circuit system, in which an instructor meets five groups of physicians in five different centers each week for six to 10 weeks. This method gives the local physicians an opportunity to appraise the worth of the instructor and to make them better acquainted with him. The instructor, in turn, may gain the confidence of the physicians and will be of greater usefulness in consultation by knowing the physicians over a relatively long period of time.

The instructor for such courses should be very carefully selected. He, of course, should be a well trained, practical person and one who can meet emergencies under adverse conditions. He should be tactful and interested in the type of work he is doing, and should be able to adapt himself to any kind of situation. He must be tireless in his efforts and should be willing to consult or discuss cases with the private physicians at any time. A young man who is connected with a teaching institution and who might be able to take a few weeks or months off each year to do this type of teaching seems to make a success of this work. It is necessary for him to be in constant contact with the practice and teaching of Obstetrics in order to do justice to this teaching, but he should not forget that conditions for the practice of Obstetrics in the home, as well as in the small hospital, are somewhat different from those in a large teaching hospital. This type of practical and well trained man, if he applies himself, can do a very valuable piece of teaching in Obstetrics because of the opportunity to see small groups of physicians who are anxious to improve themselves. He can point out to each physician, in a tactful way, his deficiencies and how he can improve his practice, particularly when he sees them in consultation or in informal office discussion. Extension teaching obviously is limited in its scope because of the brevity of the course, but an instructor who is interested and alert can bring something to these groups of physicians by stressing the importance of continued care of patients throughout pregnancy and the puerperal period, the importance of conservatism in handling patients, pointing out certain features of cases which will make them recognize impending difficulties, and, finally, make them realize the importance of calling in assistance for complicated cases whenever this is necessary and possible. In the past physicians have used consultation much too little in their practice of Obstetrics.

The accomplishments of extension teaching in Obstetrics cannot be measured in lives saved as reflected in a lowered mortality rate in the state. However, there has been a gradual lowering of maternal and neonatal mortality, and this teaching has undoubtedly played a part. It has made physicians

careful and thoughtful and has probably raised the standard of practice. The Council on Medical Education and Hospitals of the American Medical Association made a survey of extension teaching in 24 states in 1937-1938. Twenty-one states reported extension courses in Obstetrics. It is possible that Obstetrics was sometime given as a part of general extension courses in the remaining three states. Four other states are known to have had courses in Obstetrics. It has, then, certainly been presented in over half of the states, and in several of these it has been repeated. No doubt there are many other states where this subject has been given besides the 25 just mentioned. In Tennessee, Mississippi and Virginia, well over half of the physicians have attended extension courses; and in Virginia, Mississippi, Tennessee and Oklahoma from 75 to 85 per cent of all physicians who enrolled for this extension work continued to attend regularly. The instructors have reported large numbers of consultations, which shows that the local physicians are taking this program seriously.

General practitioners will do a large part of the Obstetric practice in this country for years, and training these men to be better Obstetricians must be continued in the most practical and feasible ways.

References

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Discussion

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Dr. Lapham speaks from the background of a large experience. He states "it is generally agreed that a physician who is finally equipped to practice obstetrics and gynecology should take not less than three years and preferably four or five years of graduate work." As a non-teacher and a practitioner, I think that it is debatable whether more than three years of specialized training is practical or necessary. Certainly, somewhere along the line we are going to have to make an adjustment in this business of training. I believe that there are many individuals who can be adequately trained for special practice in considerably less time, and, conversely, there are many individuals who could be trained indefinitely and never make efficient specialists. Perhaps we might begin to think in terms of better selection of candidates for special training, rather than the time a candidate has put in.

I wonder whether, perhaps, we are not becoming a bit extreme in our emphasis on specialized training. I am in hearty agreement with Dr. Lapham when he suggests practical, intensive, inclusive courses of about three months, if they are properly organized and properly implemented, as a solution for part of the problem of training general practitioners in obstetrics. For quite some time to come a large per cent of obstetric practice in this country is going to have to be carried by the general practitioner and it seems to me that the problem of training this group is really a much more serious one, at the moment, than that of training the specialist.

I should like to emphasize what Dr. Lapham said concerning the need for support of all medical organizations in an attempt to introduce extension courses. Cooperation must be the keystone of our efforts along this line in the present medical setup. In Indiana we have pleasant working agreement between the Committee on Medical Education and Hospitals of the State Medical Association, the Department of Graduate Medical Education and Economics of the Indiana University School of Medicine, and the Bureau of Maternal and Child Health of the Indiana State Board of Health. The various committees in the state are generally interlocking committees representing all of these groups, so that a great deal of overlapping and duplication is thus prevented.

