

GUIDING PRINCIPLES OF SIMULATION TRAINING OF CONSERVATIVE LABOR MANAGEMENT IN CASE OF BREECH PRESENTATION

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INTRODUCTION. The involvement of the simulation technology in the educational process demonstrates the successful resolution of medical error problem, which is a leading factor for the adverse perinatal consequences of conservative labor in case of breech presentation.

To define the main principles of simulation training of obstetricians-gynecologists for mastering and developing practical skills in providing help to fetus in the process of conservative labor in case of breech presentation.

MATERIAL AND METHODS

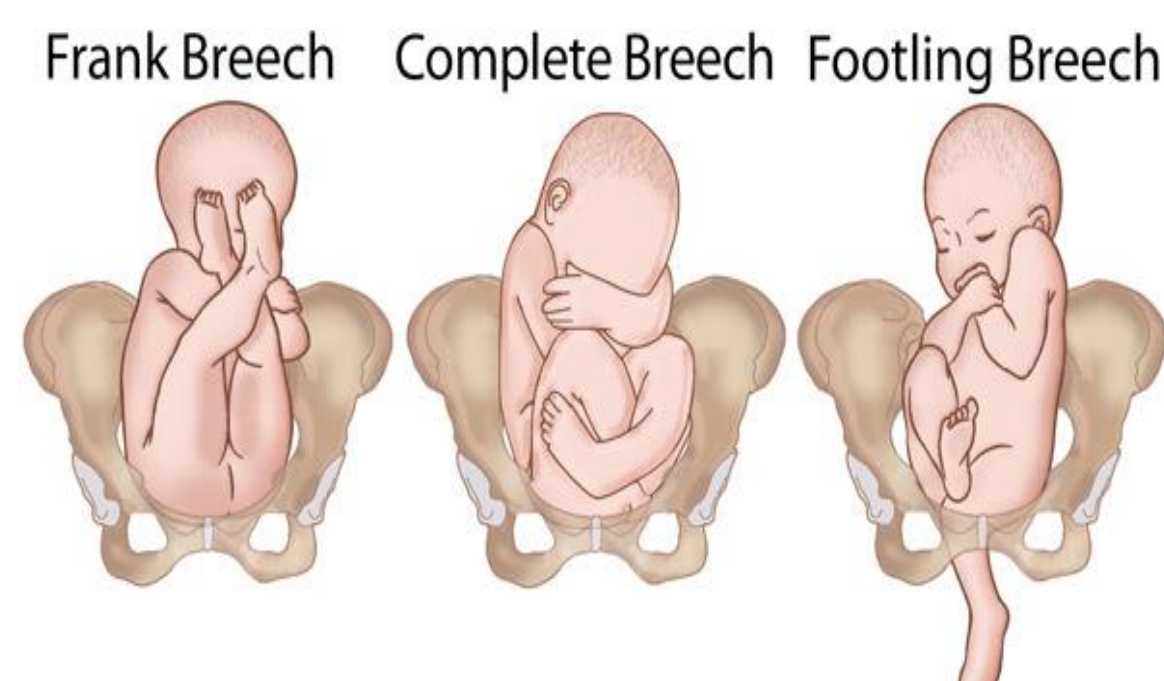
120 anonymously questionnaires filled out by the doctors after training classes at the Odessa National Medical University on the topic "Conservative labor in case of breech presentation" were processed. The questionnaires were divided into 2 groups: the Ia group (n = 40), the questionnaires of the doctors, who didn't pass regularly the simulation training classes; Ib group (n = 40), the questionnaire of the doctors, who have passed the simulation training classes for the first time. The control group (CG) (n = 40) consists of questionnaires filled out by the doctors, who passed regularly the above-mentioned training classes.

The statistical processing of the results obtained was carried out with the help of the Microsoft Office Excel 2016 software.

RESULTS: The effectiveness of the training classes on the above problem was evaluated using the 10-point system of the list of parameters in questionnaires and demonstrated the following results (Table 1). The highest subjective assessment for all parameters was demonstrated by the doctors of the CG, who regularly developed the professional level by simulation training.

Table 1. Subjective doctors' assessment of their own skills

Parameter	Ia (n = 40)	Ib (n = 40)	CG (n = 40)
Right selection of the patients	3,0±1,7***	7,3±1,1*	9,5±0,3
Own level of psychological tolerance	2,7±0,6*	2,6±0,4 *	8,7±0,2
Precision of movements	4,3±0,8 *	4,7±0,2 *	8,6±0,7
Accuracy of actions and cautious manipulation with the fetus	3,7±1,1 ***	8,2±0,3 *	9,4±0,1
Own motivation	1,7±0,3 *	2,4±0,1 *	7,4±1,5



The doctors from the Ib group had a less favorable subjective assessment. Each parameter in the Ib group was significantly lower than that in the CG ($p < 0.05$). However, the immediate effective impact of simulation training was demonstrated by the assessment of the parameters of the correct selection of patients - 7.3 ± 1.1 points and the accuracy of actions and cautious manipulations with the fetus - 8.2 ± 0.3 points.

However, the doctors of the Ia group showed the worst mean score for all parameters in the questionnaires. Confirmation of the ineffectiveness of a one-time or irregular simulation training was the absence of a statistical difference in the Ia and Ib groups according to the parameters: level of psychological tolerance (2.7 ± 0.6 ball) and (2.6 ± 0.4 points); precision of movements (4.3 ± 0.8 points), (4.7 ± 0.2 points) and level of own motivation (1.7 ± 0.3 points) and (2.4 ± 0.1 points) ($p > 0.05$).

CONCLUSIONS. The use of simulation training in an irregular or one-time regime is ineffective in raising the level of professionalism of obstetricians-gynecologists. Effective mastering and improvement of practical skills is possible only in case of the regular use of simulation trainings.

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