Learning Styles among Trainee in Master of Obstetrics and Gynaecology at University Malaya Medical Centre

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ABSTRACT

The Masters' programme in obstetrics and gynaecology has been established in Malaysia since 1988. Trainees come from all over Malaysia with different background. Learning styles theory predicts that matching learning preference with learning styles will enhance learning (Javier Lesmes-Anel et al). Studies have shown that, individuals react differently to identical learning experiences, and individual learners have a preferred learning style which motivates their learning (Willingham, 2015). **Objective:** There are 4 learning styles described by Honey and Mumford (1992). These are activist, theorist, reflector and pragmatist. We wanted to determine the preferred learning styles amongst Masters trainees in Obstetrics and Gynaecology (O&G), so that training and teaching styles could be matched with preferred learning styles. **Methodology:** Validated questionnaires on learning styles were distributed to previous Masters trainees in O&G from University Malaya Medical Centre that enrolled between 2005-2011. Exclusion criteria: Non-Malaysian trainee. The questionnaires consist of 2 parts. Part 1 is the demographic questionnaire. Part 2 of the questionnaire is the Honey and Mumford Learning style questionnaire (LSQ). **Results:** The predominant learning styles amongst ex-trainees are: reflector (n=26, 43.3%) and theorist (n=23, 38.3%). **Discussion:** Masters trainees in obstetrics and gynaecology learning styles are mainly theorist and reflector. Reflectors tend to reflect on their experiences and observe from different perspectives. Reflectors tend to gather the needed data first and from others, before coming to their own conclusion. Theorist learn by learning the theory behind the actions. Concept, facts and model will help their learning process. They are good at translating complex observations into logical sound theories. Learning activities that are more suited for reflector learners include critical appraisal sessions with supervisors, regular feedbacks from the trainer, and regular reflective practice. Reflector will improve their training if the supervisor/mentor immediately gives feedback post procedure for example in situation where there are difficult c-section, post laparoscopic procedure or after performing TAHBSO. Theorist on the other thrives on evidence based learning. Having set of protocols or guidelines in the department will help the theorist to learn. Theorist will study latest guideline, evidence based medicine or latest publication and will analysed before applying it to their daily practice. Regular updates on latest evidence based learning and practice. Practices such as having weekly journal club is most suitable for theorist learners. Weekly labour room teaching, analysing CTG and bad outcomes, managing difficult and complex cases in the wards.

Clinical Audit: Predictors of Fetal Distress leading to Caesarean Section in Ampang Hospital

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ABSTRACT

Background: Caesarean section (CS) rates in Ampang Hospital (AH) were on the rise in January-April 2016. 1/3 of CS was done for fetal distress (FD). Therefore, reducing CS for FD will effectively reduce CS rate. **Standard and Target:** The World Health Organisation (WHO) stated that CS rates above 10-15% confer no additional health benefits. However, increasing CS rates is a global concern. Our target CS rate was set at 26.5% as per UK CS rates. **Methodology:** A retrospective audit was conducted in January-December 2016. The first round of audit was done in January-April 2016. Based on the findings, changes were implemented in May 2016. A re-audit was conducted in June-December 2016. **Results of First Round:** The CS rates in January-April 2016 rose from 22.3% to 27.4% to exceed the target of 26.5%. **Implement Change:** In effort to reduce CS rates, senior registrar involvement was made compulsory for diagnosis of FD, alongside conducting cardiotocography (CTG) workshops and enforcing CTG machine maintenance. **Re-Audit:** However, despite implementing changes, the CS rates in June-December 2016 continued to rise, from 24.7% to 29.4%. The average CS rates prior to and after implementation of changes increased from 24.7% to 27.3% (p=0.18503). Of 750 CS for FD in 2016, 590 (78.7%) had CTG abnormalities, 297 (39.6%) had meconium stained liquor, but only 168 (22.4%) had antenatal risk factors. For the neonatal outcomes, only 5 (0.7%) had cord arterial pH <7 and only 10 (1.3%) had 5-minute Apgar score <7. **Discussion:** Further strategies that may be employed for re-audit include not doing CTG for low-risk pregnancies and considering fetal blood sampling for pathological CTG. This continuous audit will be valuable for future development of a national guideline.