

KNOWLEDGE AND CONFIDENCE IN PERFORMING THE PUDENDAL BLOCK: AN ASSESSMENT OF NEWFOUNDLAND OBGYN RESIDENTS AND PHYSICIANS

Jennifer Liu, Deanna Murphy, Sean Murphy, *Obstetrics and Gynecology*

ABSTRACT: Oral Presentation (12:30 p.m.)

- Purpose:** The objectives of this study are to assess the knowledge of both obstetrics and gynecology physicians and residents in Newfoundland and Labrador (NL) on the utilization and administration of the pudendal block. Moreover, the participants' attitude and confidence for this procedure will be explored. Furthermore, the barriers of performing the pudendal block in labour will be identified. Finally, the learning styles of Obstetrics & Gynecology (OBGYN) residents will be studied.
- Methods:** A prospective audit of OBGYN residents and physicians of NL was conducted during April and May of 2018. The physicians and residents were invited to participate in a paper-based survey which contained three sections. The survey recorded responses in Likert scale, multiple choice and open-ended responses. The data was analyzed with Statistical Analysis System (SAS) software.
- Results:** The results of the study showed no statistical significance between staff and residents in their formal training for the pudendal nerve block. Moreover, knowledge of the pudendal block technique was not statistically significant between the resident and staff groups. However, the percentage of residents and staff who reported observing a pudendal block in labour was statistically significant ($p = 0.0006$). When asked whether this topic is covered adequately in the residency curriculum, 88% of residents disagreed. Finally, when asked whether the training was adequate to prepare residents/staff to provide the pudendal nerve block in their practice, once again 94% of residents disagreed while 94% of staff felt that they were adequately prepared.
- Conclusion:** From this study, we were able to conclude that while the textbook knowledge of OBGYN residents and staff physicians is similar, the practical knowledge of pudendal administration on a patient is lacking in residents. Moreover, there is a decline in the provision of the pudendal block for labour analgesia in NL which may partly be due to the staff physicians' perception of its effectiveness. As a result, residents are not receiving adequate exposure to this in their training. A final consequence is the decrease in the confidence of trainees to perform the pudendal block in their future practices. From this study, it appears that a curriculum change is necessary in order to increase resident teaching of the pudendal block.