UCSF
UC San Francisco Previously Published Works

Title
County Jail as a Novel Site for Obstetrics and Gynecology Resident Education

Permalink
https://escholarship.org/uc/item/2bj907c9

Journal
Journal of Graduate Medical Education, 4(3)

ISSN
1949-8349

Authors
Sufrin, Carolyn B
Autry, Amy M
Harris, Kathryn L
et al.

Publication Date
2012-09-01

DOI
10.4300/jgme-d-11-00203.1

Peer reviewed

eScholarship.org Powered by the California Digital Library
University of California

County Jail as a Novel Site for Obstetrics and Gynecology Resident Education

Carolyn B. Sufrin, MD, MA
Amy M. Autry, MD
Kathryn L. Harris, MD
Joe Goldenson, MD
Jody E. Steinauer, MD, MAS

Abstract

Introduction Obstetrics and gynecology residents benefit from providing care to diverse patient populations and increasing their awareness of the social determinants of health.

Objectives To describe and evaluate an outpatient rotation for obstetrics and gynecology residents at a county jail.

Methods A comprehensive curriculum incorporating Accreditation Council for Graduate Medical Education (ACGME) core competencies was designed for all first-year residents to rotate weekly at the local county jail during their 6-week ambulatory care block. Residents completed an anonymous online evaluation and wrote a reflective essay at the end of the rotation. Data for patient visits were tabulated.

Results All 9 first-year residents completed the rotation and the evaluation. Seventy-eight percent of patient visits were for gynecologic services, predominantly family planning. Residents reported that the rotation overall was a positive experience, emphasizing the unique intersection between psychosocial issues and health care in the jail setting. Rotation objectives that satisfied the 6 ACGME competencies were met.

Discussion Providing care to incarcerated women through a structured curriculum is a novel way to encourage obstetrics and gynecology residents to consider the social determinants of health and for residents to cultivate their counseling skills. The rotation also included a wide breadth and depth of clinical diagnoses and procedures. Obstetrics and gynecology residency programs should consider a curriculum in reproductive health for incarcerated women.

Editor's Note: The online version of this article contains the Values Clarification exercise used in this study.

Carolyn B. Sufrin, MD, MA, is an Assistant Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Bixby Center for Global Reproductive Health, University of California San Francisco, and a Women's Health Specialist, Jail Health Services, San Francisco Department of Public Health; **Amy M. Autry, MD,** is a Professor and Director of Graduate Medical Education, Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California San Francisco; **Kathryn L. Harris, MD,** is a resident physician, Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California San Francisco; **Joe Goldenson, MD,** is Director of Jail Health Services, San Francisco Department of Public Health; and **Jody E. Steinauer, MD, MAS,** is an Associate Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Bixby Center for Global Reproductive Health, University of California San Francisco.

Funding: The authors report no external funding source for this study.

This study was presented at the 2010 Council on Resident Education in Obstetrics and Gynecology/Association of Professors of Obstetrics and Gynecology Annual Meeting, Orlando, FL, March 4, 2010.

Corresponding author: Carolyn Sufrin, Department of Obstetrics and Gynecology, San Francisco General Hospital, 1001 Potrero Ave, 6D, San Francisco, CA 94110, sufrinc@obgyn.ucsf.edu

Received August 26, 2011; revision received: January 13, 2012; accepted: January 18, 2012.

DOI: http://dx.doi.org/10.4300/JGME-D-11-00203.1

Introduction

Exposure to diverse populations is a critical component of resident education, as it promotes the development of physicians who can provide comprehensive care for patients from a variety of backgrounds. Similarly, caring for underserved populations during residency training has been recognized as an important strategy for developing professionalism; engaging with underserved groups encourages physicians to integrate individual patient care with broader public health issues.[1] The Accreditation Council for Graduate Medical Education (ACGME) systems-based practice competency includes learning about system issues which influence health inequities. Prior studies have shown that residents feel uncomfortable with their knowledge of the specific issues affecting underserved populations.[2–4]

At a time when the US health system is undergoing radical reform, it is more important than ever to train residents to provide care in diverse settings. Prisons and jails serve primarily medically and socioeconomically marginalized populations with poor access to health care before incarceration.[5] Jail presents not only a public health

opportunity for an underserved population[5–7] but also an educational opportunity for residents.

