

Title: Effect of training workshop on episiotomy repair skills

Author: Kobinah Nkyekyer

What problem was addressed: Students in the University of Ghana Medical School are expected to be proficient in repair of episiotomy by the time they complete a 16-week clerkship in Obstetrics & Gynaecology. In recent years faculty have had cause to be concerned about the apparent lack of skills in episiotomy repair among students completing the clerkship. This may be due to lack of opportunities resulting from increased student numbers, the practice of restrictive use of episiotomy and concern over students learning on patients. Students' proficiency in episiotomy repair is essential since they will be required to repair episiotomies and second degree perineal tears during their internship. This project aimed to impart, through workshops, episiotomy repair skills to students and to compare them with those supposed to have had opportunistic training in the labour ward.

What was tried: During the senior clerkship the class is divided into two groups, each spending a total of eight weeks in the clerkship. Each group is subdivided into five groups and assigned to the five units within the Department of Obstetrics & Gynaecology. Students assigned to the author's unit were taken through five, one-hour per week bench workshop sessions in which they were taught various skills in episiotomy repair. Foam blocks were used as dummies for the training, together with decommissioned instruments and outdated sutures. Each training session had five students and students were included in the final evaluation if they completed at least four training sessions. Students in the other four units went through the usual process of opportunistic training in episiotomy repair in the labour ward. At the end of the clerkship a corresponding number of students who hadn't participated in the workshop was randomly selected (as controls) and together with the workshop students participated in an assessment involving direct observation of episiotomy repair skills. There were 26 students in each arm. Checklists as well as global ratings were used, with faculty performing the assessment. Performance of the two groups was compared using student *t* test and chi-square tests.

What lessons were learned: The third step of the four-step approach to teaching skills (ie comprehension) could be omitted in this study. Students in the study group performed much better than those in the control group; they had significantly higher scores on the checklist and global scores, and spent significantly shorter times completing the episiotomy repair. There were no significant differences, between the two groups, in the numbers of episiotomies seen performed, the numbers seen repaired and the numbers subjects themselves had repaired in the labour ward. The study group expressed much higher levels of confidence but there was no difference in the levels of satisfaction with the clerkship. Study group students were very enthusiastic about the workshop. Students in both groups and the evaluating faculty were strongly supportive of the episiotomy workshop becoming an integral part of the clerkship. Faculty also expressed willingness to be part of any future workshops. Unfortunately, workshop students did not have opportunity to exhibit transfer of bench skills into labour ward situations.

Reference:

Banks E, Pardanani S, King M, Chudnoff S, Damus K, Freda M.C. A surgical skills laboratory improves residents' knowledge and performance of episiotomy repair. *Am J Obstet Gynecol* 2006;195:1463-1467

Correspondence: Kobinah Nkyekyer, Associate Professor, Department of Obstetrics & Gynaecology, Ghana Medical School, P.O. Box 4236, Accra, Ghana