

Medical Student Self Confidence to Participate On Labor and Delivery

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Branch: Procedures Based Care

Project Summary

Purpose: We aimed to assess medical students' self-confidence in participating in the Labor and Delivery workflow, prior to their first shift.

Background: Little data exists to evaluate students' self-confidence in their ability to participate on L&D. While medical curriculum emphasizes content based knowledge, increasing confidence in students' ability to function is meaningful insofar as it promotes engagement in learning opportunities.

Methods: An anonymous survey was distributed to 3rd year medical students following the completion of an in-person orientation to their Ob/Gyn clerkship from February through July 2017. Respondents reported demographic information and their confidence to perform eight tasks specific to L&D using a 9 point Likert scale (1=strongly disagree, 9=strongly agree). RedCap was used for data entry and SAS was used for result generation."

Action Items/Outcome

An anonymous survey was distributed to 3rd year medical students following the completion of an in-person orientation to their Ob/Gyn clerkship from February through July 2017. Respondents reported demographic information and their confidence to perform eight tasks specific to L&D using a 9 point Likert scale (1=strongly disagree, 9=strongly agree). RedCap was used for data entry and SAS was used for result generation.

63 students responded to the survey. The average age was 24 (SD=2.25). 51% of respondents were female. The majority of respondents were white (65%). Most students were not confident in utilizing the electronic medical record (M=4.38, SD=1.84), performing a history and physical (laboring: M=4.03, SD=3.58. Induction: M=3.59, SD=1.72), signing out laboring patients (M=2.87, SD=1.52) and participating in deliveries (Vaginal: M=2.95, SD=1.97. Placenta: M=3.14, SD=2.14. Cesarean: M=2.92, SD=1.79). **Conclusions:** Students do not feel confident in their ability to participate in the work-flow of Labor and Delivery prior to their first shift. We propose continued

innovation in medical student orientation to improve their readiness to participate in clinical duties.

Conclusion/Reflection

To address this issue, we created a series of live-action L&D orientation videos to better prepare students for L&D. The videos address the following topics: an introduction to the L&D floor and rundown of the daily workflow, vaginal births, c-sections, sign-out, admission H&P, and admission H&P for special cases. Each video was filmed in a professional studio in the style of either The Daily Show or Pardon the Interruption and had faculty, OBGYN residents, and students participate as actors. The videos were recently sent to an editor and will be launched at the clerkship orientation in the near future. Students do not feel confident in their ability to participate in the work-flow of Labor and Delivery prior to their first shift. We propose continued innovation in medical student orientation to improve their readiness to participate in clinical duties.