DOES TEACHING OF SHOULDER DYSTOCIA DELIVERY DOCUMENTATION THROUGH SIMULATION TRANSLATE INTO IMPROVED DOCUMENTATION IN REAL LIFE?

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Objective:
Simulation-based medical education is a valuable method for providing hands-on training for high risk, low frequency events. Documentation of shoulder dystocia deliveries is a valuable communication skill necessary for residents to attain during residency training.

Introduction: To determine whether the teaching of shoulder dystocia documentation in a simulation environment would translate to improved documentation of the event in an actual clinical situation.

Methods:
This was a cohort study involving obstetrics and gynecology residents in years 2-5 between November 2010 - December 2012. Each resident participated in a shoulder dystocia simulation teaching session and was asked to write a delivery note. Feedback was given regarding their performance and their documentation of the events. Following this, dictated records of shoulder dystocia deliveries closest in time before and after the simulation session were evaluated using an itemized checklist to assess the quality of residents’ dictated documentation.

Results:
When residents were assessed by year of training, there were no differences in the proportion of residents recording items on the checklist before and after the simulation session (p > .05 for all). Similarly when 10 (of a total of 19) residents who had dictated documentation both before and after the session were analyzed, there were no differences in the number of elements recorded on dictations done before and after the simulation session (p > .05 for all).

Conclusion:
The teaching of shoulder dystocia documentation through simulation did not result in an improvement in the quality of documentation of shoulder dystocia in actual clinical situations.