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Competencies for obstetrics and gynecology residents in pelvic floor ultrasound training: a national Delphi study

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Background and aim

Pelvic floor ultrasound (PFUS) is increasingly used in urogynecology, but residency training remains poorly standardized. This national Delphi study aimed to identify the theoretical, technical and interpretative competencies considered essential for PFUS training for Obstetrics and Gynecology residents.

Materials and methods

A 29-items questionnaire was administered to 62 residents from six Italian residency programs, covering all five years of training. Five domains were assessed: theoretical knowledge, technical skills, image interpretation, clinical relevance and determinants of the learning curve. Statements were rated on a 9-point Likert scale, and consensus was defined as ≥70% of participants rating an item as essential (scores 7–9).

Results

Consensus was achieved for all 29 statements in the first Delphi round; therefore, no second round was required. Five specific competencies reached 100% agreement:

- A minimum number of supervised examinations
- Integration of technical and interpretative skills
- Expert supervision
- Differentiation of pelvic organ prolapse types
- Identification of urogynecological risk factors

Recognition of anatomical landmarks, identification of inadequate examinations, standardized interpretation criteria and the relevance of PFUS for urogynecological surgeons reached 96.7% agreement. Residents also agreed that procedural volume alone does not adequately define competence.

Conclusions

Residents strongly support the formal inclusion of PFUS training in Obstetrics and Gynecology residency programmes. Training should combine supervised practice, correct image acquisition, standardized interpretation and clinical application. Competence should be assessed through a structured competency-based framework rather than examination numbers alone.



Figure 1. Representative 3D pelvic floor ultrasound images obtained with the multislice analysis during pelvic floor contraction.

