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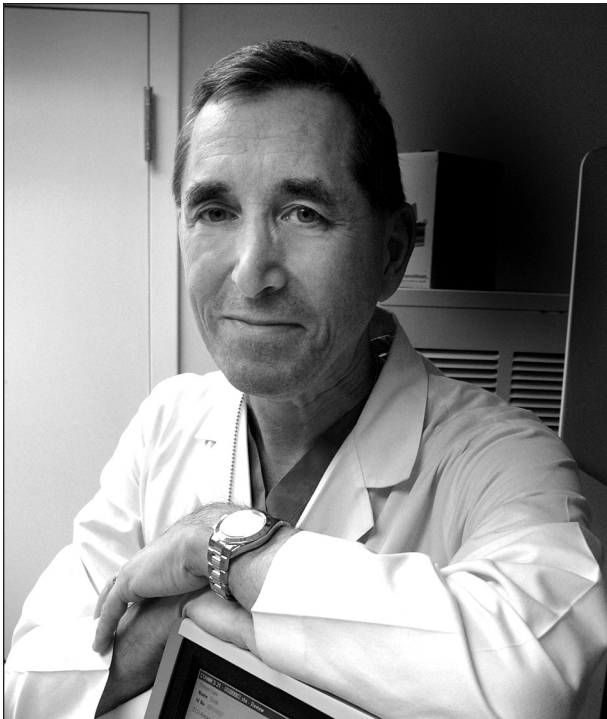
## The Journal of Reproductive Medicine<sup>®</sup>

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## A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the July-August 2019 Editor-in-Chief's page. This editorial column will focus on an issue that affects the education of future obstetrician-gynecologists.



Lawrence D. Devoe, M.D., Editor-in-Chief

### *In This Issue*

#### *A Curriculum for the Fourth Year of Medical School: A Survey of Obstetrics and Gynecology Educators*

*D. A. Forstein, S. D. Buery-Joyner, J. F. Abbott, L. B. Craig, J. L. Dalrymple, S. Graziano, B. S. Hampton, L. Hopkins, S. Page-Ramsey, A. Pradhan, A. Wolf, and M. McKenzie for the Undergraduate Medical Education Committee, Association of Professors of Gynecology and Obstetrics*

This study surveyed chairpersons, residency directors, and clerkship directors of U.S. and Canadian schools regarding their assessment and recommendations for fourth year medical students who have declared OBGYN as their chosen field. In so doing, the study sought to look at the optimal structuring of the final year of medical education for these students. The results are not surprising: critical care, a month of maternal-fetal medicine, emergency medicine, general OBGYN, anesthesiology, gynecologic oncology, radiology, boot camp, general surgery, and general internal medicine. Most survey respondents suggested that students do "audition" rotations away from the main campus.

### *Editorial Comment*

The move to restructure undergraduate medical education in the United States has been long in coming and now is past overdue. Recognizing that

the vast majority of medical students will not pursue careers in basic science research, a number of American medical schools have begun to look at condensing the first 2 years of medical school and/or offering combined BS/MD programs to shorten the process of getting students from the bench to the bedside. This study of the opinion leaders in U.S. medical education suggests that even greater specificity should apply to the final year of medical school for those interested in OBGYN careers. Interestingly enough, when I was a clerkship director nearly 40 years ago, I made many of these same recommendations to prospective OBGYN residents. Looking at this scenario prospectively, the best preparation for future practitioners of our specialty should consider the cognitive strengths that they need to bring to the table before they even lay hands on a patient.

There has been considerable pressure to turn out specialists at a higher rate than is currently being accomplished. This has resulted in compression of undergraduate/medical school curricula, but

those are aimed primarily at primary care training programs—Pediatrics, Family Medicine, Internal Medicine. Our discipline blends cognitive care with procedures and, in this respect, the preparation of our future practitioners needs to be sensitive to the time that it takes to produce our successors. I am encouraged by this survey that those responsible for the shaping of young minds feel, in general, the same way that I do. Going forward, there should be a proactive approach to the designing of the final medical school curriculum to reflect the real educational needs of the next generation of OBGYNs. Such an approach should also recognize that the means to obtain a comprehensive medical education have evolved rapidly, and, thanks to the Internet, are far more up to date than huge textbook tomes that have been the historical basis for teaching prospective physicians. While the final year of medical school is only a stepping stone to the future, shaping it in a meaningful way will make more sense for those choosing the great field of women's healthcare.