We designed a curriculum consisting of 6 weekly, half-day clinic sessions at the local county jail for first-year obstetrics and gynecology residents. We anticipated that this would provide a varied clinical experience, help residents to develop their communication skills, and encourage them to think broadly about the social context of reproductive health care. We present information from the first year of this rotation.

What was known

Obstetrics-gynecology residents benefit from exposure to different patient populations and from exploring and understanding the social determinants of health.

What is new

An ambulatory care rotation at a county jail provided opportunities for residents to provide gynecology and prenatal services and allowed residents to explore psychosocial issues and concerns in the care of underserved populations.

Limitations

Single-site, single-specialty study may limit generalizability; assessment was limited to resident perceptions, not learning outcomes or improvement in care for underserved patients.

Bottom Line

An ambulatory curriculum in reproductive health for incarcerated women provided residents with exposure to a diverse patient population and facilitated residents' consideration of the social determinants of health.

Materials and Methods

Setting

Beginning in July 2009, all first-year obstetrics and gynecology residents at our institution began rotating through the Women's Health Specialty Clinic at the San Francisco County Jail. This clinic operates as a partnership between San Francisco Jail Health Services and the University of California, San Francisco (UCSF). The weekly clinic was started by a UCSF faculty member (CS) whose salary is supported by the Department of Obstetrics and Gynecology at UCSF. Because the jail is under the purview of the Department of Public Health, resident salary and malpractice insurance is covered through San Francisco General Hospital and the Department of Obstetrics and Gynecology at UCSF. Medications and clinic supplies are covered by Jail Health Services. Additional equipment and supplies, such as a colposcope, intrauterine devices, and subdermal contraceptive implants, were procured through educational grants through UCSF.

Rotation Structure

For one-half day per week during their 6-week Ambulatory Care rotation, residents see patients at the jail under direct supervision by an obstetrics and gynecology faculty attending physician. Residents gather the patient history and then present to the attending with the patient in the room. Physical examinations, procedures, and counseling are all done with the resident and attending in the room together with the patient.

Currently, one attending physician staffs the clinic. This faculty's training prior to starting the rotation included a Sheriff Department orientation, clinical care and resident education in a county hospital, familiarity with social science literature of health disparities and prisons, and clinical experience working in a jail. We are in the process of formalizing a training guide for other faculty to be able to staff this clinic.

Rotation Orientation

Before the first session, residents receive a copy of the *San Francisco Sheriff's Department Guidelines* for working in jail. Security clearance is arranged by Jail Health Services. On the first day, the faculty attending provides a detailed orientation, including an overview of incarceration in the United States, correctional health, and the San Francisco County Jail. Rotation objectives, which were designed with the 6 ACGME core competencies in mind[8] are reviewed (TABLE 1). A Values Clarification Exercise is conducted with the resident; this is a scenario-based discussion designed to encourage providers to recognize their own implicit judgments involved in challenging patient interactions (provided as online supplemental material). Finally, residents go on a tour of the jail intake facility and the general housing units.

Rotation Didactics

To complement the clinical aspects of the rotation, the residents complete weekly reading assignments which are then discussed with the attending during each clinic session. Some articles describe clinical research with incarcerated women,[6,9–21] while others provide anthropological and sociological analyses of incarceration. For the final session, residents write a 1-page reflection essay, processing their experience at the jail.

Evaluation

All residents completed an anonymous online rotation evaluation. To ensure anonymity, responses were reviewed at the end of the year, and no demographic identifiers were collected. This 17-item questionnaire asked residents to report the most and least valuable aspects of the rotation; to describe challenges; to contemplate the applicability to future clinical experiences; to evaluate the didactic portion of the curriculum; to assess their perceptions of safety and supervision; and to suggest rotation improvements. These were all open-ended questions. The responses were

TABLE 1 **Rotation Objectives and ACGME Core Competencies**

Rotation Objective	Fulfillment of Objective Score (mean score, 1–5)	ACGME Competencies[a]
To think about how race, socioeconomic status and other social determinants of health contribute to health disparities and differential access to care for incarcerated and for nonincarcerated women	4.9	1, 4, 5, 6
To understand jail as an important site for providing basic and reproductive health care for women and public health interventions	5.0	3, 4
To improve communication skills with patients who are in very different and challenging life circumstances	4.9	1, 5, 6
To gain clinical expertise in routine gynecologic and obstetrical issues commonly seen in this population	4.8	1, 2, 3

[a] Accreditation Council for Graduate Medical Education (ACGME) core competencies: 1 = patient care; 2 = medical knowledge; 3 = practice-based learning and improvement; 4 = systems-based practice; 5 = professionalism; 6 = interpersonal skills and communication.

manually coded and analyzed in an iterative manner to explore patterns and key themes. The questionnaire also asked residents to rate, on a scale from 1 to 5, to what degree their experience matched the rotation objectives. Information on the number and type of clinical visits and procedures per resident was also collected during this time period. This evaluation study was granted an exemption by the Committee on Human Research at UCSF. At the end of the rotation, residents were evaluated using the online ACGME competency-based evaluation, which is used for all rotations in our residency program.