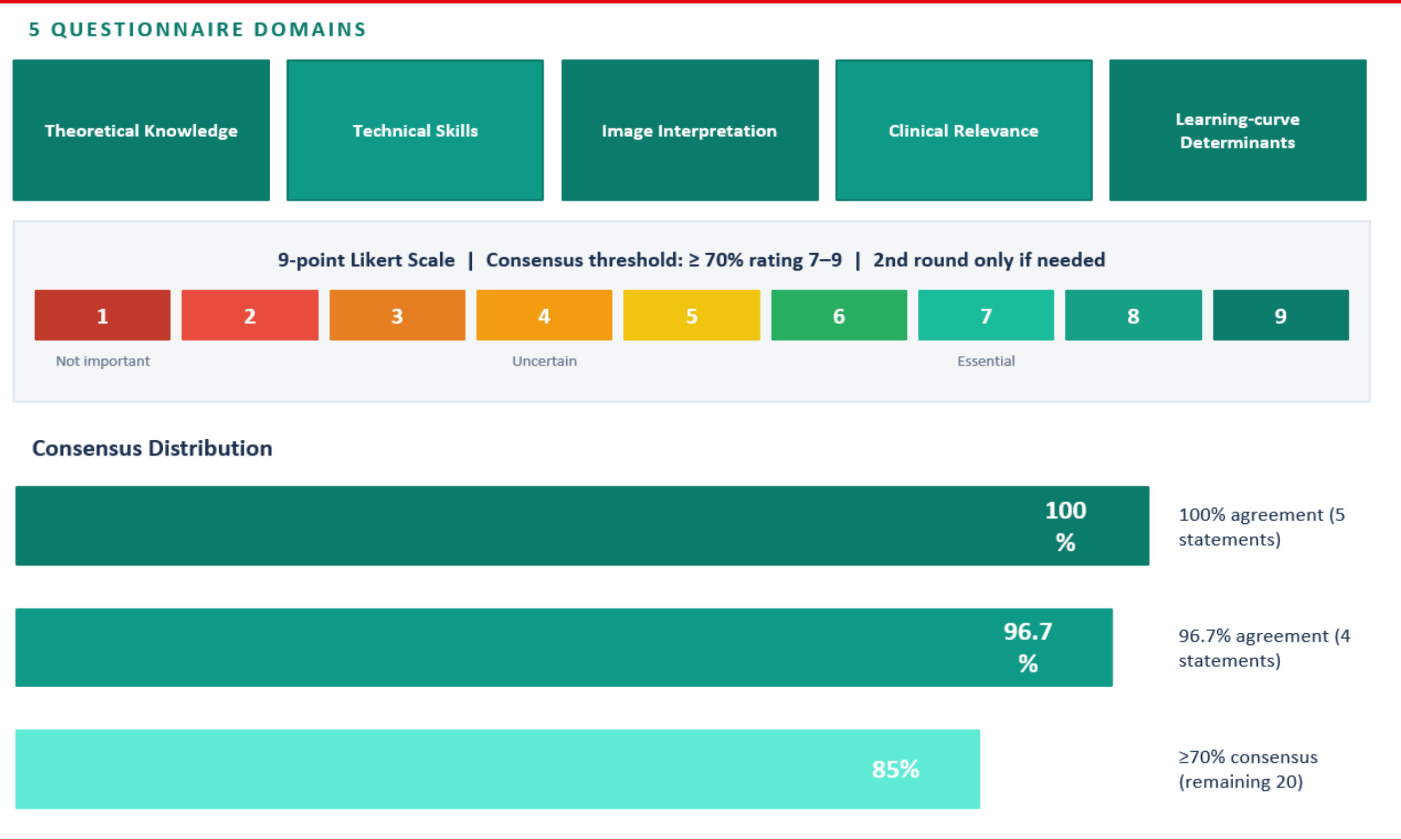


Figure 2. Delphi design: competency domains, predefined consensus criteria and consensus distribution across the 29 statements

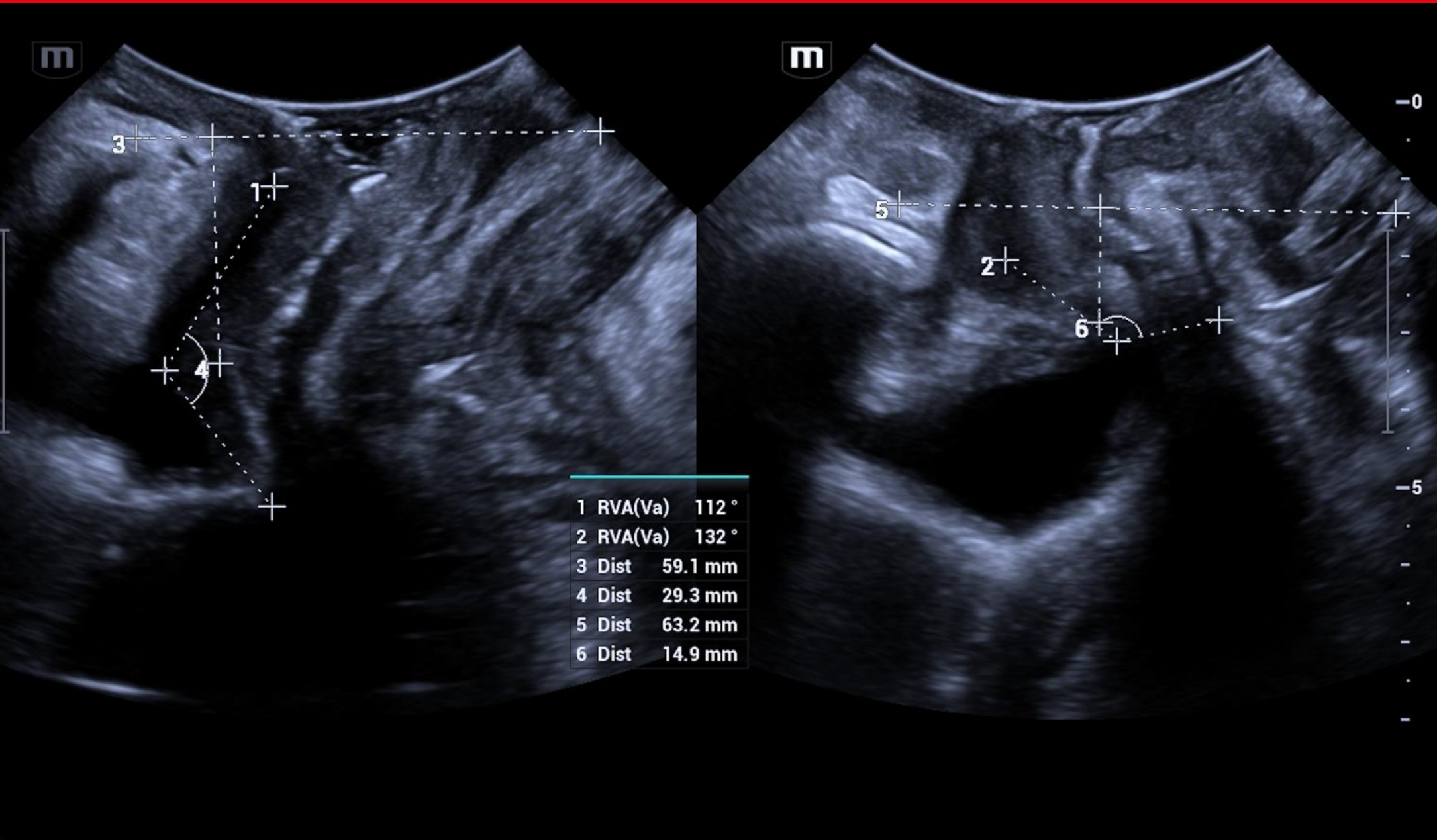


Figure 3. Transperineal 2D evaluation of the bladder neck descent in a patient with a low-grade cystocele.