Middle Articles

MEDICAL EDUCATION

Refresher Course at Queen Victoria Hospital, Melbourne, for Married Women Wishing to Return to Medical Practice

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The failure of trained professional women to use their skills after marriage is of world-wide concern. As medicine requires a longer training period than most other professions, wastage of women doctors is particularly deplored, and is at times regarded as just cause for restricting the number of women students admitted to medical courses. A survey carried out in the United Kingdom for the year 1963-4 by Jeffreys, Gauvain, and Gulesen (1965) showed that the wastage for women medical students was no greater than that for men. When investigating the work situation of women medical graduates Jefferys and Elliott (1966) found that 18.7% were not working but 69.5% of these expressed a desire to work. Marital and maternal responsibilities were the chief reasons for failure to work.

In 1965 a survey was carried out by the Medical Women's Society in the State of Victoria, Australia (McEwan, 1967). There were 626 women on the *Medical Register*, and 346 replied to the questionnaire. Of these 346, 230 (67%) were doing as much work as they desired, 50 (14%) wanted either to do more work or to return to work, and would appreciate further training, and 19% did not wish to work. For some years married women doctors desiring to return to work have received assistance in their aim from the Committee of Management and staff of the Queen Victoria Hospital, Melbourne, but most of these women were out of touch with present-day methods, the standard of their work left something to be desired, and they themselves were often diffident and nervous for some time after they resumed work. It was therefore decided that a refresher course for married women wishing to return to practice should be conducted by the honorary medical staff of the Queen Victoria Hospital—a hospital founded by women and for many years staffed entirely by women, though a number of male medical consultants are now on the staff. It is a general hospital with a large midwifery section (over 5,000 births a year) and a teaching hospital for obstetrics and paediatrics within Monash University, Melbourne.

Refresher Course

This course was held during June and July 1966 for eight weeks, four mornings a week, this being the maximum time it was thought that married women with family responsibilities would be able to devote to the course; and so it proved to be, for though the attendance at afternoon outpatient clinics was offered, no students came. Twenty-two women enrolled for the course; the average attendances numbered 18, absences being due to illness either of the student or a member of her family (there was an epidemic of a moderately severe respiratory viral infection at the time). The average age of the students was 41, with a range of 31-68, and the years of graduation

ranged from 1926 to 1958. Most of the students were Melbourne graduates, though four came from the United Kingdom and one from Sydney; three had brilliant undergraduate academic records.

The course was designed: (1) to recall to the students the basic principles of medical practice; (2) to instruct them in the major clinical advances made over the past 10 to 20 years; (3) to provide some information on the new scientific developments; and (4) to give emphasis to aspects of medicine most likely to confront a woman in general practice who, at least initially, would be unlikely to work full-time.

Teaching was therefore concentrated on clinical medicine, gynaecology, and paediatrics, with general instruction in surgery. Obstetrics was only touched on, as it was presumed that it would be impracticable for these doctors to undertake such work. In the specialties, lectures were given to indicate what was available, and when to call in specialist aid. This applied to neurosurgery, cardiac surgery, plastic surgery, psychiatry, ophthalmology, radiology, and cytology. To provide variety of outlook six consultants from other hospitals were invited to attend as guest lecturers on subjects on which they could speak with special authority; Professor John Butterfield, professor of medicine, Guy's Hospital, London, visited the hospital as guest professor for 16 teaching sessions.

The programme each day consisted of a formal lecture at 9.30 a.m., and coffee with the lecturer at 10.30-10.45 a.m. The students then divided into two groups for clinical demonstrations until noon, and then reassembled for a group session, clinicopathological discussion, or a lecture on some topical subject designed not to be too great a strain on concentration. For example, after the first morning lecture on coronary disease group A went to a medical demonstration on auscultation of the heart, and group B went on a paediatric ward round; at noon a lecture was given on progress in obstetrics. Altogether there were 128 separate items on the programme, which included: medicine—15 lectures, seven lectures shared—for example, by a physician and a surgeon—and 22 ward rounds or other clinical demonstrations; gynaecology—nine lectures, five shared lectures, and eight clinical demonstrations; surgery—eight lectures, four shared discussions, and seven ward rounds or other clinical demonstrations; obstetrics—three lectures and five clinical demonstrations; paediatrics—10 lectures, two shared lectures, and seven ward rounds.

