

Assessment of the Efficacy of Reflective Activities in Obstetrics and Gynecology Residents for Improving Certain Recognized Abilities

NAVEED FAZAL¹, SAMREEN KISHWAR ABBASI², SIDRA MASOOD³, TAHIRA FATIMA⁴, SADAM HUSSAIN⁵, RUKHSANA SHAHEEN AFZAL⁶

¹Medical Officer, Iqbal Hospital Fateh Jang Attock

²WMO, Medical, Ayub Teaching Hospital Abbottabad

³House Officer, Medical, CMH Muzaffarabad

⁴Associate Professor, Gynae and Obs Department, Shalamar Medical and Dental College, HOD Fauji Foundation Hospital Lahore.

⁵Medical Officer, Three gorges Company Medical and Surgical Complex Karot, Rwp

⁶Assistant professor, Gynaecology and obstetrics, Hit Hospital, HITEC-IMS, Taxilla, Rawalpindi

Correspondence to: Naveed Fazal, Email: n.khatana1680@yahoo.com

ABSTRACT

Aim: To assess the efficacy of reflective activities in obstetrics and gynecology residents for improving certain recognized abilities.

Methods: Continuously communicate permission, twenty-five patients from across all five years of the residency program have been included in the research. Surgical skills, professionalism, communication skills, and especially analytical thinking abilities were recognized as competencies. The introspective activities were evaluated using a foundation for the rest designed for this purpose.

Results: The findings revealed that the resident's capacity to participate in intentional reflecting activities was originally weak, but improved with practice and yielded promising results. In comparison to others made up to the mark, reflective exercises were very beneficial in improving training and expertise.

Conclusion: Regularly engaging postgraduate trainees in intentional reflecting activities have yielded good outcomes in terms of growth in surgical, communicative, and quality assessment abilities, as well as a role in enhancing professionalism amongst residents. Prospective multicenter research, on the other hand, can provide more information about the efficacy of such a therapy.

Keywords: Reflective Activities, Obstetrics and Gynecology, Residents.

INTRODUCTION

The ability to produce achievement of desired effects is characterized as efficiency. Reflection is defined as "the practice of stepping back from an event, attentively and repeatedly, to think on its significance and interpret it to oneself, through to the construction of conclusions [1]." The concept of reflection as a contributor to practice enhancement has its roots in contemporary times. Reflective is thought to be part of the self-assessment and monitoring that are crucial to a physician's capacity to satisfy the requirements of clients or realize the limitations of one's own competency in medical education. It is anticipated that reflective thinking, or physicians' readiness to think critically and participate in self-reflection on their management of individuals and teams, will help to their improved performance [2]. It is an action or process in which an event is remembered, pondered, and appraised, generally in reference to a larger objective [4]. It is a reaction to previous experience that incorporates intentional memory and assessment of the event as a foundation for assessment and decision-making, and it is regarded as a genuine source of planning and evaluation. Returning to experience, connecting with feelings, and assessing experience are regarded to be four basic elements of reflection. As one's ability to reflect grows, one progresses beyond recounting the event to comprehending what learning was gained from it. Benchmarks for the growth of reflective abilities have already been identified in vocational training; from habitual activity to thoughtful action, then contemplation, and ultimately critical analysis. A recent meta-analysis revealed that physicians had inadequate ability to appropriately appraise, with the limits being particularly severe for physicians with weak skills or a high sense of confidence. The research was carried out at the Services Institute of Medical Sciences / Services Hospital in Lahore's Obstetrics and Gynecology Unit. The goal of this research was to see how beneficial reflective activities were for improving training in obstetrics and gynecology residents [5].

METHODOLOGY

Medical performance level, peer evaluation, trainees' performance in the clinicopathological conference, results of written examination

by SEQ's and MCQ's, presentations, structured evaluation of evaluation metric, outcomes of semiannual tests, TOACS in the division, and sustaining log books are common sources for assessment database. Weekly morbidity and mortality meetings are held at the department. Residents might also reflect on their lives during mortality and morbidity sessions. Together with the aforementioned training programs, a residence performance evaluation meeting is held every three months. The residence evaluates its own performance and offers an individualized education plan before to each meeting. This learning strategy is debated, analyzed, and applied. Throughout the course of the study, four quarters have been discussed. The study's instructions were sent to the locals. The purpose of the group discussion was to introduce them to the notion of reflective activities. The criteria and grading mechanism were explained. Four competencies were identified for the purposes of the study. Which include: surgical abilities such as scrubbing, generated by creating, and gloving, tissue managing, trying to cut, and suturing methods; professionalism such as honor and fairness in patient safety, compassion, respect for others and trustworthiness, accountability for oneself and colleagues; interaction skills such as listening, speaking, and trying to write; and program evaluation skill sets. It must have been performed by students who attentively and methodically analyzed it to determine its reliability, usefulness, and use in their dissertations study subject. Small group talks were scheduled at the start of the research. They were introduced to the notion of reflective exercises. Scoring was done at the beginning of every quarter and at the end of the treatment period. During the research, residents chose instances from their experience and reflected on them at the start of each quarter to evaluate their learning and problems in designated skill areas. The proforma was used to test professionalism, communication skills, surgical abilities, and quality assessment skills. Two investigators were instructed to score the entries in the following manner and analyzed the residents' reflections: The researchers individually rated multiple submissions after rating one reflection and discussed it. With no differences amongst the raptors, adequate interrater reliability was attained. Residents completed reflection activity feedback on their performance in defined skills separately even during the study's conclusion. Students were given formative

constructive feedback and deeper critical thought. The outcomes have been gathered. The Statistical Package for Social Sciences software had been used to analyze the information. The mean and standard deviation were computed as stated in the findings. The interrater reliability was measured using the Kappa statistic.

