



GENDER INTEGRATED MODULES IN MEDICAL EDUCATION

A Case Study from Maharashtra and Beyond

- Undergraduate medical education in India has largely been gender-blind. Efforts and experiments both globally and in India indicate that it is both necessary and possible to reorient medical education to include a gender perspective.
- CEHAT, an NGO in Maharashtra in collaboration with the Maharashtra University of Health Sciences (MUHS) and the Directorate of Medical Education and Research (DMER) undertook a unique experiment to implement gender-integrated modules in undergraduate medical education.
- Our case-based research identified important elements of this experiment that include a baseline study on gender perspectives in medical colleges, training of medical educators, co-creation of gender modules for integration in the medical curriculum in five disciplines (Obstetrics and Gynecology, Internal Medicine, Community Medicine, Forensic Medicine and Toxicology, and Psychiatry), and approval and mandate by MUHS for implementation in all medical colleges in Maharashtra.
- In this policy brief, we summarise the lessons learnt from this 10-year implementation study in Maharashtra, which is being expanded across other states, and how these lessons and the resource material generated can contribute to the realization of the vision of the Indian Medical Graduate (Vision 2015, Medical Council of India) and the Competency-Based Medical Education with its Attitudes, Ethics and Communication competencies (CBME AETCOM 2019).

Why it is important to discuss gender in medical education NOW

India's National Health Policy (2017) makes a reference to the urgent need to review and revise the medical and nursing curricula. The National Health Policy also acknowledges the adverse effects of gender-based violence on women's health and urged state governments to take steps to provide dignified, free and comprehensive services to such survivors / victims both in private and public-sector health institutions (Government of India, 2017).

In August 2019, the Medical Council of India introduced the 'Competency-Based Medical Education' (CBME) MBBS curriculum, revised after 21 years. This CBME curriculum offers a framework for competency-based learning to promote patient-centred attitudes, ethics and communications (AETCOM) among medical students by the time they graduate. The preamble of CBME reflects the aspirations of the Medical Council of India's 'Vision 2015' document that saw an 'Indian Medical Graduate' as a skilled and motivated primary care physician for the community, both urban and rural, while being globally relevant. Integration of ethics, attitudes, and professionalism in all phases of learning was suggested as one of the key curricular strategies in the document to enable the IMG to function professionally.

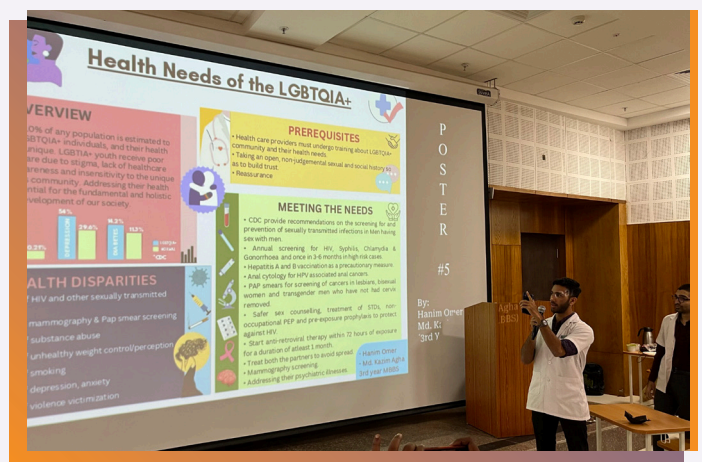
Gender-sensitive attitudes and communication are arguably important in making the ideal 'Indian Medical Graduate', but were missing in the earlier curriculum. CBME and AETCOM, therefore, provide an opportunity for integrating gender in medical education.

What was our study about, where was it done and how?

The Public Health Foundation of India's Ramalingaswami Centre on Equity and Social Determinants of Health (RCESDH), Bengaluru, supported by CEHAT Mumbai, conducted research on Gender in Medical Education (GME) to examine and systematically document: i) the context which gave rise to the CEHAT-DMER-MUHS initiative to integrate gender perspectives in undergraduate medical education in Maharashtra, ii) the enabling factors and challenges encountered, and iii) the lessons learnt.

We employed an 'insider-outsider' methodology, considering the perspectives of implementing organizations / individuals and those of independent researchers and participants. We also conducted a document review and synthesis of CEHAT publications and conducted interviews with seven medical educators, a retired DMER, a Dean from Bangalore, two students and three CEHAT team members responsible for the GME initiative over its lifetime. Our study provides a detailed description of global, national and local contexts, the mechanisms employed in GME experiments, as well as the enablers and challenges in gender integrative processes, outcomes and opportunities.

This study was a part of the 'Promising Practices in Integrating Gender in Government Health Programs' project that brought together researchers from the United Nations University – International Institute for Global Health (UNU-IIGH) and the School of Public Health at the University of Western Cape in South Africa. The objective was to document cases from three regions - Africa, South East Asia and South Asia - of instances where gender issues had been integrated into government-led health programs



Source: CEHAT Archives

Gender trained medical educators want continuing support....

