

Enhancing Puerperal Contraception Counselling Skills of Medical Undergraduates: A Training Initiative

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Abstract:

Introduction: Contraceptive counselling is a necessary skill for improving the use of FP services in any country. However, in the undergraduate medical curriculum, contraception is exclusively taught in large group sessions with minimum to nil contraceptive counselling exposure. It is imperative that the Indian Medical Graduate (IMG), who has to be globally relevant and cater to local needs, be skilled in providing effective FP counselling.

Materials and Methods: The Department of Obstetrics and Gynaecology at Geetanjali Medical College and Hospital in Udaipur, Rajasthan, India, conducted a four-month educational interventional study on 30 voluntary phase III part II MBBS students. The programme included interactive lecture (IL), pre-and post-tests, role play introducing the GATHER technique, and OSCE assessment. The OSCE was followed by one-on-one feedback from faculty using Pendleton's model. Likert's scale feedback was acquired from students regarding satisfaction with the training through Google Forms. The data was analyzed using Microsoft Excel 2016 and presented as per cent, mean and standard deviation. P-value <0.01 was considered significant.

Results: The mean pre-test score was 11.3(±3.9), while the post-test score was 27.6(±6.3). A substantial knowledge gain of 58.39% was observed (p-value<0.001). All students considered the session interactive (74 % (n=22), 26 % (n=8)). When tested after IL, just 6% (n= 2) said they were good at puerperal contraceptive counselling. All students said post-tests that doctors need counselling abilities. The GATHER analysis found that 90% of students "greeted" the woman before commencing, and 83% "asked" open questions. 64% of pupils "told", and 65% could summarize ("Help, Explain, Return"). All students universally (94% "strongly agree" and 6% "agree") that the module proved effective in teaching contraceptive counselling.

Conclusion: The undergraduate medical curriculum should include FP counselling. A training based approach creates engagement and, in turn, better learning experience. This strategy could result in a confident IMG who can counsel FP effectively, improving individual patient outcomes and the general public's health.

Keywords: Contraceptive counselling skills, Family planning, Medical undergraduates, Medical Education, Training

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Introduction

Ensuring access to quality FP services is crucial to lowering the unmet need for family planning, which is currently close to 13% in India [1,2]. The primary obstacle frequently identified in accessing FP services is communication issues [3].

Contraceptive counselling is a necessary skill for improving the use of FP services, which is described as the sharing of information on contraceptive methods based on an assessment of the woman's needs, preferences, and lifestyle to enable decision-making as per the woman's

objectives [2]. Governments worldwide have developed modules to teach healthcare workers this essential skill [1,4,5].

However, in the undergraduate medical curriculum, FP services are exclusively addressed in lectures and are assessed solely through viva voce or theoretical paper evaluations. Contraceptive counselling or counselling for actual or simulated subjects is amiss in the current curriculum [6,7]. This leads to deficits in the knowledge and skills of future physicians may result in insufficient FP

support for the masses. Comprehensive medical school training on contraception is necessary [7].

It is imperative that the Indian Medical Graduate (IMG), who has to be globally relevant and cater to local needs, be skilled in providing effective FP counselling. The current study aims to conduct a training programme so that learners feel competent to counsel a woman about contraception appropriately.

Materials and Methods:

An educational interventional study was conducted in the Geetanjali Medical College and Hospital, Udaipur, Rajasthan, India, by the Department of Obstetrics and Gynaecology, on 30 voluntary participating phase III part II MBBS students. Institutional review board permission was taken (GU/HREC/EC/2019/1694). The duration of the study was four months. The core committee, which consists of five faculty members, underwent a faculty sensitization programme first. An interactive lecture (IL), as well as a pre-test and post-test, were developed by the core committee. Validated questions were taken from OSCEstop.com to prepare OSCE stations [8]. Two faculty and three residents were sensitized to conduct the OSCE on five stations. An interactive lecture was taken, teaching them the theoretical part of contraception. They received resource material to study in their spare time conveniently. The students took both a pre-test and a post-test before and after the interactive lecture. Answers to the multiple choice questions given in the pre and post-test were discussed after the post-test. The results of the pre-test and post-test were used to calculate knowledge gain. In small group sessions, faculty taught contraception counselling to learners