We find in Indiana that the intramural type of teaching seems to give best results. Because of its geographic location, the physicians of our state have easy access to medical centers such as Chicago, Ann Arbor, St. Louis, Cincinnati, Louisville, Nashville, and our own medical center, centrally located in Indianapolis, so that it is not impossible for most physicians to avail themselves of excellent graduate work if they wish it. The Indiana University School of Medicine has been working on a program of intramural postgraduate instruction for a number of years. There have been intensive courses in some of the specialties that are designed for specialists. Plans are now under way to make available intensive courses in cardiology, pediatrics, genito-urology, etc.

Beginning last year, through the cooperation of the Indiana University School of Medicine, the Bureau of Maternal and Child Health, and the Indiana State Medical Association, an intensive course in obstetrics was begun. This course was designed chiefly for the rural practitioner. The student is placed in residence at the Indiana University Medical Center under the supervision of a full time director, whose title is Resident Advisor and Research Director in Obstetrics and Gynecology. Four students are taken at a time and they are chosen from applicants recommended by their respective county medical societies. The courses are two weeks in duration. All of the teaching departments of the school share in assisting in this work. We were fortunate in having secured a well qualified director for this department and now we discover an additional service, namely, a consultative service which the rural practitioners are using.

Further, the director has been of great assistance in organizing extramural teaching in various parts of the state. Extramural instruction in obstetrics is being given in various

parts of the state at what we are calling "extension teaching centers." The Committee on Medical Education and Hospitals of the Indiana State Medical Association, in cooperation with other groups, is experimenting with this plan. Five centers are to be established in the state in communities equipped with proper hospital facilities, and the local hospital staffs, with help from the University Medical School, the Board of Health, and the State Medical Association, are being encouraged to conduct the instructional courses. Two methods of this form of instruction have been tried in obstetrics—a three-day conference devoted entirely to obstetrics, and a one-day obstetric program. These regional centers are designed to reach about 10 counties. Thus far, the attendance and interest in this form of instruction is most encouraging. This form of extramural teaching has the advantage of developing men throughout the state as clinical teachers and, if successful, will certainly raise the standards of practice in the communities where it is functioning. The work is so arranged that it encompasses didactic teaching, manikin demonstrations, motion pictures and actual case demonstrations. Such a program is only possible where adequate hospital facilities are available.

To the present time we have had no experience with the so-called "circuit rider" courses. Dr. Lapham's success in Virginia and Tennessee, and the success of this form of teaching in Oklahoma are indeed encouraging. There are advantages to this form of instruction that are lacking in others. However, this seems to me to be of most value in those states in which there are few centers of population and that are predominantly rural states.

It seems fairly certain at the moment that we have adequate means already at hand to train, through the medium of postgraduate residencies, men properly equipped with an advanced and detailed knowledge of some particular field of medicine. I believe we need have little fear of the lack of specialists. We may possibly view with some apprehension their increasing number. We face an infinitely more difficult problem when it comes to aiding the practitioner who desires to add to his medical knowledge and improve his skill.

Clearly, at the present time this obligation rests entirely upon the organized medical profession, as there is no other machinery available for the purpose. Dr. Irvin Abell recently made the suggestion that intramural courses consisting of bedside lectures be given by medical schools and connected hospitals, and demonstrations and clinical explanations covering the need of ordinary daily practice be offered under the auspices of various county medical societies. He implies that if such courses are offered they will be taken full and enthusiastic advantage of by the practicing physician. This often proves to be the case, as is shown by the attendance at various postgraduate meetings held throughout the country. Yet the reverse is frequently true and we have all seen eminent authorities on a given subject travel long distances to appear before a handful of men, a few of whom may be interested, the balance of whom have slight or no interest at all in the subject presented. Recently the *New England Medical Journal* said: "The proper and adequate preparation of a graduate course in medicine, whether it be in the form of didactic lectures or bedside clinics, is at best difficult. No instructor, however experienced, can go forth unprepared and serve up an intellectual *menu* which is both palatable and nourishing. Time and thought and energy and patience must be expended if graduate instruction is to bear fruit. On the other hand, the physicians for whom the instruction is planned must have a sincere desire to learn and a great willingness to cooperate in any projected program."

The medical profession has in a sense assumed a moral obligation to supply opportunities for the acquisition of further knowledge to those who seek it. Let it shoulder this obligation squarely and sanely, but the practicing physician who will take advantage of this sort of training, be he old or young, must likewise do his share or the seed falls on barren ground. The obligation to teach is no greater than the necessity for keeping intellectually fit.