



An Artist Named Gynecologist

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Dear Editor,

Unfortunately, despite the value and importance of the medical profession, there is an increasing concern among doctors that leads to a decrease in their satisfaction with medicine (1). Studies have shown high levels of job burnout and low mental health among clinicians, which can affect patient care quality and their health (2).

Several factors have led to an imbalance between the personal and professional life of doctors, including reducing self-abnegation, extending work hours, and spending less time with patients (3).

Here we discuss the most important challenges of obstetricians and gynecologists in Iran. The educational curriculum aims to prepare gynecologists to deal with the problems of gynecology and obstetrics. This training should lead to problem-solving in practice. The training is based on the latest edition of the reference books, but how can this training be implemented in different conditions, including in different deprived areas of the country? Medicine is teamwork, and team members, including the treatment staff, must be updated with the latest information.

Therefore, proper training and continuous follow-up of its implementation to achieve the goals should be a priority. During specialized education, doctors receive training, but the training never ends. Suppose postgraduate education and short-term fellowship courses are available. In that case, the level of education will increase, and the patients of deprived areas will have this chance so that they don't have to go to provincial and national centers to bear troubles and exorbitant costs. These training and services should be based in smaller cities. First, training experienced doctors can create a combination of science and experience to get better

results. Continuous training in face-to-face conferences and workshops, continuous virtual and international training, and even electronic form to the patient.

The specialty of obstetrics and gynecology is not considered one of the hard jobs. This is a double injustice to women who choose this specialized field, night vigils, and hard watches; they create problems for themselves and their families. After years of hard work as a gynecologist, she realizes that she must file a complaint with the Administrative Court of Justice to calculate insurance for four specialized years.

Gynecologist is an artist who must remember after solving all these problems that he has duties as a child, mother, and wife. Many residents declared that the core curriculum in obstetrics and gynecology should define the range of skills required for general specialists and basic competencies. Obviously, the subspecialists have more abilities and knowledge than general ob-gyn, but additional skills could help specialists to go beyond their main role, and also, they can consider appropriate and timely referral of patients to subspecialists. This comment was also suggested by the first national summit on women's health as a solution to improve the efficiency of educational activities (4).

Gender disparity is another challenge facing obstetrics and gynecology residents. Most residents and faculty members expressed that allowing male physicians to apply for an OB-GYN residency program in Iran is beneficial. The other reports of rare cases and morning reports of prestigious domestic and foreign universities can be very helpful. Similar to other disciplines, the problems of gynecologists are not limited to insufficient training, and the interference of health insurance and non-scientific laws also makes the work more difficult

for this group. In addition to the patient and his family, the insurance companies and even the government have their own rules and make it very difficult for the doctor to make a decision, and in the end, one of these people will be dissatisfied, and the doctor will be blamed anyway.

Finally, it leads to a complaint against the doctor, and he is judged in court with the latest protocols, but working conditions and non-scientific laws are ignored. The fee for surgery is unfair, especially in the field of obstetrics and gynecology, and when the doctor's salary, with the book of California, but in Rials! It is calculated the doctor has two ways ahead. Either he should surrender to slavery or turn to another path. Gynecologists buy ultrasound machines at exorbitant costs to serve patients, but they should do ultrasounds for free!

This is a very big injustice in this important specialized field that simultaneously deals with two people's lives. In the case of high-risk mothers, gynecologists have been chosen as the leader of the treatment group, and the responsibility rests with them, but to what extent the subspecialty colleagues of other fields and hospitals of higher levels help him, many questions remain unanswered. The treatment rate for high-risk mothers is the same as for low-risk mothers. Another problem faced by gynecologists is solving problems caused by non-professionals. Like other disciplines, after passing through these problems, the specialists will reach a new stage by writing electronic files and electronic prescriptions, and that is not having electronic infrastructure and not accepting pharmacies, etc., so they are forced to give the paper, and residents discussed that most of their time is spent on patient care and they couldn't devote enough time to laboratory studies and investigations.

In addition, limited financial resources and the lack of a research mentorship program may decrease the quality of their papers and result in reduced research activities among OB-GYN residents, such as preparing journal club presentations and translating books. Another serious challenge is that the burnout rate among OB-GYN residents is more than the others (5). Many factors affect burnout prevalence among trainees. A recent study indicated that the quality of the educational environment is the most important one (6).

Our findings demonstrated that most of the residents believed that their learning activities were affected by long working hours and poor supervisory support. It was proposed that healthcare policymakers and faculty members could reduce working hours to prevent them from leaving the residency program. The obstetrics and gynecology faculty members and residents agreed that the assessment of residents should be based on the

competencies they have achieved. The key point is that a person who can't attain vital competencies must be prevented from continuing on the course.

Similar to our results, Schumacher et al. in 2020 revealed that the assessment tools for OB-GYN residents should be improved (7). It also seems necessary for postgraduate doctors to continue learning (8). The participants in this study stated that junior OB-GYN specialists tend to attend courses that help them develop their skills and knowledge, like advanced laparoscopic skills and prenatal sonography technicians.

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