

GME Phase II: Workshop for GME Faculty

*18th & 19th January 2016
DMER, Mumbai*

Objectives of Workshop:

- To orient the GME faculty to the proposed intervention
- To share the finalised gender-integrated modules
- To acquaint them with the tools for process documentation
- To develop a timeline for the intervention

Participants:

Dr. Deepali Deo & Dr. Shailesh Vaidya (Ambejogai)

Dr. Bina Kuril, Dr. Shrinivas Gadappa & Dr. Sonali Deshpande (Aurangabad)

Dr. Nandkishore Gaikwad & Dr. Priya Prabhu Deshpande (Miraj)

CEHAT team: Ameerah Hasnain, Amruta Bavadekar, Padma Deosthali, Priya John and Sangeeta Rege

Day 1 – 18 January 2016

The first day of the meeting started with a round of introduction of all participants and staff from Cehat.

Discussion on gender integrated modules:

The group was divided into two smaller groups – OBGY and PSM to discuss the respective modules.

Priya from Cehat discussed the module with the PSM team while Sangeeta and Amruta discussed the module with the OBGY team

Some of the major points of discussion from the OBGY team were:

The medical educators from the OBGY team felt that some of the content from the module (biological or physiological aspects) are already covered by them in their syllabus, hence they proposed that the slides should have only the content which explained the gender aspect relevant to every lecture

The first lecture 'Sex, gender and health' was discussed in detailed, also some of the modifications about the placement of the content in the modules were discussed, like the session would start with the activity of classifying the sentences based whether it talks about biological sex or gender.

It was also decided that activity about the 'social construction of gender' (Munna – Munni activity) would have situations on every slide and after every slide the educators will talk about concepts like gender role, gender norms, discrimination as relevant to the content of the slide

In the second section of the first lecture about 'transgenders' the medical educators were concerned about the point saying that 'There is confusion as to whether transgender patients should be admitted into "male" or "female" ward or which toilet they should use', the doctors pointed out that though it is a real dilemma, but the issues that arise are that if they are admitted to a female ward there is a question about the security of other women in the ward, while if they are admitted in the male ward, then either they don't feel comfortable or feel threatened in the presence of men. So finally it was decided that the students should be told doctors should try to make an alternative arrangement of transgender patients like accommodating them in a room adjacent to female ward.

While discussing lecture 6/7 about infections of genital tract which as case studies in methodology, the educators asked for their key, the Cehat team agreed that they would include the key for the case studies in the modules and presentations.

Regarding the PSM modules the GME faculty proposed some changes in the content such as:

- Addition of situations to explain counselling for contraception
- Addition of details of Adolescent Sexual and Reproductive Health and Rights
- Addition of how patriarchy affects men and boys
- Add a note on marital rape in the section on violence against women
- Provide additional readings on violence against women
- Addition of Gender and Health Analysis Tool in the first lecture

It was decided that the Gender and Health Analysis Tool will be used for the clinical postings under PSM. The tool can be used for all diseases. It was reiterated that special emphasis must be laid on the five diseases identified in the ToT viz. Diabetes and Hypertension, Cancer, TB, Malaria and HIV.

Day 2 – 19 January 2016

On the second day, (19 January 2016) Dr. Shailesh Vaidya from Ambejogai medical college joined the meeting as he was not present on the first day he was oriented with module also he was briefed about the discussion that took place on the first day of the meeting. He suggested few points relevant in some lectures like he said that there should be a mention of incest in the section that talks about child sexual abuse. Also in the lecture about violence, as it is a OBGY module there should be a focus on obstetric violence and ante natal care.

The second day started with the presentations from the OBGY and PSM group. Dr. Sonali Deshpande (OBGY department, GMC Aurangabad), she did a presentation on 'violence against women and doctor's response', Dr. Deepali Deo (PSM department, GMC Ambejogai) also presented about 'violence against women', her presentation also had gender concepts like patriarchy, discrimination, gender norms etc.

After the presentations few suggestions were given like there should be an emphasis on 'violence as an intentional act' commenting on myths around violence like its linkages with alcoholism, mental disorders, unemployment etc.

The presentation was followed by a discussion with the medical educators regarding scheduling the pre-test also the documentation plan was discussed with them that 5 out of 10 for PSM and 10 out of 20 lectures of OBGY would be documented, also that the additional lecture on sex/gender and violence is mandatory to document for both PSM and OBGY. It was decided that for the OBGY clinical postings, the OBGYN checklist would be shared with the students while for the PSM students Gender and Health Analysis Tool will be shared. The CEHAT team clarified that the clinical postings checklist and tool would help students be more gender aware in whichever setting they are posted. It was decided that GME faculty would share the tools provided by the CEHAT team as and when the clinical postings of students take place.

All the medical educators said that the time table for the sixth semester will be prepared only after the results are declared and will not happen at least till the second week of February. For Miraj it was decided that the pre-test of both semester 6 and 8 can be conducted on February 8.

After discussion on the tools with the educators it was decided that the 'educators diary' would not be used in the process of documentation as the educators found the format lengthy and it would be difficult for them because of the time constraint.

Also it was decided that instead of having an interview with the educators after every session that is documented it would be have an interactive session with them at the end all lectures to have their feedback on their experience of implementation of the module and student's responses.