All lecturers commented that these students were very rewarding to teach, as they were alert, appreciative, anxious to learn, and entered freely into discussions, though they were diffident about case presentation before the group. Those who presented cases did so very well, having examined their cases during the week-end.

Results

Approximately six and 12 weeks after the course questionnaires were sent out inquiring about the suitability of the course, aims as regards work and the achievement thereof, and whether further efforts to keep up to date were being made. Eight students had no criticism to make of the course, five thought there was too much gynaecology, four would have liked more midwifery, and five would have liked more direct contact with patients for examination and prescribing treatment; one complained that there was not enough psychiatry, one that there was not enough neurology, and one that there was no instruction on venereal disease; several thought didactic pathology dull, but the pathology that arose in clinical work interesting. Though the imbalance between gynaecology and midwifery was deliberate, it was obviously unpopular; nevertheless, we still believe that gynaecology plays a big part in the medical work done by women. It appears that small groups should attend outpatient clinics to examine patients rather than big groups attend ward rounds, it being impossible for the students to find the time to do both. There would be some conflict then with undergraduate teaching, and the burden for the teachers would become very heavy considering the diffidence shown in presenting cases before the group.

A number of the students had more than one aim in doing the course: 10 gave part-time general practice as first choice, seven gave paid hospital work, and three stressed that they did the course chiefly for general interest, two of these being willing to work in an honorary capacity; two wished to do laboratory work and one had already obtained a full-time laboratory job, and six were willing to work in public health; two were prepared to help their husbands in specialist surgical practice. In summary, 17 wanted paid sessional work with strict hours, the oldest student had retired, and the next two chronologically were prepared to do some honorary work. Eight commented that they had achieved their aim, 10 that it was nearer, and two, for territorial and domestic reasons, failed to get nearer. Eighteen thought the course adequate in helping them to achieve their aim, two were doubtful, and one thought it inadequate. Eleven were doing some work—seven had pre-school children and were unable to attempt work in 1966. As a stimulus to further study the course had stirred 14 to read the medical journals and nine to attend more medical meetings.

A Comparison

It is possible to compare this Australian group of married women doctors with their English counterparts by using the data analysed by Lawrie, Newhouse, and Elliott (1966) and collected by the Medical Women's Federation and the Medical

Practitioners' Union. In the United Kingdom single women doctors work full-time unless prevented by ill-health or advancing years. Married women aged 25–40 are least likely to be working and find difficulty in obtaining suitable work, and many over 40 return to work.

The Australian women who took the opportunity to do a refresher course were largely in the same group and had experienced the same frustrations—domestic and professional—as the “middle” group, shown by the English survey to be where the greatest wastage of work potential lay.

The regular attendances at the course showed the students that sessional work together with a stable domestic situation is possible; the encouragement of being offered work (and the publicity given the course resulted in offers of work) and feeling confident of ability to do it often led to greater domestic adjustments being made and more hours given to medical work than originally planned. Although five to eight sessions a week is the desired optimum in both the United Kingdom and Australia, a beginning with two to four sessions a week is highly desirable in this receptive “middle” group.

Conclusion

This course, on a small scale, could be regarded as a pilot study for such things. The population of the State of Victoria is 3.25 million, and there were 21 students resident in this State; 10 more made inquiries, and others have expressed interest in future courses, but there is no indication that the course would be required annually. It was undoubtedly successful in reviving the professional interest of these married women, and within three months half of them were doing as much work as they desired and a further one-third would be available for work in 1967; all intended to do more as their families grew older, so that contribution to the medical work force is reasonable at present and will improve. The range and quantity of work covered appeared to have satisfied most students, and in future courses less gynaecology and more patient-handling would be provided, with more use of outpatients; but otherwise a similar programme would be followed.

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AROUND EUROPE

Medical Research in France

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Medical research in France has come into its own again in the last few years after a long period of comparative inactivity owing to the war and the occupation, followed by the lean years of the post-war period. Now the picture is somewhat brighter. There is still room for considerable improvement, however, particularly in the means by which grants are made available

and in the conditions of work for research workers. The large sums required for the progress and development of research often seem exaggerated to the general public when judged by the tangible advances reported. Only someone who is actively engaged in a research project can appreciate just how much planning, effort, and co-ordination is required, and the result of this often takes years to realize. Even then no results are guaranteed, and the project may produce nothing of recognizable

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