Results

All 9 first-year residents in our program completed the rotation evaluation. Overall, they identified it as a positive experience and reported that rotation objectives were adequately fulfilled (TABLE 1). Family planning and prenatal care were the most frequent visit types, but residents were exposed to a wide range of gynecologic diagnoses (FIGURE). Residents performed, on average, 4 procedures during each 6-week rotation, including intrauterine contraception and subdermal implant insertions, colposcopies, and endometrial biopsies. More than 1/3 of patient visits were follow-up visits (TABLE 2). In the evaluation, when asked what they would change about the rotation, all residents either reported "nothing" or suggested more exposure to this setting. No residents reported concern for their safety or supervision.

Responses to the open-ended questions coalesced around several themes: the unique setting, clinical knowledge gained, learning systems issues, the volume and pace of the clinic, continuity of care, and teaching opportunities. When asked "what did you like about this rotation," all nine residents commented on the unique population and setting. One resident qualified this by appreciating the opportunity to work beyond the comfort zone of the hospital, while another enjoyed "the intersection of clinical care and examining socio-political structures that affect the women's life." Four residents positively noted the breadth of clinical exposure to "bread and butter obstetrics and gynecology." Because clinic flow at the jail relies on deputies, the pace is sometimes unpredictable, occasionally with up to 45 minutes between patients. Some residents appreciated those moments as opportunities for clinical teaching and discussion of broader social issues affecting this population. Others found this downtime frustrating.

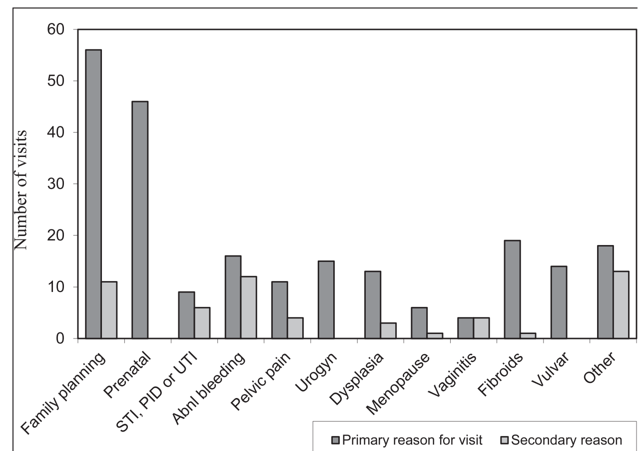

FIGURE **Number and Type of Visits, Jail Women's Health Specialty Clinic, July 2009–June 2010**

TABLE 2 **Number of patient visits, Jail Women's Health Specialty Clinic, July 2009 to June 2010**

Procedure	Number of Visits (% of total)	Mean Number of Visits per Resident[a]
Total number of patient visits	199	22.1
Follow-up visits	77 (37)	8.6
Obstetrics	43 (22)	4.8
Gynecology	156 (78)	17.3
Total number of procedures	37	4.1

[a] Due to occasional scheduling conflicts, some residents had fewer than 6 sessions

Follow-up with patients in jail was reported by many residents as a strength of the rotation. On the other hand, residents reported challenges with ensuring continuity of care once women were released. Residents noted some tensions between societal forces and priorities of medical care. For instance, one resident experienced "struggling with my feelings about what would be best for the patient and society, and with respect for patient autonomy." The nuances of challenging patient interactions were also evident in comments like "I wanted to advocate for my patients and get them the care they needed, but I also didn't want to be taken advantage of." This resident was referring to the experience of patients requesting pain medications or special privileges.

Regarding the longer-term effects of the rotation, residents identified an improvement in their communication skills and approach to counseling which they would use outside of the jail. Because the public teaching hospital where our residents train serves a similarly disadvantaged population, residents explained that they were now more aware of the socio-political issues facing marginalized women both in and out of jail. This context meant for one resident that "[I will] treat every patient equally regardless of their socioeconomic status, race, or criminal status."

