

Table 1. Student Experience During Obstetrics and Gynecology Clerkship

Number of Skills Completed	Intervention		P
	Group (n=40)	Control (n=24)	
Bimanual examination	6.2	6.0	.89
Speculum examination	9.0	7.8	.53
Pap test	5.8	5.5	.97
Endometrial biopsy	0.1	0.8	.19
Wet preparation	3.2	3.2	.88
Cervical examination	2.3	4.4	.04*
Evaluation of fetal monitoring	13.4	9.3	.12
Vaginal delivery	2.4	2.5	.75
Satisfaction with obstetrics–gynecology (Likert scale 1–5)			
Perception of specialty	3.9	3.2	.002*
Satisfaction with rotation	4.0	3.4	.04*
Satisfaction with obstetrics–gynecology skills training	3.9	3.3	.006*

* Value achieves statistical significance.

skills was developed and provided to the intervention group. Number of obstetrics–gynecology-specific skills performed clinically was recorded by the students and satisfaction scores were recorded on a Likert scale (1–5). Data were compared with Student's *t* and Kruskal-Wallis tests.

RESULTS: Sixty-four medical students participated from October 2011 to August 2013. Baseline comparison revealed no difference in number of obstetrics–gynecology-specific procedures previously performed in a clinical setting. At the conclusion of the clerkship, there was no significant difference in the number of most procedures performed during the rotation with the exception of cervical examinations (Table 1). Surveys at the completion of the rotation revealed students in the intervention group were more likely to report a positive perception of obstetrics–gynecology, to be satisfied with their rotation and to be satisfied with their obstetrics–gynecology-specific skills training.

CONCLUSION: An orientation to obstetrics–gynecology-specific skills improves perception of obstetrics–gynecology and specialty-specific skills training.

Financial Disclosure: Todd J. Stanhope, MD, Eilean Myer, MD, and Petra Casey, MD—These authors have no conflicts of interest to disclose relative to the contents of this presentation.

The Rural Obstetrical Ultrasound Triage Exam

Teaching Ultrasonography to Students Interested in Global Health

Jonathan G. Steller, MD

University of California, Irvine School of Medicine, Orange, CA
Lauren Sims, BS, John C. Fox, MD, Julianne Toohey, MD,
Carol Major, MD, and Vinita Speir, MD

INTRODUCTION: The Rural Obstetrical Ultrasound Triage Exam (ROUTE) was developed in an attempt to

establish a diagnostic algorithm for the use of portable ultrasonography in rural areas as a means of triaging obstetric patients for future maternal-fetal complication risk. It is the purpose of our pilot study to determine if students are first capable of performing all of the various scans required of our ROUTE while defining such an examination for use in future studies.

METHODS: Medical students with ranging levels of ultrasound training received a 60-minute presentation on the ROUTE followed by two to five 30-minute hands-on sessions with a standardized subject and an average of 10 hours practicing the ROUTE algorithm on patients in an obstetrics clinic. The students then completed two to 10 ROUTE examinations on obstetric patients whom they were blinded to. All images were read in real-time by certified obstetric ultrasound technicians or obstetricians.

RESULTS: After the didactic sessions, the students were able to properly assess all elements of the ROUTE examination on 85.7% of the standardized patients (n=42). They were additionally able to measure crown–rump length, biparietal diameter, amniotic fluid index, placental location, and fetal presentation accurately in comparison with certified ultrasound technicians.

CONCLUSION: This feasibility study found that medical students were able to successfully learn the ROUTE examination. With evidence to support its feasibility, the students plan to travel to Panama, where they will partner with physicians to teach obstetric ultrasonography to medical workers with the American Red Cross and Parteras (midwives).

Financial Disclosure: Jonathan G. Steller, MD, Lauren Sims, BS, Julianne Toohey, MD, Carol Major, MD, and Vinita Speir, MD—These authors have no conflicts of interest to disclose relative to the contents of this presentation. John C. Fox, MD—This author has a relevant financial relationship with the following commercial interest: Equipment Loan: SonoSite, Inc.

ETHICS/PROFESSIONAL LIABILITY/RISK MANAGEMENT

The Nationwide Relationship Between Malpractice Rates of Vaginal and Cesarean Delivery

Clark T. Johnson, MD, MPH

Johns Hopkins School of Medicine, Baltimore, MD

Erika F. Werner, MD

INTRODUCTION: Malpractice rates vary widely by state. We sought to examine the relationship between malpractice rates and the rate of vaginal delivery compared with cesarean delivery at the state level.

METHODS: Data were collected from the Centers for Disease Control and Prevention National Vital Statistics System for 2010 regarding mode of delivery: vaginal or cesarean. Malpractice rates for practicing obstetrics–gynecology providers for each state from the year 2010 were obtained from the 2011 Medical Liability Monitor Rate Sur-