participating voluntarily in their ward postings. They were sensitized to the GATHER approach (Greet, Ask, Tell, Help, Explain, Return) by a role-play in a small group session the next day in clinical posting [9]. Residents of the Department of Obstetrics and Gynaecology performed the role play. They observed the faculty counselling puerperal women for contraception in their opd. Later, under the supervision of the core committee faculty, they received exposure to counsel postpartum women on contraception themselves. Privacy for the counselling was maintained during the counselling sessions.

At the end of one month of posting, the counselling skills were assessed by conducting a pre-prepared OSCE. Immediately after the OSCE, faculty gave one-on-one feedback for their performance utilizing Pendleton's feedback model [10]. Likert's scale feedback was acquired from students regarding satisfaction with the whole initiative through Google Forms. The data was analyzed using Microsoft Excel 2016. Data was presented in the form of per cent, mean and standard deviation. P-value <0.01 was considered significant.

Results:

Thirty students of Phase III part II participated voluntarily in the study. They underwent pre-test, IL, post-test, discussion of the answers, small group session explaining the GATHER approach through role play, observed and performed counselling to postpartum women, assessed by OSCE and provided feedback by Pendleton's model. The mean pre-test score was 11.3(\pm 3.9), while the post-test was 27.6 \pm (6.3). There was a knowledge gain of 58.39%, which was statistically significant (p-value<0.001).

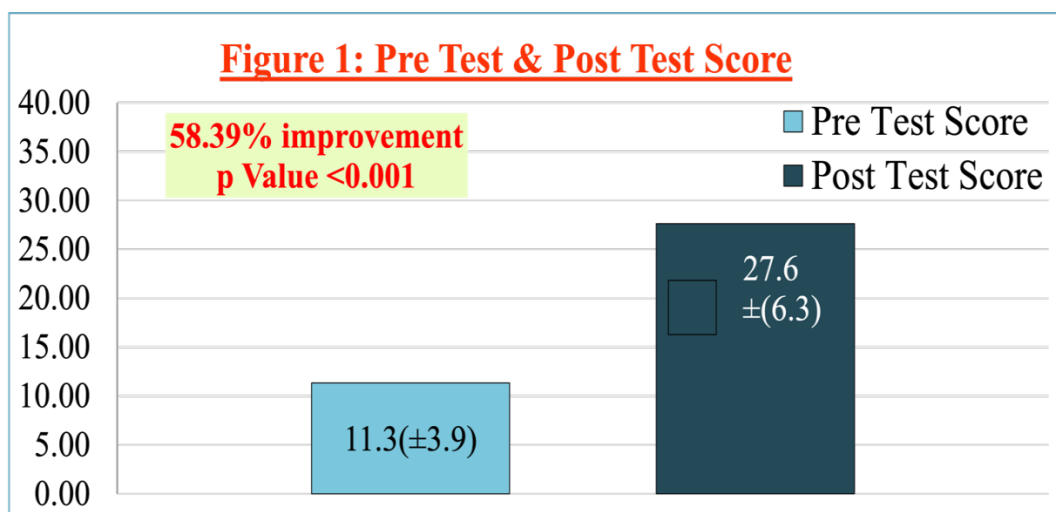


Figure 1: Pre Test & Post Test Score

The session was found interactive by all learners (strongly agree- 74%(n=22), agree-26% (n=8)). A mere 6% (n= 2) believed that they were skilled in puerperal contraception counselling in the feedback given. All learners(100%, n=30) stated after the post-test that counselling skills are necessary for a doctor. As anticipated,

the interactive lecture sandwiched between the pre-and post-test introduced the need for puerperal contraception counselling.

