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JHPIEGO

Selected Findings From Follow-up Mail Survey Among JHPIEGO Fellows In Clinician Programs

REPORT OF JHPIEGO HISTORY & EVALUATION UNIT

APRIL, 1981

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SELECTED FINDINGS FROM SECOND MAIL SURVEY AMONG JHPIEGO FELLOWS IN CLINICIAN PROGRAMS

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SELECTED FINDINGS FROM SECOND MAIL SURVEY AMONG JHPIEGO FELLOWS IN CLINICIAN PROGRAMS

Introduction

JHPIEGO is committed to the goal of improving the health care of women and children in developing countries. Through a number of means, it is attempting to effect change in the perspectives, knowledge, skills and performance of those who in one way or another have this responsibility in their countries. The means employed include several types of educational programs, the establishment of contacts and collaborative arrangements with governments and institutions, and various types of assistance to institutions, such as the provision of equipment and educational materials. In a broad sense, JHPIEGO defines all of its activities as "educational", some directly so and some facilitating or instrumental in translating the effects of education into practice.

JHPIEGO's earliest efforts began with educational programs for obstetricians/gynecologists conducted at its major educational centers. These courses have continued, with many modifications, as JHPIEGO has extended its contacts and activities to more and more countries around the world. In terms of phasing of its activities, in this particular training program JHPIEGO hoped to recruit a core of professionals from key institutions of the various countries who would provide professional leadership for subsequent activities in the country.

One of the responsibilities of JHPIEGO's History and Evaluation Unit has been to conduct mail surveys among this group of obstetricians/gynecologists. A first mail survey covered fellows trained at JHPIEGO educational centers through November 1978, and selected findings from this survey have been included in reports submitted earlier. This report covers certain preliminary findings available from

a second survey, begun in February 1979 and still in progress. The purpose of both mail surveys has been to obtain information relating the activities of fellows which would be useful to JHPIEGO in evaluating the performance of this group of fellows in their own countries. The surveys have attempted to obtain systemmatic information on all who have undergone training, and represent a source of information independent of that provided by those in the program with operational responsibilities.

At the end of the FY 1979-80, one or more mailings in the second survey had been sent to 975 fellows attending clinician courses between November 1972 and February 1980 at the major JHPIEGO educational centers and at on-site locations in three countries. As of this date, questionnaires had been received from 466 fellows. Of those returning questionnaires, 71% had also responded in the first mail survey, 9% had not responded in the first survey, and 20% had not been included in the first survey. The latter group of fellows received their JHPIEGO training after the cut-off date of the first survey.

The cut-off date for the second survey is projected for February 1981. A report covering the results of both surveys conducted among clinicians is planned for the present fiscal year.

Respondents to date are comprised almost equally of physicians on the faculties of medical schools (53%) and those without medical school appointments (47%). Practically all had staff appointments in hospitals and 47% had appointments in two or more hospitals. The great majority (84%) reported teaching/training responsibilities.

The selected findings from the second mail survey among obstetricians/gynecologists presented here aredivided into three sections. The first section presents information on laparoscopic activities of fellows in the year prior to the survey. The second section reports on the teaching/training responsibilities of fellows and the extent to which the fellows now include various aspects of reproductive health and fertility management in their clinical training of others. The third section provides certain information relating to the potential "sphere of influence" the fellows have for contacts with other professionals and for diffusing information about reproductive health and fertility management to other professionals.

While JHPIEGO is concerned with strengthening institutional capacity in reproductive health and fertility management, the reader is reminded that the findings reported on from the mail survey apply only to the activities of the specific individuals receiving training in the special courses for obstetricians/gynecologists at JHPIEGO's educational centers. The findings do not apply to the aggregate activity at institutions with which the fellows are affiliated. While it would be highly desirable to have comparable data from all persons at institutions with which the JHPIEGO fellows were affiliated, this would clearly represent a data collection effort which is not feasible by mail survey.

