

Resident confidence in obstetrics: Let's get more practice

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It was my fourth shift into a high-volume obstetrics rotation when I finally summoned up the courage to make the big request. Having watched the obstetrician use the Kiwi vacuum twice to deliver reluctant newborns, I was keen to try it myself.

Moir: So, can I try the vacuum?

Obstetrician: Well ... [long pause] I'm not sure how much experience you have. Do you have *any* experience?

Moir: [shorter pause] No, but I've watched at least a dozen (true story).

Obstetrician: Why don't you watch a video we have on vacuum deliveries and then we'll see what happens.

Moir: OK, that sounds great [doing my best to mask dejection and frustration].

Every time I've been asked to step aside in a delivery that requires a vacuum or manoeuvres for a dystocia, I've questioned whether I'll have the courage to do this on my own in 6 months' time. After finding the only VCR in the hospital, I watched the video, and it was helpful. Unfortunately, there were no further vacuum-assisted deliveries that shift.

When I discussed this issue with my fellow residents in the academic days that followed, they echoed similar sentiments. Many had been frustrated when they were asked to step aside during a shoulder dystocia, third-degree repair or vacuum delivery — all important skills we'll require as rural providers of obstetric care. Others worried that they had not participated in enough vaginal deliveries to be proficient. As we neared the end of our residency program, we found we shared our discomfort with certain obstetric skills.

A quick review of the literature

showed that we're not alone. An Ontario-wide study revealed that 69% of graduating family medicine residents felt they had received enough training in intrapartum care.¹ This same study found that only 16% of residents were practising obstetrics 2 years after the end of residency, when 52% had intended to practise it when they began.¹ Given that this study is more than 10 years old, today's reality may be dimmer yet.

As it turned out, I had the good fortune of working with a couple of amazing preceptors who let me use the vacuum and perform a difficult third-degree perineal repair. I'm still on track with my plan to practise obstetrics, and I'm encouraged by the 2009 report *Family Medicine Maternity Care: Implications for the future*.² This report addresses many of the above concerns, including a competency-based curriculum that recommends residents complete 50–100 vaginal deliveries during their residency.² It also discusses the importance of family medicine residents learning obstetrics from family medicine preceptors. Hopefully, these recommendations are effective in supporting residents interested in obstetrics, and everyone gets a chance to use the vacuum.

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REFERENCES

1. Godwin M, Hodgetts G, Sequin R, et al. The Ontario Family Medicine Residents Cohort Study: factors affecting residents' decisions to practise obstetrics. *CMAJ* 2002;166:179-84.
2. Biringir A, Maxted J, Graves L. *Family medicine maternity care: implications for the future*. Mississauga (ON): College of Family Physicians of Canada; 2009.