Vaginal examination: use of hybrid simulation to develop an integrated approach to teaching technical and communication skills

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Background – What is a vaginal examination?

Vaginal examination

Bimanual examination

Speculum examination
Background – Why is it important?

- Symptom assessment
- Pregnancy & postpartum
- Screening & family planning
- Embarrassment
- Vulnerability
- Negative experience
Background – How is it currently taught?

Methods of teaching
Background – What are the disadvantages?

Methods of teaching

Sheffield Teaching Hospitals
NHS
Objectives

Develop a teaching session which incorporates both the technical and communication skills of performing a VE.

Evaluate the programme from the perspective of the students and the patients.
Methods – Who was involved?

Medical Student
- n=36
- Phase 3A
- University of Sheffield
- 6 regional hospitals

Tutor
- n=1
- AFY2 Doctor
- Laura Wharton

Simulated Patients
- n=2
- Professional SPs
- Different experience levels
Methods – What was the scenario?

Patient X

30 year-old F

PC: Abdominal pain and abnormal discharge

No significant medical history but recent unprotected intercourse with a new partner

2 x previous cervical screening normal

Pregnancy test negative
Methods – How did the simulation work?
Methods – How did the sessions run?

- Simulated ward
  - Clinical encounter
  - Feedback

- Observation room
  - Observation

Time (minutes):
- 0
- 10
- 20
- 30
- 40

Simulated patient
- Student 1
- Tutor
- Student 2
Methods – How was it evaluated?

Pre-teaching

- Student confidence
  1. Bimanual
  2. Speculum
  3. Swabs
  4. Consent
  5. Communication
  6. Findings

Post-teaching

- Student confidence
- Student evaluation
- Sim patient evaluation
Methods – How was it evaluated?

Pre-teaching

Student confidence

Post-teaching

Student confidence

1. Bimanual
2. Speculum
3. Swabs
4. Consent
5. Communication
6. Findings

Student evaluation

Sim patient evaluation
Methods – How was it evaluated?

**Pre-teaching**
- Student confidence

**Post-teaching**
- Student confidence
- Student evaluation
  1. Usefulness
  2. Feedback
  3. Perceived benefits
- Sim patient evaluation
Methods – How was it evaluated?

**Pre-teaching**
- Student confidence

**Post-teaching**
- Student confidence
- Student evaluation
- Sim patient evaluation
  1. Relevance
  2. Realism
  3. Practicalities
  4. Role
Results – What was the effect on students?
Results – What was the effect on students?
Results – What did the students think?
“the nerves that the medics show when they first have to talk to someone, you don’t want to be the patient at that point”
Discussion – How realistic was it?

Physical fidelity  Psychological fidelity
Discussion – How realistic was it?

Physical fidelity
Discussion – How realistic was it?

Psychological fidelity

2/3 of students reported simulation realistic

“from a lot of simulated role play I’ve done this has been the most realistic”

“the more seriously the students took it the more real it felt”
Conclusions

Hybrid simulation can be successfully used to teach technical and communication skills

Perceived as beneficial

Feedback from tutor and patient was particularly valued
Conclusions

“I think it makes a difference to the first woman they do it to”

“without having worry... a safe place... to have that opportunity to experiment and try things out. That’s really important for the patients and for the trainee doctors.”