

SIMULATION VERSUS HANDS ON EXPERIENCE IN GYNAECOLOGICAL ENDOSCOPIES: ENHANCE THE LEARNING CURVE.

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OBJECTIVES:

Mastering gynaecological endoscopies is a time consuming skill with a slower initial learning curve coupled with a dedicated time frame requirement for safe hands on independently or under supervision supplemented by competing with the skilled professionals in the medical field.The objective of the study is to incorporate both the simulation based learning and gradual hands on practice under expert supervision, hence developing a faster initial leaning curve through the use of simulators allowing learners to quickly grasp the fundamental concepts and skills required for level 1 diagnostic gynaecological endoscopies. Comparatively, slower initial learning curve of hands-on experience requires learners to adapt to real-world scenarios, which can be challenging and time-consuming, especially for beginners.

DESIGN:

- 1.Observational studies
- 2.Randomised controlled trial (RCT)

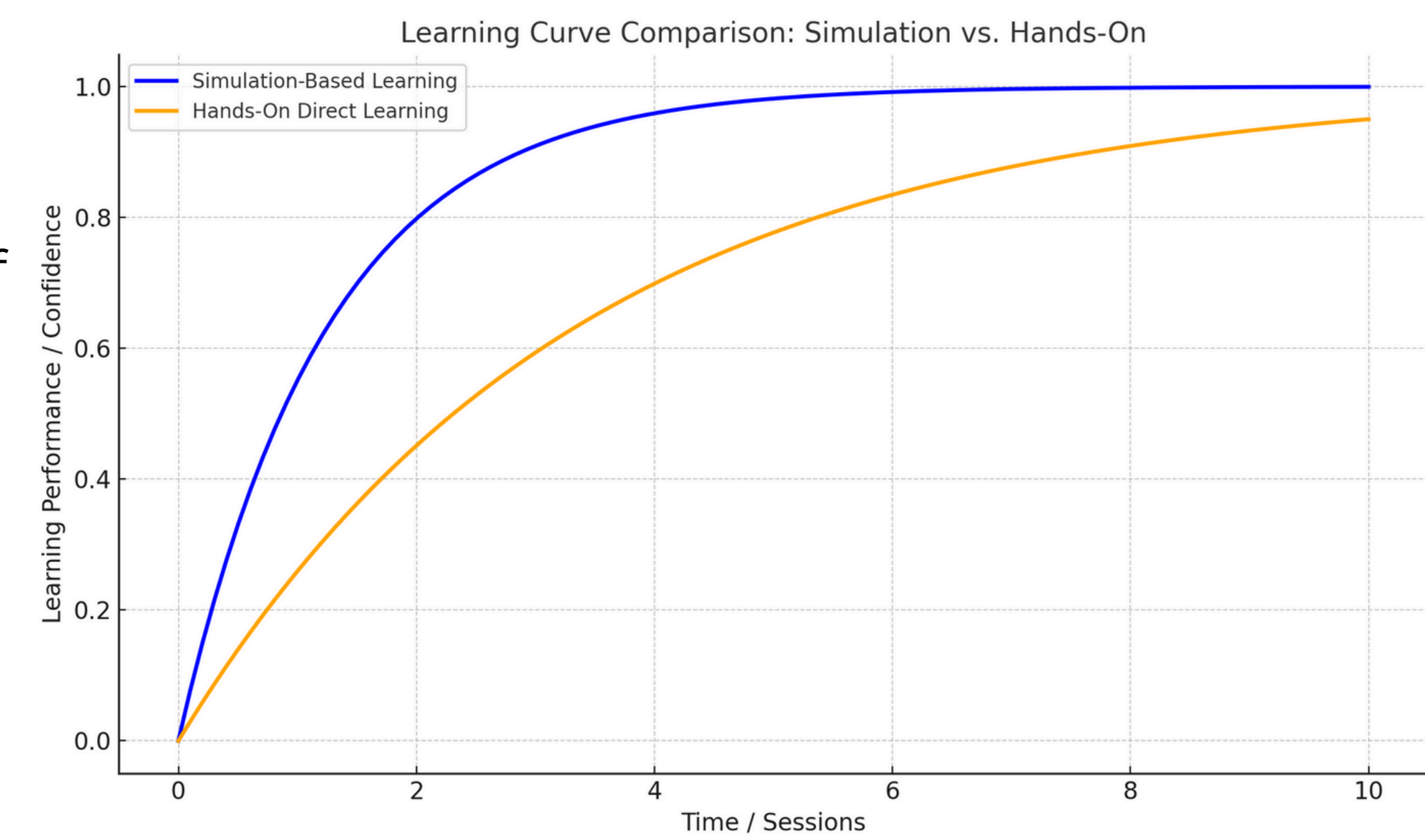
METHOD:

40 novice gynaecologists or obstetricians with little or no prior experience in gynaecological endoscopies, therefore including those with no independent hands on experience, hence requiring a completion of basic training in gynaecology, willingness to particiapte and having attended previous simulation workshops to see the effect of improvement in both technical handling of endoscopy equipments and patient based approach.Exclusion criteria was any previous gynaecological endoscopies performed and any medical condition that may affect participation. One group was allocated simulation based learning through validated gynaecological endoscopy simulators with a 10 hours of training divided into 2 hours per day for 5 consecutive days.

Hands on learning group recieved training under the supervision of an experienced instructor allocating same time duration as their counter part group.

RESULTS:

Simulation based learning group showed a faster learning curve in terms of equipment handling with confidence and understanding the basic concepts through visual aids as compared to the group allocated hands on directly who took a slow and steady curve towards skilled learning.



CONCLUSIONS:

Simulation-based training tends to have a faster initial learning curve, as learners can quickly grasp fundamental concepts and skills in a controlled environment. However, hands-on experience provides a more gradual learning curve, as learners adapt to real-world scenarios and develop procedural skills. Therefore, it is mandatory to incorporate simulation based learning before starting a hands on training. The ideal time is to go side by side for both the learning potentials to steadily improve the learning curve in the gynaecological endoscopies.

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