'We should be provided with more research references. I didn't find any original articles ... During my research, I didn't get so many references. There were case studies, but original studies were not available.'

'There may not be enough time to take lectures on Gender but if we had video films we could share them with students.'

Study Objectives

"To explore and identify transferable lessons in gender integration into government health programs with specific reference to integrating gender into medical education".

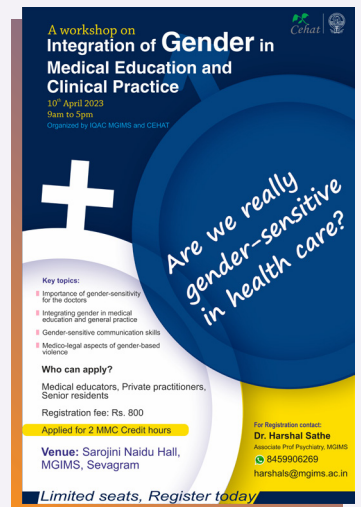
Research Questions

- What was the social, political and economic context that led to the integration of gender in medical education in Maharashtra?
- What are the mechanisms that helped in achieving results and in sustaining the initiative?
- What are the output and outcomes of the gender in medical education initiative?
- What are some of the transferable lessons in gender integration?



What were the key findings of the study?

We found several enabling factors in the macro environment: (i) legal and policy changes both globally and within the country, such as the WHO's commitment to integrating gender and rights perspectives in all its health work, including in medical education, and the Medical Termination of Pregnancy (Amendment) Bill (2014) which sought to ease the conditions under which abortions could be allowed; (ii) resource materials and lessons learnt from a previous GME initiative in India (Achutha Menon Centre for Health Science Studies from 2002 – 2008); and (iii) the dynamic leadership of the Director of Medical Education and Research. Combined, these provided a fertile ground for an experienced organization like CEHAT to embark on an ambitious collaborative project of gender integration in undergraduate medical education.



Source: CEHAT Archives

Outcomes

Higher level Outcomes

- Developing gender-integrated modules across five undergraduate medical disciplines, accepted by MUHS and available in the public domain
- Expanding beyond the seven original medical colleges, to a larger pool of educators within the original seven institutions and other medical colleges in Maharashtra, as well as expanding to other states (Karnataka, Telangana and Bihar)
- Influencing/contributing to national quality standards (for example, the Laqshya Guidelines based on Aurangabad Medical College experience).

Intermediate Outcomes

- Creating champions for GME: There is now a pool of trained medical educators, some are champions, owning the agenda and innovating continuously
- Developing gender-sensitive resource material, including teaching-learning materials and guidance materials such as SOPs, protocols and checklists
- Generating evidence, through better record keeping in hospitals, analysis of service data and gendered medical research particularly at the post-graduate level
- Going beyond medical teaching into gender-sensitive clinical practices, leading to
 - Improved quality of care (decrease in C Section rates from 28 to 25%, reduction in episiotomies from 22.5% of women in the dorsal lithotomy position to only 7.2% in the upright position)
 - Better health outcomes (reduced NICU admissions from 2064 in 2016 to 1148 in 2018)
 - Increased patient satisfaction.
- Through the Departments of Community Medicine, gender perspectives go into the community and schools, resulting in the beginning of community reflections on social norms.



Student Perspectives

“The GME lectures were very inspiring. They opened our minds regarding gender inequality happening in medicine...which we weren't aware of. If we weren't made aware of the inequality going on I'm sure many of us would have just gone with the traditional ways and be unjust Doctors. I strongly believe that these lectures are definitely going to help us in the future for just practice. Various delicate issues like MTP were discussed. .. It was an amazing experience.” - N R



Source: CEHAT Archives

What are some future directions?

The key question that this case study has raised is: How can the lessons learnt from the GME in Maharashtra be scaled up and institutionalized? The study indicates that:

- GME provides a wealth of resource material that can be used for enhancing medical students' attitudes, ethical conduct and communication skills to fulfil the CBME goals. An exercise could be undertaken to match/adapt the GME gender-integrated modules to the AETCOM syllabus. State DMERs can be supported to undertake this task. For the exercise to be meaningful, adequate budgetary provision should be made within the state DMERs, the Health Universities and within individual medical colleges.
- Suitable assessment methods must be developed to test medical students' gender sensitivity in terms of their attitudes and communication skills towards women, girls and gender non-binary persons.
- Appropriate accountability measures should be established to ensure the implementation of the gender-integrated modules across the five disciplines in government teaching hospitals.
- The Deans of medical colleges have an important role to play to ensure that the benefits of GME go beyond the five departments in their medical colleges. The support of well-resourced organizations such as CEHAT that function like a think tank could provide critical support in negotiating the unfamiliar terrain of participatory and interactive pedagogy for integrating a gender perspective in medicine; as well as the continuous and sustained capacity building of medical educators through a dedicated resource centre.

As the experiment enters other states, such as Karnataka, it is important to remember that some of the important enablers for the Maharashtra experience (such as buy-in from the University and the Director of Medical Education) are not visible. A strategy to rigorously replicate the Maharashtra experience while accounting for context is needed.

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