Laparoscopy

When JHPIEGO was created in July 1974, it assumed the responsibility for a training program in operation since November 1972 which emphasized, but was not restricted to, instruction in surgical methods of fertility control. Under JHPIEGO, the instructional program has focused on the broader issues of reproductive health and fertility management. During this time, the geographic areas from which JHPIEGO

fellows have been recruited has changed markedly. Through FY 1974, the largest number of fellows were recruited from Asian countries, many of which had official family planning programs. Since that time, fellows have come increasingly from countries in other regions of the world, countries less likely to have officially endorsed family planning. JHPIEGO's change in emphasis has, therefore, been in recognition of the need to accommodate to the needs of clinicians in widely diversified settings. Laparoscopy, because it is a technique with diagnostic as well as therapeutic applications, has had wide appeal among obstetricians/gynecologists. Also, laparoscopic sterilization stands to gain the interest of larger publics as an alternative to abortion for women who wish no additional children. In this connection, the consequences for the health of women may be considerable in those countries where abortion is illegal and is frequently performed under circumstances deleterious to the health of women. Training in laparoscopy, and equipping institutions with laparoscopic equipment, have thus continued to be important components of the JHPIEGO program.

Information on laparoscopic performance and training is presented for a subset of JHPIEGO fellows assumed to have access to laparoscopic equipment at their institutions before mailback of the questionnaire. Of the 446 fellows returning the questionnaire, 267 fall in this category. The specification of this group was determined independently of information provided in the survey questionnaires. Included are the following fellows:

1. Those who had laparoscopic equipment donated in their behalf to their institution and who had field training by JHPIEGO consultants before mailback of the questionnaire. (N=155)

2. Those who had laparoscopic equipment donated in their behalf to their institution before mailback of the questionnaire but were exempt from field training by JHPIEGO consultants. (N-11)

3. Those from institutions with laparoscopic equipment already available who had field training by JHPIEGO consultants before mailback of the questionnaire. (N=38)

4. Those from institutions with laparoscopic equipment already available at their institutions and determined as having access to further training in the laparoscope and to the use of equipment at their institution before mailback of the questionnaire. (N=63)

The distribution of the 267 fellows according to assumed months of access laparoscopic equipment was as follows:

Less than 12 months	- 45	(17%)
12-23 months	- 55	(21%)
24-35 months	- 56	(21%)
36-47 months	- 57	(21%)
48-59 months	- 35	(13%)
60 months or more	- 19	(7%)
Total	267	(100%)

It should be pointed out that in the discussion which follows, the data refer to the performance of individual fellows rather than to total laparoscopic activity at the fellow's institution. Only about one-tenth of the fellows reported they were the only person using the laparoscopic equipment at their institution. Approximately two-thirds reported the equipment was being used by three or more persons at the institution. It is, therefore, evident that the level of institutional activity cannot be inferred from data provided by individual fellows.

Performance in Laparoscopic Procedures. In the second survey, fellows were asked to report the number of diagnostic procedures via laparoscopy they had performed during the past 12 months and the number of laparoscopic sterilizations (cautery and Falope methods) performed during this period. A "standard" measure of performance, procedures per fellow month, was calculated to take account of the fact that some fellows had access to laparoscopic equipment for less than 12 months (N=45, see above).*

Of the 267 fellows, 265 reported on the number of sterilizations performed and 266 reported on the number of diagnostic procedures performed.

TABLE 1

DISTRIBUTION OF FELLOWS ACCORDING TO MEAN NUMBER OF LAPAROSCOPIC PROCEDURES PERFORMED PER FELLOW MONTH AND TYPE OF PROCEDURE

Mean Number of Procedures Per Month	Sterilization Procedures		Diagnostic Procedures	
	Number of Fellows	Percent of Fellows	Number of Fellows	Percent of Fellows
None	43	16	41	15
Less than 5.0	102	38	147	56
5.0 - 9.9	41	16	42	16
10.0 - 24.9	43	16	30	11
25 or more	36	14	6	2
Total	(265)	100%	(266)	100%

* The mean measure used in this report is not calculated identically with that used in previous reports concerned primarily with findings for the first survey. The mean used here takes account of varying lengths of time fellows have had access to laparoscopic equipment. A later report will compare results of the two surveys, using the mean measure as calculated in this report.