The residents' final reflective essays expanded on many of the themes from the evaluations; residents processed their experiences by considering the larger context of their patients' lives and the impact on their self-perception as physicians. One resident wrote that medical care gave women some control over their lives even in a jail setting where they have little (BOX 1). Another resident commented on the sense of empowerment which she gained as a developing physician, helping this vulnerable population (BOX 2). For a third resident, having time to hear incarcerated patients' stories helped her to remember that all patients have stories (BOX 3). Overall, the end-of-rotation essays provided residents an opportunity to reflect on their professional development in this unique setting.

BOX 1 **Resident Reflection Essay Excerpt 1**

The patient seemed to delight in the concept of choice [of contraception], that she somehow maintained some sense of autonomy, despite having it taken away in all other aspects of her life—what she wore, what she ate, where she slept, when she could go home. It is in those moments that I am able to appreciate a glimmer of hope, the promise of change that flashes in their eyes.

Discussion

Providing care to women in jail is a novel way to introduce obstetrics and gynecology residents to key aspects of health disparities and vulnerable populations, as well as to routine reproductive health diagnoses. Residents reported having had a positive experience, stemming predominantly from the psychosocial aspects of working in this setting. Through patient care and structured discussions, residents gained an understanding of how race, socioeconomic status, and other social determinants of health contribute to health disparities. With the breadth of clinical opportunities, professionalism development, and practicing medicine within a larger institution, this rotation meets all of the ACGME core competencies. The unique institutional structure of a jail especially highlights systems-based competencies. Because of the positive feedback, the rotation is still an integrated part of our residency. Future directions include a systematic assessment of resident attainment of the core competencies.

This report is the first description of a rotation for obstetrics and gynecology residents caring for incarcerated women. Although a prior study reported that 11% of obstetrics and gynecology programs offer opportunities to work in a correctional setting, none had a comprehensive,

BOX 2 **Resident Reflection Essay Excerpt 2**

In all honesty, it was dream clinic—I was interacting with young women who are traditionally disempowered and marginalized in society....I felt empowered by the work I did at the county jail. I felt, as a physician, I was helping women who had very constrained choices create more choices for themselves. The work we did in that small exam room in the jail made me believe that I could help make their lives outside the jail somewhat less complicated....

BOX 3 Resident Reflection Essay Excerpt 3

The women we meet and see in any clinic only bring with them a small piece of the tapestry that forms their life. For Ms. JH, I was lucky to have been able to see the context behind the [prior] months of her life. As a young clinician, I will aim to continue to see my patients as more than the 15 minute slot they have been given in clinic, and consider the social context and story that paints her life.

integrated curriculum for all residents.[22] The educational benefits of exposing medical students to prison health care have been described, with similar emphasis on systems-based learning, breadth of clinical diagnoses, and development of interpersonal skills.[23,24] In addition, an Internal Medicine program and Plastic Surgery program reported that a prison health rotation was a useful clinical and preventive health training experience.[25]

Although the patient volume in this clinic is low, the time was used for detailed reflection on challenging patient interactions. Residents received immediate feedback on their counseling style and procedural skills. Residents cultivated skills in this rotation that will extend beyond their experiences at the jail. Continuity was present in patient care on site at the jail, and some women were also able to follow-up in residents' continuity clinics after release. In addition to the clinical training, the structured didactic curriculum allowed residents to maintain their critical reading and writing skills while learning about broader social aspects of health care delivery for vulnerable populations. Many patient interactions challenged residents to consider ethical issues of patient autonomy, beneficence, and allocation of resources. To minimize the risk of overreporting the positive nature of this experience, the evaluations were anonymous and not read until all residents had completed the rotation. Challenges of the rotation included integrating a clinical teaching model into a correctional setting and ensuring continuity with patients upon release.

Since the 1976 Supreme Court case *Estelle v. Gamble*, prisoners have had a constitutional right to medical care.[26] Nonetheless, variability exists in the scope of therapeutic and preventive health care services. A partnership such as the one we developed between an academic medical center and a correctional facility can bring additional services that benefit patients, trainees, and even correctional facilities. There is also potential to inspire residents to care for this population in their future careers. A rotation like this can also help residents from other specialties such as Internal Medicine and Family Medicine gain women's health experience.

