



# Using papayas to promote medical student interest in obstetrics and gynecology

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## Background



Cantaloupes and papayas have been used to teach aspiration curettage to residents and medical students at a few institutions. At UCSF, we teach our interns office gynecologic procedures by using the papaya, an excellent model because of its gravid uterine appearance, cervix-like stem end and interior texture, which is similar to endometrium. We also use the papaya to introduce third- and fourth-year medical students to the basics of Pap smears, endometrial biopsies, placement of intrauterine contraception and uterine aspiration, with enthusiastic reception.



General demonstration



Copper IUD



Levonorgestrel IUS



Paracervical block



Endometrial biopsy



Manual uterine aspiration

## Methods and Supplies

As part of the UCSF didactic program for third- and fourth-year medical students, the students participate in a two-hour papaya workshop. We give a papaya of approximately 8-16 weeks gestation size to each group of two to three students. Each team also receives a Pap smear kit, povidone-iodine, the components of a paracervical block, a tenaculum, an endometrial biopsy pipelle, a sample levonorgestrel intrauterine system, a sample copper intrauterine device, a uterine sound, a set of Pratt dilators, an Ipas syringe and flexible cannula and a curette.

## Curriculum Content

We begin by reviewing basic uterine anatomy and poking a hole in the stem end of the papaya to create the cervical os. We then review Pap smears and bimanual examinations. We discuss the indications for each, how to do them using the papaya model, and review the flexion and version of the uterus and importance of the bimanual examination prior to instrumentation of the uterus to prevent perforation. We then introduce a case in which a woman needs an endometrial biopsy, and review the basic indications, the procedure, the tenaculum placement, and endometrial biopsy using a pipelle. We similarly review intrauterine contraception, outlining the insertion procedure beginning with the bimanual exam and introducing paracervical anesthesia and uterine sounding. The students place the levonorgestrel and copper intrauterine devices in their papayas. Finally, we discuss manual uterine aspiration and introduce cervical dilation. The students then aspirate their papayas, often successfully retrieving papaya seeds. They then curette the papayas to make sure they are empty.

## Results and Conclusion

Students have found the workshop useful because it gives them hands-on experience with procedures they usually can only observe. They also report that the workshop gives them an insight into the enjoyment of the surgical aspects of ob-gyn and increases their interest in the specialty.

Conclusion: The papaya workshop is a fun, inexpensive and easily replicable model for teaching procedures and modeling some of the joy of our specialty to medical students.