Table 1 shows considerable variation in performance among fellows, and more variation with respect to sterilization procedures than diagnostic procedures. Roughly the same percentage of fellows reported having performed no sterilizations or diagnostic procedures in the previous 12 months (16% vs. 15%). In contrast, 30% of the fellows reported 10 or more sterilization procedures per month, and 13% reported 10 or more diagnostic procedures per month. Therefore, as expected, Table 2 shows that for the group as a whole, the mean number of sterilizations performed per fellow month exceeds the number of diagnostic procedures per fellow month (12.8 vs. 4.5).

TABLE 2

MEAN NUMBER OF LAPAROSCOPIC PROCEDURES PERFORMED PER FELLOW MONTH, BY WORLD REGION 1/ AND TYPE OF PROCEDURE

World Region 1/	Mean Number of Laparoscopic Procedures Per Fellow Month		Number of JHPIEGO Fellows
	Sterilization Procedures	Diagnostic Procedures	
Africa	6.9	6.2	(35)
Asia	16.6	7.2	(68)
Near East	9.1	2.3	(50)
Latin America	13.9	3.4	(112)
Total	12.8	4.5	(265)

1/ World Regions correspond to the AID classification of countries according to region. See Appendix I for AID regional classification of countries.

Table 2 also shows that for fellows in all regions the mean number of sterilizations per fellow month exceeds the number of diagnostic procedures per fellow month, with the exception of Africa where the mean number of both procedures is roughly the same. In addition, the mean number of sterilizations is highest among fellows from Asia and the Latin American region, and the mean number of diagnostic procedures is highest among fellows from Asia and Africa. On balance, performance in laparoscopic procedures is highest among Asian fellows.

However, in the survey it was determined from responses to several questions that about 10% of the fellows assumed to have access to laparoscopic equipment did not, in effect, have such access at their principal hospital of affiliation at the time they mailed back the questionnaire. The performance of fellows as a whole, however, is not much changed by the elimination of the group without access to equipment (compare totals in Tables 2 and 3).

TABLE 3

MEAN NUMBER OF LAPAROSCOPIC PROCEDURES PERFORMED PER FELLOW MONTH, BY REPORTED USE OF EQUIPMENT FOR DIAGNOSIS VS. STERILIZATION AND BY TYPE OF PROCEDURE

Is equipment used more for diagnostic purposes or for sterilization purposes?	Mean Number of Laparoscopic Procedures Per Fellow Month		Number of JHPIEGO Fellows
	Sterilization Procedures	Diagnostic Procedures	
Used more for diagnostic purposes	3.7	8.5	(58)
Used about equally for diagnostic and for sterilization	17.8	5.5	(68)
Used more for sterilization	16.6	2.6	(112)
Total	13.7	4.9	(236)

Fellows were asked to report on the use of laparoscopic equipment at their principal hospital of affiliation for diagnostic vs. sterilization purposes. Table 3 shows that, on balance, fellows associated with hospitals where laparoscopic equipment was reported to be used "about equally for diagnostic and sterilization" were above average in the performance of both sterilization and diagnostic procedures. Where the equipment was reported to be "more for diagnosis", the mean number of diagnostic procedures of fellows was the highest, but the mean number of sterilization procedures was the lowest. The converse was the case where equipment was reported to be used "more for sterilization".

According to the reports of fellows, there is considerable regional variation in the use of laparoscopic equipment in hospitals (see Table 4).

