

Effective use of simulation in an obstetrical curriculum

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Our aim was to promote resident competency in managing high-risk, low-volume obstetrical events. "Learning by doing" becomes problematic in uncommon clinical situations, particularly when technical expertise is required. We designed simulation curricula in order to enhance patient safety while supporting our educational objectives.

Simulation sessions were held during a resident academic halfday (3 hours) in a designated simulation facility. The sessions were structured to allow residents in small groups to rotate through four "skills stations" lasting 40 minutes each. Expert faculty (physicians, midwives, an experienced labour nurse, and a medical educator) were recruited to ensure a low learner-to-educator ratio (3:1). Separate simulation sessions were organized for Family Medicine residents and obstetrical residents with a similar structure but different content as determined by the educational objectives of each program.

The Family Medicine residents performed (1) perineal repair by suturing on a prepared beef tongue, (2) intrapartum assessment using Noelle, (3) a shoulder dystocia scenario using the Prompt Birth Simulator and (4) office procedures using a realistic pelvic model.

The obstetrical residents performed (1) vaginal breech delivery using the Prompt Birth Simulator, (2) a complex intrapartum emergency using Noelle, (3) a shoulder dystocia scenario using the Prompt Birth Simulator and (4) instrumental vaginal delivery using a pelvic model.

A written evaluation of the session was solicited from each resident. Feedback was universally positive provided the group size was kept small (5 or fewer). Teaching with simulation requires intense use of faculty resources but can be effectively targeted to address important educational needs in our postgraduate training programs.