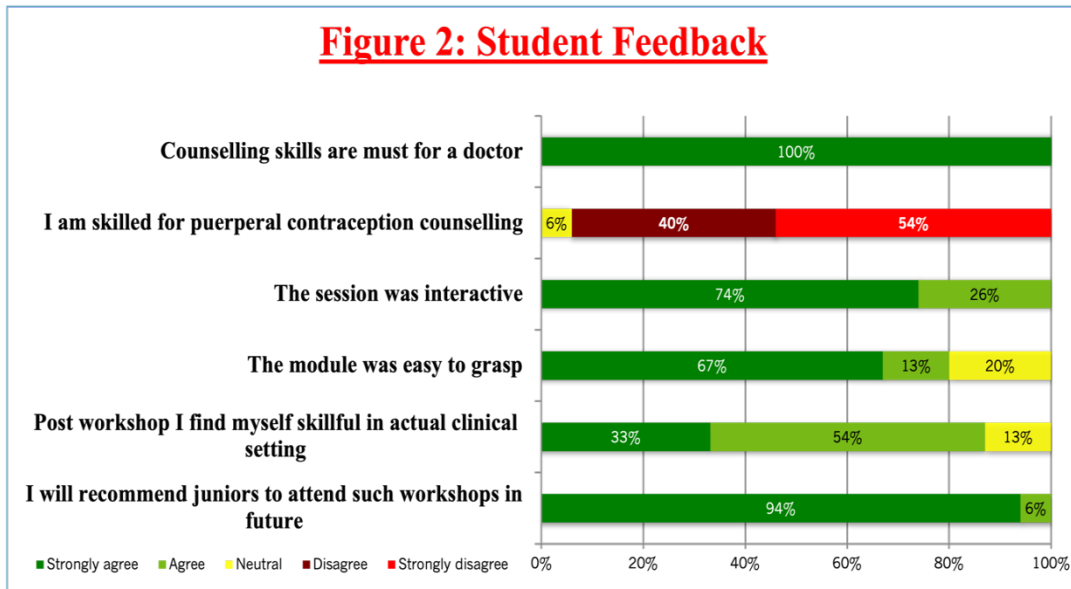


Figure 2: Student Feedback

The assessment was done by OSCE. All thirty learners attended the assessment.

In the GATHER analysis, 90% of students "greeted" the woman before starting, and 83% of learners "asked" open questions to learn the client's knowledge and experience with methods of contraception and to learn about behaviour and situations that could affect the client's reproductive health and health choices.

"T" stands for telling. 64% of learners "told" the relevant information after asking about their preferences so that females got the method they

wanted, helped them decide what to do, and explained how to decide. 65% of students could summarize ("Help, Explain and Return") all the conversations conducted effectively with the puerperal female. The feedback was provided to each learner post-OSCE regarding their GATHER approach. 87% (n=26) believed they will find themselves skillful in a clinical setting in feedback provided after the OSCE session. Students agreed unanimously (94% "strongly agree" and 6% "agree") that they would encourage future medical professionals, i.e. their juniors, to learn contraception by this approach.

Figure 3: OSCE Analysis	
GREET	90% students greeted before starting
ASK	83% students asked relevant history,their preferences
TELL HELP EXPLAIN	64% students displayed proper cafeteria approach
REVIEW	65% students summarized, let patients think & plan follow-up

Figure 3: OSCE Analysis

Discussion

Medical undergraduates learning contraceptive counselling (CC) can help address unmet needs in

any country [11]. In addition to preventing health risks associated with pregnancy for women, the use of contraception has a variety of potential benefits

that are not related to health. These benefits include increased educational opportunities and empowerment for women, as well as sustainable population growth and economic development for nations [12].

Pharmacists, nursing professionals, and doctors are usually the recipients of such training [13-15]. Formal training on contraceptive counselling skills is a need of the hour for future medical professionals, as pointed out in the review by French V et al. and Landry U et al. [5, 15].