TABLE 4

PERCENT DISTRIBUTION OF FELLOWS ACCORDING TO REPORTED USE OF EQUIPMENT FOR DIAGNOSIS VS. STERILIZATION AND WORLD REGION 1/

Is equipment used more for diagnostic purposes or for sterilization purposes?	World Region 1/				Total
	Africa	Asia	Near East	Latin America	
Used more for diagnostic purposes	65%	29%	15%	13%	24%
Used about equally for diagnosis and for sterilization	20%	36%	31%	26%	28%
Used more for sterilization	15%	35%	54%	61%	48%
Total	100%	100%	100%	100%	100%
(Number of Fellows)	(34)	(55)	(46)	(101)	(236)

Institutional use of equipment was used "more for diagnosis" in the majority (65%) of cases in Africa, and "more for sterilization" in the majority of cases in Latin America and the Near East (61% and 54%, respectively). In Asia, however, a prevailing "pattern" of use was not identified; fellows were almost equally likely to report use of equipment at their institutions for sterilization and for diagnostic procedures. Thus, in Latin America and in the Near East, the performance of fellows appears to be compatible with prevailing patterns of institutional use; on the average, fellows perform more sterilizations than diagnostic procedures (see Table 2). Although the numbers on which calculations are based are smaller, there is at least the suggestion that the performance of fellows from Africa departs from reported institutional use of equipment: mean numbers of sterilizations and diagnostic procedures were roughly the same (see Table 2).

The discussion above has been limited to the group of fellows assumed, according to evidence available independently of the survey, to have access to the use of laparoscopic equipment. Since fellows were asked on the survey to report if they had access to laparoscopic equipment at their principal hospital of affiliation, it was also determined on the survey that roughly one-tenth of this group did not have such access, at least at their principal hospital of affiliation. Also, it should be pointed out that the survey has revealed that 43% of those not assumed to have access to laparoscopic equipment, did, in effect, report that they had such access. Thus, for the group as a whole returning questionnaires, those reporting access to laparoscopic equipment amounts to 71%. In a subsequent report, attention will be given to the performance of the additional fellows reporting access to equipment.

Training Others to Perform Laparoscopic Procedures. In the second survey, fellows were asked to report the number of persons whom they had taught the procedures of diagnostic laparoscopy and laparoscopic sterilization (cautery and Falope methods) during the past 12 months. This section, as the preceding one, reports on the group of fellows assumed to have access to laparoscopic equipment at their principal hospital of affiliation. Of the 267 fellows in this group, data on the number of persons they have trained in laparoscopy (any procedure) were available on 261 fellows.

Table 5 shows that 30% of the fellows had not taught laparoscopic procedures to others duing the past year. Half of the fellows was teaching on the average of less than one person per month, and 20% were teaching the procedure to one or more persons per month. The mean number of persons trained per fellow month was 1.1 for the group as a whole (see Table 6).

TABLE 5

DISTRIBUTION OF FELLOWS ACCORDING TO MEAN NUMBER OF PERSONS TRAINED IN LAPAROSCOPIC PROCEDURES PER FELLOW MONTH

Mean Number of Persons Trained in Laparoscopic Procedures Per Month	Number of Fellows	Percent of Total
None	77	30
Less than 1.0	133	50
1.0 - 4.9	34	13
5.0 or more	17	7
Total	261	100%

TABLE 6

MEAN NUMBER OF PERSONS TRAINED IN LAPAROSCOPIC PROCEDURES PER FELLOW MONTH, BY WORLD REGION 1/

World Region 1/	Mean Number of Persons Trained in Laparoscopic Procedures Per Fellow Month	Number of JHPIEGO Fellows
Africa	0.7	(33)
Asia	0.7	(64)
Near East	1.5	(49)
Latin America	1.2	(109)
Total	1.1	(255)

1/ World Regions correspond to the AID classification of countries according to region. See Appendix I for AID regional classification of countries.