Conclusions

A rotation for obstetrics and gynecology residents in a correctional setting offers valuable opportunities for clinical and professional development. As residents must learn to work in an increasingly complex world of health inequalities, training residents in a prison or jail is a multifaceted way to benefit both patients and trainees.

References

1. Strelnick AH, Swiderski D, Fornari A, et al. The residency program in social medicine of Montefiore Medical Center: 37 years of mission-driven, interdisciplinary training in primary care, population health, and social medicine. *Acad Med*. 2008;83:378–389.
2. Kamath CC, O'Fallon WM, Offord KP, Yawn BP, Bowen JM. Provider satisfaction in clinical encounters with ethnic immigrant patients. *Mayo Clin Proc*. 2003;78:1353–1360.
3. Weissman JS, Betancourt J, Campbell EG, et al. Resident physicians' preparedness to provide cross-cultural care. *JAMA*. 2005;294:1058–1067.
4. Wieland ML, Beckman TJ, Cha SS, Beebe TJ, McDonald FS. Resident physicians' knowledge of underserved patients: a multi-institutional survey. *Mayo Clin Proc*. 2010;85:728–733.
5. Glaser JB, Greifinger RB. Correctional health care: a public health opportunity. *Ann Intern Med*. 1993;118:139–145.
6. Golembeski C, Fullilove R. Criminal (in)justice in the city and its associated health consequences. *Am J Public Health*. 2005;95:1701–1706.
7. Mullen PD, Cummins AG, Velasquez MM, von Sternberg K, Carvajal R. Jails as important but constrained venues for addressing women's health. *Fam Community Health*. 2003;26:157–168.
8. Swing S. The ACGME outcome project: retrospective and prospective. *Med Teach*. 2007;29:648–54.
9. Binswanger IA, Stern MF, Deyo RA, et al. Release from prison–a high risk of death for former inmates. *N Engl J Med*. 2007;356:157–165.
10. Clarke JG, Adashi EY. Perinatal care for incarcerated patients: a 25-year-old woman pregnant in jail. *JAMA*. 2011;305:923–929.
11. Foucault M. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books; 1977.
12. Knight M, Plugge E. Risk factors for adverse perinatal outcomes in imprisoned pregnant women: a systematic review. *BMC Public Health*. 2005;5:111.
13. Owen B. *"In the Mix": Struggle and Survival in a Women's Prison*. Albany: State University of New York Press; 1998.
14. Shalev N. From public to private care the historical trajectory of medical services in a New York city jail. *Am J Public Health*. 2009;99:988–995.
15. Stern AM. Sterilized in the name of public health: race, immigration, and reproductive control in modern California. *Am J Public Health*. 2005;95:1128–1138.
16. Sufrin CB, Creinin MD, Chang JC. Incarcerated women and abortion provision: a survey of correctional health providers. *Perspect Sex Reprod Health*. 2009;41:6–11.
17. Gilmore RW. *Golden Gulag: Prisons, Surplus, Crisis and Opposition in Globalizing California*. Berkeley: University of California Press; 2007.
18. Wacquant L. *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Durham (NC): Duke University Press; 2009.
19. Kruttschnitt C, Gartner R. *Marking Time in the Golden State: Women's Imprisonment in California*. Cambridge: Cambridge University Press; 2005.
20. Bourgois P, Schonberg J. *Righteous Dopefiend*. Berkeley: University of California Press; 2009.
21. American Congress of Obstetricians and Gynecologists. *Special Issues in Women's Health: Health and Health Care of Incarcerated Adult and Adolescent Females*. Washington, DC: American Congress of Obstetricians and Gynecologists; 2005.
22. Kraus ML, Isaacson JH, Kahn R, Mundt MP, Manwell LB. Medical education about the care of addicted incarcerated persons: a national survey of residency programs. *Subst Abus*. 2001;22:97–104.
23. Alemagno SA, Wilkinson M, Levy L. Medical education goes to prison: why? *Acad Med*. 2004;79:123–127.
24. Kaufman A, Holbrook J, Collier I, Farabaugh L, Jackson R, Johnston T. Prison health and medical education. *J Med Educ*. 1979;54:925–931.
25. Fisher JC, Powers WE, Tuerk DB, Edgerton MT. Development of a plastic surgical teaching service in a women's correctional institution. *Am J Surg*. 1975;129:269–272.
26. *Estelle v. Gamble*, 429 U.S. 97 (1976).