These would equip a recent medical graduate to confidently aid a couple in taking up desired contraception. Execution of various government-run FP programmes will benefit immensely by trained medical graduates [11].

However, it is pointed out by researchers that the inclusion of CC in the routine curriculum is limited [7,16]. A study conducted on Greek students pointed out that it can be taught only if more time is dedicated to teaching contraception [17]. A module-based approach increases the learning and communication attitudes of medical undergraduates [14, 18]. However, the exact format of the module varies between different countries [1,4,16-20]. Our instructional strategies involved an interactive lecture followed by a small group session using role play, observing faculties in OPD and one-on-one counselling. The reason for utilizing many interactions was to promote collaborative learning and peer learning and generate student interest. The residents of the Department of Obstetrics and Gynecology conducted the role-play. Role plays engage the learner and help the learning process. It improves communication skills in students and is rich in cognitive material. Learning videos, simulations, blended learning(using e-media), and case-based learning are different approaches many researchers have used to increase learners' receptiveness [13,14, 18].

Communicating effectively is essential to providing patient-centred care, and all healthcare students should be trained in this area [13]. The GATHER approach used in counselling has been used extensively not only in puerperal contraception but in sexual education to adolescents, breastfeeding, post-abortal contraception and emergency contraception too [5,9,21]. Research shows that this approach leads to structured counselling, informed decision-making, increased couple satisfaction, higher take-up, and the continuation of the contraceptive [9, 19]. Training results in a significant difference in contraceptive counselling of participants (n=15, p-value <0.001) and increases the participation of counselling [20].

The famous dictum is, "Assessment drives learning"[22]. As counselling skills are a part of the affective domain, we chose OSCE as an assessment method for it. Hess R et al., similar to

ours, utilised end-of-course OSCE for the evaluation [13]. It proved to be effective in evaluating counselling skills and provided a comprehensive evaluation of student's abilities in a simulated real-life setting.

Our findings align with a study done in Indonesia, with more than three-fourths of learners affirming that a structured learning approach and supervised counselling practice significantly enhanced their confidence [20]. Participants expressed in their feedback that counselling under supervision created a safety net for them as it developed a sense of trust and garnered more respect for patients. The puerperal women in need of FP services became a part of the training of future physicians. This opportunity allowed students to develop empathy and compassion for their patients during their interaction and also in future practises. These strategies can improve learners' confidence across different countries and educational settings [15,20].

One-on-one feedback was given by the faculty immediately after the OSCE finished. Feedback forms the cornerstone of the new curriculum. Many feedback models are available in use such as ALOBA, R2C2, SET-GO OMP and feedback sandwich [23]. We utilized Pendleton's model of feedback as it gives concrete steps to improve their performance. Most students were comfortable in facing the simulated patient. They expressed a keen, reinforced desire to strengthen "what went well" and improve "what did not work". Also, multiple students shared that this was the first experience where they had provided contraception advice in person. They were eager to share their positive experiences with their juniors and encourage them to take advantage of this educational opportunity. All learners wanted this training to become a regular part of the curriculum.

Further research in medical colleges across countries could ensure the incorporation of programme to teach CC in the undergraduate curriculum, benefiting future physicians. Horizontal and vertical integration of the session could be done to reduce redundancy and give immersive learning experience to learners. The limitations of the study are that we have not done couple counselling or family-based counselling, only puerperal counselling due to feasibility issues. Future research could extend their scope to it. This study evaluated the training initiative on one batch of students posted in clinical posting in the Department of Obstetrics and Gynaecology only. Hence, the sample size was small.

Conclusion:

FP counselling should be taught in the undergraduate medical curriculum as an integral component of contraception education. Incorporating an additional training programme to develop FP counselling abilities in the traditional

curriculum is highly recommended. Adopting this approach enhances the confidence of IMGs in providing family planning counselling.

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