Table 6 shows that the mean number of persons trained in laparoscopic procedure per fellow month was higher among fellows from the Latin American and Near East regions, and lower among fellows from Africa and Asia. The differences in the number taught laparoscopic procedures varies according to the use of equipment (see Table 7).

TABLE 7

MEAN NUMBER OF PERSONS TRAINED IN LAPAROSCOPIC PROCEDURES PER FELLOW MONTH, BY REPORTED USE OF EQUIPMENT FOR DIAGNOSIS VS. STERILIZATION

Is equipment used more for diagnostic purposes or for sterilization purposes?	Mean Number of Persons Trained in Laparoscopic Procedures Per Fellow Month	Number of JHPIEGO Fellows
Used more for diagnostic purposes	0.9	(56)
Used about equally for diagnostic and for sterilization	1.1	(66)
Used more for sterilization	1.4	(108)
Total	1.2	(230)

The above findings possibly conceal differences which may become apparent when a distinction is made between different types of procedures taught i.e., between diagnostic procedures and sterilization, and between cautery vs. Falope method sterilizations. Evidence available in a later section of the report shows that for respondents as a whole, the cautery method of sterilization is less frequently a procedure included in the teaching/training given by fellows. A later report will deal more specifically with training of others in the different laparoscopic procedures.

Clinical Training of Others in the Broad Aspects of Reproductive Health and Fertility Management

In the recruitment for the JHPIEGO educational program, an attempt has been made to select fellows not only on the basis of their clinical responsibilities but in terms of their responsibilities for teaching others, particularly medical school students and medical school graduates. The benefits of training teachers may not be so readily evident, but should be manifest as new generations of physicians become active clinically.

The instructional program for JHPIEGO fellows was never exclusively concerned with laparoscopy, and as it has evolved it has broadened conceptually, substantively, and in the range of techniques to which fellows are exposed. Conceptually, fellows are exposed to an orientation which distinguishes between "reproductive health" and "reproductive medicine" in an attempt to broaden their perspectives, conditioned traditionally by hospital-based training and experience and uninformed with respect to "primary prevention." Substantively, also, the courses focus attention on important health and social problems which fellows encounter in their own countries, problems relating, for example, to high risk pregnancy and infertility. Finally, while it is probably true that the opportunity to learn new laparoscopic techniques has been a major incentive for obstetricians/gynecologists to attend JHPIEGO courses, an attempt has been made to acquaint fellows with a repertory of techniques appropriate in different situations. In the case of fertility control, for example, non-surgical measures, i.e., contraceptives, receive attention as well as surgical methods. Excluded in the training program is abortion because of restraints imposed by the Helms amendment. The educational program does, however, address itself to the care of women presenting with incomplete abortion, a major cause for hospitalization in many countries.

The data presented in this section are for survey respondents as a whole, and for those who reported teaching/training responsibilities.

In the survey fellows were asked the following question: "Do you now teach and/or provide supervised clinical training in Ob/Gyn or fertility management?" The group who responded affirmatively to this question (84% of all respondents) was asked to respond to two additional questions: (1) "Whom do you now teach or supervise?", and (2) "Which of the following subjects techniques/procedures do you include in your teaching?" (The list to which they were asked to respond included both subjects and techniques/procedures in fertility management.) The main purpose of the questions were to determine if fellows are now in settings where they have potential opportunities for providing training to different categories of trainees, and, if so, to determine if the training, in effect, is being provided in the broad aspects of reproductive health and fertility management.

Table 8 shows that fellows most frequently reported responsibility for training medical school graduates in clinical training, but a majority in both categories (all respondents and those with teaching/training responsibility) provided training of medical students and for nurse/midwives as well. A minority also trained other categories of personnel, such as paramedical workers, physicians receiving continuing education, etc. As may be inferred from the percentages, many physicians have training responsibilities for more than one type of trainee, the most frequent being both medical postgraduates and medical students.