RESULTS

Table I shows the degree of training among the 27 residents in the study. That everything enrolled residents finished the trial without dropping out. Every resident performed 18 reflective tasks for scoring and assessment during in the trial. In all, 28 people performed 395 workouts in one year. There was even a broad variety of scores. At the outset of the study, the inferential analytics for the six observations have been on the low side, indicating immature reflection habits. However, the score improved in the following quarters. The average rating for representation of surgical abilities (Table II) has been 2.3 2.8 at the start of the first quarter, 5.7 1.8, and 5.8 1.8 at the end of the research. The introspective activity ratings in technical skills were significantly substantially higher, indicating the residents' practical engagement in surgical operations and enthusiasm to learn surgical skills. Table II displays the results of the Professionalism reflection exercise. This also improved with time, with the average score rising from 2.4 1.8 at the start of the first quarter to 4.7 2.5 in the last quarter and 5.1 1.26 at the end of the research. Table II displays the reflection exercise score for communication abilities. At the start, the mean score was 2.8 1.6. It was 4.9 2.1 in the fourth quarter and 5.6 2.6 in the end. There was a distinction between postgraduate trainee levels. The degree of training had a greater impact on the progress. Overall, the increase in reflection ratings grew steadily during the second and third quarters of the study. The improvement in reflection scores between the fourth quarter and the end of the research was rather small. The study found that development in all five indicated abilities was correlated, with a bigger gain in score here between second and third scorings and a lower rise from the last two scorings.

Table 1:

Training year	Number	Percentage
First year	3	12%
Second year	5	23%
Third year	8	33%
Fourth year	8	33%

Table 2:

Skill	Quarter	Composite score	Mean + SD	Observed
Surgical skills	First	117	5.8 ± 1.7	0 – 6
	Second	113	5.7 ± 1.8	0 – 6
	Third	98	5.2 ± 2.8	0 – 6
	Fourth	78	4.3 ± 2.6	0 – 6
	Conclusion of research	55	4.3 ± 2.8	0 – 6
Professionalism	First	99	5.1 ± 1.26	0 – 6
	Second	34	4.7 ± 2.5	0 – 6
	Third	47	4.1 ± 1.6	0 – 6
	Fourth	73	2.8 ± 2.3	0 – 6
	Completion of study	87	2.4 ± 1.8	0 – 6

DISCUSSION

Self-evaluation is a crucial ability for doctors to have during their careers. Doctors acquire the opportunity to reflect critically on their own judgments as part of a fresh competence in medicine. The research was performed among the OB/GY residents to assess their capacity to judge personal experience. This refers to the literature's discussion of analyzing and evaluating personal experience as important learning aims for patients to attain throughout their residency training program [6]. Certain events provide an opportunity to reflect on the issue, the current situation, and alternative solutions. During the study, this was also discovered that providing residents with the chance and guidance to find new solutions and alternative solutions increased their

working and learning [7]. Reflecting then emphasizes learning via questioning and exploration, which leads to the growth of awareness. Over the last decades, understanding of how to effectively teach and assess clinical knowledge has evolved significantly in various residency programs. And though the program for additional abilities such as identity, professionalism, and excellent communication has begun, it is not far along [8]. Character development is becoming increasingly important for medical instructors. Conversely, several research has revealed unhappiness with ethics, curriculum, and student attitudes to attempts to expand competence. The findings corroborate the use of organized reflection activities in obstetrics and gynecology trainees. Research in a range of professional disciplines has reinforced the notion that the acquisition of expertise happens through a process of cognitive restructuring of the knowledge around which the expert operates. This was discovered in this investigation. The gap in introspective skills appeared substantial in the first quarter, but somehow it narrowed as the research period proceeded. The reflection activities on surgical abilities, professionalism, and good interpersonal, and analytical assessment skills differed over the postgraduate training year [9]. The resident's results were good while engaged in the prescribed training program. However, it appears that leading to a shortage of experience in certain techniques throughout their college years, the residents are unfamiliar with both the skill of profound thought. It might be due to a lack of opportunities to educate and perform introspective exercises. Subpar performance at work is frequently visible, therefore there is greater scope for change. The study made the same comment. And at the outset of the investigation, surgical skills assessments obtained the highest feedback scores [10].

CONCLUSION

The effectiveness of teaching and assessing personal qualities has far-reaching consequences. Students may encounter obstacles throughout their training years. Trainees will help to recognize their own faults more precisely and will seek help as a consequence of partaking in revealed a great deal and filling out organized provides streamlined. This activity will help them enhance their professional skills and expertise.

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