Simulations play an important role in education that can be utilized in the preclinical years of medical school to strengthen the knowledge of medical students through experiential learning. They are also important to help ensure quality of care for patients. Participating in a vaginal delivery is one of the highlights of the medical student experience on the OB/GYN Clerkship. These skills can be applied later during the third year OB/GYN clinical rotation.

**RESULTS**

Of the students who participated in the simulation and suture lab, 95% (5 students) participated in the previous year’s C-section simulation and suture lab. 100% (9 students) answered yes in regards to the simulation and suture lab enhancing their desire to go into OB/GYN.

**STUDENT PHOTOS & FEEDBACK**

![Student Photo 1]

![Student Photo 2]

![Student Photo 3]

Student opinions comparing the C-section simulation versus the vaginal delivery simulation:

- “Both experiences were remarkable. I preferred the most recent simulation because of the smaller group size, and everyone got to deliver the sim baby. These experiences definitely ease my nerves about the OB rotation during 3rd year since I have a basic idea of what to expect during the different types of deliveries.”

- “I preferred the vaginal delivery simulation experience with the smaller group number and M2-only participants. Both were great to experience each procedure, but the smaller group size and organized instruction made this year’s simulation more enjoyable for me.”

- “With the vaginal simulation, all students got to rotate through the positions, but with the c-section simulation, it took so long that each student could only play one role (great model in 2017 though!).”

- “I believe the second experience (vaginal sim) was more valuable mainly because my medical knowledge was greater at the time of this experience. Additionally, the vaginal sim had a smaller number of participants which helped to facilitate greater individual learning.”

**DISCUSSION**

Simulation experiences provide learners with a low-stress, non-clinical environment to practice and gain comfort with these procedures while also identifying potential errors that can be prevented in the clinical environment. Therefore, experiential learning can be used as a teaching tool to enhance the confidence of students as they head into clinical rotations, which allows for practice, skill development and error analysis. Limitations include a lack of first-year medical students and a small sample size. While the small group size allowed for more hands-on activity, it limited the amount of feedback received. The current goal is to rotate the cesarean section simulation and vaginal delivery simulation every other year. This allows first- and second-year medical students to participate in both experiences before the OB/GYN clinical rotation in the third year.

**REFERENCES**


**ACKNOWLEDGEMENTS**

Special thanks to:

- Jill Sutton, MD, OB/GYN Clerkship Director, for her guidance and mentorship through this simulation experience.
- Jessica Cringan, Simulation Coordinator, and Tyler Mathews from the Brody School of Medicine Office of Simulation and Patient Safety for their assistance with the set up and administration of this event.