TABLE 8

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED THEY TAUGHT OR PROVIDED SUPERVISED CLINICAL TRAINING IN OB/GYN OR FERTILITY MANAGEMENT, BY CATEGORY OF PERSONS TAUGHT/SUPERVISED

Whom do you now teach or provide supervised clinical training in Ob/Gyn or fertility management?	Percentage of All Respondents Reporting		Percentage of Respondents with Teaching/Training Responsibilities Reporting	
Medical students	58%	(444)	71%	(366)
Medical school graduates in clinical training	69%	(444)	84%	(366)
Nurses or nurse-midwives	51%	(443)	62%	(365)
Other health personnel	22%	(443)	27%	(365)

Note: Numbers in parentheses include denominator (fellows) used in calculating percentage.

Subjects in fertility management are listed in Table 9 according to the frequency with which they were reported to be included in clinical training. With the exception of "demography and population problems" and the "organization and management of advanced fertility clinic", the major subjects emphasized in the courses for JHPIEGO clinicians are also included in the training the majority of fellows are now providing for others in their own countries.

TABLE 9

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED INCLUDING SELECTED SUBJECTS IN THEIR TEACHING/TRAINING

Subject	Percentage of All Respondents Reporting		Percentage of Respondents With Teaching/Training Responsibilities Reporting	
1) Contraceptive techniques	72%	(438)	87%	(360)
2) Selection of appropriate sterilization procedures	72%	(439)	87%	(361)
3) Reproductive physiology and health	70%	(440)	86%	(362)
4) High-risk pregnancy	70%	(440)	85%	(362)
5) Management of incomplete abortion	70%	(439)	85%	(361)
6) Diagnosis and treatment of infertility	66%	(437)	80%	(359)
7) Patient counseling in fertility management*	64%	(352)	82%	(274)
8) Demography and population problems	38%	(435)	46%	(357)
9) Organization and management of advanced fertility clinic	31%	(433)	38%	(355)

Note: Numbers in parentheses include denominator (fellows) used in calculating percentage.

* Item inadvertently omitted from early mailing of one language version of the questionnaire.

In Table 10 specific techniques/procedures are also listed in order of the frequency which they are reported to be included in the teaching and training of others. Post-partum sterilization and interval mini-laparatomy are the sterilization procedures most frequently reported to be included in clinical training of others, outranking laparoscopic

TABLE 10

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED INCLUDING SELECTED TECHNIQUES/PROCEDURES IN THEIR TEACHING/TRAINING

Techniques/Procedures	Percentage of All Respondents Reporting		Percentage of Respondents with Teaching/Training Responsibilities Reporting	
1) Post-partum sterilization	67%	(438)	81%	(360)
2) Diagnostic laparoscopy	58%	(436)	71%	(358)
3) Interval mini-laparatomy	56%	(440)	68%	(362)
4) Laparoscopic sterilization, Falope method	49%	(439)	60%	(361)
5) Laparoscopic sterilization, Cautery method	31%	(437)	38%	(359)
6) Vasectomy	12%	(437)	15%	(359)

Note: Numbers in parentheses include denominator (fellows) used in calculating percentage.

sterilization procedures, which require special equipment not available to all. Fewer fellows report training in the cautery method than in the Falope method of laparoscopic sterilization, reflecting not only the differences in availability of equipment but also probably preference for the Falope technique. Vasectomy is a procedure of apparent minimal interest to JHPIEGO clinicians. Interestingly, diagnostic laparoscopy is now a procedure rather widely included in the clinical training, and more so than either of the methods of laparoscopic sterilization.

Organizational Affiliation and Activities Relevant to Diffusion of Knowledge in Professional Community

In selecting fellows for training at the major educational centers, JHPIEGO has also hoped to recruit persons who would stimulate the interest of the professional community of their own countries in the broader aspects of reproductive health and fertility management and in new developments in these areas. It is, therefore, of interest to learn the extent to which fellows are organizationally affiliated with professional organizations which provide opportunities for collegial contact and influence. It is also of interest to know the extent to which fellows use the mechanisms of making presentations at professional meetings and publishing in professional journals to diffuse knowledge to professional colleagues.

