SIMULATION IN GENERAL OBSTETRICS AND GYNECOLOGY

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Obstetrical simulation dates from the Paleolithic period. Gynecologic simulation has its origins in the 1920s Link box trainers. By improving maternal-fetal outcomes, obstetric simulation secures mankind’s existence. In turn, improved maternal-fetal outcomes create a need for gynecologic surgery, and therefore, gynecologic simulation. Given this dynamic, gynecologic simulation may be an afterthought that has yet to attain a validated place in medical education and professional practice. The objectives of this review article are to assess the scope of simulation in obstetrics and gynecology, identify simulation’s weaknesses and strengths, review barriers to simulation growth in obstetrics and gynecology, and present a route forward. A previous Google scholar and Google Internet search phrased “simulation obstetrics gynecology”, performed on yielded 29 references from 2001 to 2015. A PubMed search on December 19, 2015, terms “simulation obstetrics gynecology,” found 12 relevant, non-redundant articles. Additional Google scholar hand search on December 19, 2015 yielded 8 articles to complete topics. Post-Halstedian apprenticeship based medical training guarantees an ever-increasing role of simulation in obstetrics and gynecology training. Patient safety, healthcare quality, and healthcare provider credentialing concerns assure the future of simulation in obstetrics and gynecology professional practice. Given positive association with neonatal outcomes, medical student interest in obstetrics, and obstetrics team building, obstetrics simulation has proven itself. Gynecologic simulation needs to address fidelity, reliability, and validity concerns to secure an enduring position in gynecologic education and professional practice.

Biography

Oroma Nwanodi graduated from Meharry Medical College of Nashville, Tennessee in the United States of America as a Medical Doctor in 2001. She specialized in Obstetrics and Gynecology at The University of Massachusetts and Maimonides Medical Center. Later on she obtained specialization in integrative holistic medicine. She has practiced in California, Missouri, Minnesota, and Wyoming. She is currently a Doctor of Health Sciences candidate at A. T. Still University, Mesa, Arizona, in the United States of America.

Notes:

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