Membership in Professional Organizations - In the survey, fellows were asked if there was a medical society/association, Ob/Gyn society/association, and family planning/association in their country. Very few respondents reported that such organizations did not exist in their country, and such respondents have been excluded from the tabulations made in Table 11. This table shows

TABLE 11

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Type of Membership	Percentage of All Respondents	Number of JHPIEGO Fellows
Any medical organization	72%	(440)
National medical organization in own country	61%	(435)
Any Ob/Gyn organization	70%	(440)
National Ob/Gyn organization in own country	60%	(434)
Any family planning organization	37%	(430)
National family planning organization in own country	32%	(429)

Note: Number in parentheses include denominator (fellows) used in calculating percentage.

that the percentage belonging to medical associations and Ob/Gyn organizations was roughly identical, both for membership in any such organization (70%) and in the national organization of the fellow's country (60%). The table also shows that around one-third of the fellows reported an affiliation with a family planning organization, 37% with any such organization and 32% with a national organization.

Presentations at Professional Meetings - Slightly more than half (53%) of all fellows reported they had made one or more presentations at a meeting of a professional organization during the past year (see Table 12). Among those making presentations at meetings, the average number of presentations was 2.2 (not shown in Table 12).

More frequently presentations were made at national meetings than at local or provincial meetings. A small group (13%) reported one or more presentations at an international meeting and/or outside their own country in the past year.

Topics on which fellows most frequently presented were sterilization and high risk pregnancy and complication of pregnancy, labor, and delivery. Of interest is the finding that contraception and laparoscopy were topics of presentation of almost equal frequency.

Publications on Professional Topics - Publications during the past year were reported by 30% of the respondents (see Table 13). Among this group, the average number of publications was 2.4 during the year (not shown in Table 13). Fellows most frequently published on the topics of high risk pregnancy and complications of pregnancy, labor, and delivery. Publications relating to gynecological conditions/pathology and sterilization were next in terms of frequency. As in the case of presentations at professional meetings, publications on contraception and laparoscopy were of similar frequency.

Information relating to presentations at professional meetings and publications on professional topics is, of course, more meaningful when related to the context in which physicians work. Rewards for such activities, for example, are probably greater for physicians who teach on medical school faculties than for others. A later report will consider in more detail which groups of physicians are more likely to present at meetings and publish on professional topics.

TABLE 12

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED PRESENTATIONS AT PROFESSIONAL MEETINGS ON PROFESSIONAL TOPICS DURING PAST 12 MONTHS

Presentations in Past 12 Months	Percentage of All Respondents	Number of JHPIEGO Fellows
Presentations		
Percent reporting one or more presentations	53%	(432)
At national meetings in own country	34%	(432)
At local or provincial meeting in own country	21%	(433)
At meetings outside own country	13%	(431)
Fellows reporting presentations only:		
Percent reporting on topic(s) of:		
Sterilization, all types	39%	(223)
High risk pregnancy and complications of pregnancy, labor and delivery	28%	(223)
Gynecological conditions/pathology	21%	(223)
Contraception	20%	(223)
Laparoscopy, all uses	18%	(223)
Abortion, all types	13%	(223)
Infertility	7%	(223)

Note: Numbers in parentheses include denominator (fellows) used in calculating percentages.

TABLE 13

PERCENTAGE OF JHPIEGO FELLOWS WHO REPORTED PUBLICATIONS ON PROFESSIONAL TOPICS DURING PAST 12 MONTHS

Publications in Past 12 Months	Percentage of All Respondents	Number of JHPIEGO Fellows
Percent reporting one or more publications	30%	(419)
Fellows reporting publications only:		
Percent with publications on topic(s) of:		
High risk pregnancy and complications of pregnancy, labor and delivery	40%	(126)
Gynecological conditions/pathology	30%	(126)
Sterilization, all types	29%	(126)
Contraception	21%	(126)
Laparoscopy, all uses	19%	(126)
Abortion	15%	(126)
Infertility	6%	(126)

Note: Numbers in parentheses include denominator (fellows) used in calculating percentages.

Summary

This report presents certain preliminary findings from a second mail survey among JHPIEGO clinicians still in progress at the end of FY 1979-80. The report has concentrated on the laparoscopic activities of JHPIEGO fellows in their own country. In this connection the group singled out for attention comprises a subset of fellows assumed to have access to laparoscopic equipment before mailback of the questionnaire. As in the case of the first survey, the preliminary findings in this survey suggest variation in the number of laparoscopic procedures performed among fellows according to AID region and use of laparoscopic equipment for diagnostic vs. sterilization purposes. It seems that "maximum" performance is more likely in those settings where laparoscopic equipment is reported as used both for diagnostic and sterilization purposes. Further analysis is required before much can be suggested concerning the settings in which training of others in laparoscopic technique is most likely to occur.

Our preliminary data suggest that a small minority of the JHPIEGO fellows assumed to have access to laparoscopic equipment did not, at the time of the second survey, have such access. This is a matter in need of further exploration. The survey also shows that over two-fifths of the respondents not assumed to have access to laparoscopic equipment reported such access on the survey. In a further analysis it will be necessary to inquire if this group was actively, or only marginally involved, in doing laparoscopic procedures and in training others in the techniques.

The remaining part of the report has been concerned with all respondents in the second survey. For the most part, the respondents reported teaching/training responsibilities (84%), and most often for medical postgraduates and medical students. The majority also reported that they

included subjects representative of the broad aspects of fertility management in their training of others. There are some exceptions. Clinicians do not usually include in their teaching the subjects of "demography and population problems" nor do they provide instruction in the "organization of an advanced fertility clinic." Regarding procedures/techniques, the most interesting finding is the frequency with which diagnostic laparoscopy is now included in teaching/training.

In the final part of this report, we have only touched upon some of the possible opportunities available for influence on the part of physicians in their own countries. Respondents in the survey come predominantly from countries with organized societies/associations for physicians as a body and for specialists in Ob/Gyn, and a majority are members of both types of associations. Half as large a group, on the other hand, belong to family planning organizations. Slightly more than one-half of our respondents reported making presentations at professional meetings in the past year, and nearly one-third had published on professional topics during the past year. If the results of our first survey are upheld in this instance, it is to be expected that presentations and publications are more characteristics of those with medical school affiliations. In terms of greatest frequency, the topics about which information is being presented at meetings and reported on in publications are (1) high risk pregnancy and complications of pregnancy, labor and delivery, and (2) various procedures of sterilization.

APPENDIX I

AID REGIONAL DESIGNATION OF COUNTRIES

AFRICA

Benin
Botswana
Burundi
Cameroon
Central African Empire
Chad
Congo
Ethiopia
Gabon
Gambia
Ghana
Guinea
Ivory Coast
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Niger
Nigeria
Rwanda
Senegal
Sierra Leone
Somalia
Sudan
Swaziland
Tanzania
Togo
Uganda
Upper Volta
Zaire
Zambia

ASIA

Bangladesh
Burma
India
Indonesia
Korea
Malaysia
Nepal
New Guinea
Pakistan
Philippines
Singapore
Sri Lanka
Taiwan
Thailand
Vietnam

NEAR EAST

Afghanistan
Algeria
Egypt
Iran
Iraq
Jordan
Lebanon
Morocco
Saudi Arabia
Syria
Tunisia
Turkey
Yemen Arab Republic

LATIN AMERICA

Argentina
Barbados
Bolivia
Brazil
Chile
Colombia
Costa Rica
Dominica
Dominican Republic
Ecuador
El Salvador
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
Trinidad
Uruguay
Venezuela

Other

Cyprus
Portugal