You’re on mute: OB/GYN perspectives on the transition to virtual grand rounds

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Objective: Grand rounds are a central component of medical education across specialties, with demonstrated benefits. OB/GYN departments across the country transitioned from in-person grand rounds (IPGR) to virtual grand rounds (VGR) during the Covid-19 pandemic. Knowledge gaps exist around OB/GYNs’ perceptions of VGR and around trainee perspectives. Single-center studies of faculty perspectives in other specialties have shown positive comparisons with improved attendance. This multicenter observational study sought to explore the OB/GYN experience with VGR and to assess perceptions by role (educator versus trainee).

Study Design: After IRB exemption, a cross-sectional survey comparing VGR and IPGR was de novo developed using themes from the literature, then reviewed/edited by subject matter experts. Likert-style questions asked regarding satisfaction, engagement, learning, and multi-tasking. The e-survey deployed in May 2021 to all members of 5 academic OB/GYN departments, with a 2-week reminder email. Data were analyzed in aggregate. Trainee (resident/fellow) and educator responses were then compared, excluding research staff and emeritus faculty respondents. We used bivariate statistics and regression to control for confounders which were significant in bivariate analyses. Results: Of 591 potential participants, 306 (52%) responded. Among respondents, 69% were faculty, 21% residents, 7% fellows, and 3% other (research staff/emeritus faculty). Compared to IPGR, 91% felt satisfied with VGR. Ninety percent reported being more likely to attend VGR. Presentation quality was assessed as the same or better by 91%, and 93% described presenter caliber as the same or better. Forty-eight percent reported learning the same amount. However, 90% were more likely to multitask; 69% felt the sense of community was worse. The secondary analysis included 297 respondents. Response rates were 45% (86/193) for trainees and 53% (211/397) among educators. Compared to educators, trainees were more likely to be dissatisfied, less likely to attend, and reported learning less during VGR (Table). Almost all trainees were more likely to multitask (Table). After controlling for gender and institution, compared to educators, trainees remained less satisfied, less likely to attend, and perceived worse learning with VGR (Table).

Conclusion: This multicenter study of academic OB/GYNs found that VGR was well-received. However, improved attendance and presentation quality must be weighed against increased multitasking and lost sense of community. Perceptions varied greatly by role; trainees were more likely to be dissatisfied, were less likely to attend, and perceived worse learning. Lack of connection during virtual learning is well described. In this time of emotional stress and isolation, trainees, who rely on IPGR as a time to connect, may be disproportionally...
impacted. Mind wandering and multitasking are well-described limitations to virtual learning and may more significantly impact trainees, especially those who are fatigued.4,5

This multicenter survey included several departments across the country; thus the results are generalizable. However, the survey only included tertiary academic centers, has only a 52% response rate, and is subject to recall bias. Because limited data from OB/GYN exist, these findings can reassure department leaders that OB/GYNs perceive strengths to VGR. A hybrid (virtual and in-person) grand rounds model may be best for meeting the needs of all department members.
References:


Table. Comparison of educator and trainee (resident and fellow) perspectives on virtual grand rounds;

<table>
<thead>
<tr>
<th></th>
<th>Educators N=211(%)</th>
<th>Trainees N=86(%)</th>
<th>p-value</th>
<th>aOR (95%CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall unsatisfied with virtual grand grands</td>
<td>11 (5.3)</td>
<td>16 (18.8)</td>
<td>0.001</td>
<td>0.14(0.05,0.40)</td>
</tr>
<tr>
<td>Less likely to attend virtual grand rounds compared to in-person grand rounds</td>
<td>14 (5.7)</td>
<td>18 (20.9)</td>
<td>&lt;0.001</td>
<td>0.17(0.07,0.43)</td>
</tr>
<tr>
<td>Learned less during virtual grand rounds compared to in-person grand rounds</td>
<td>38 (18.1)</td>
<td>26 (30.6)</td>
<td>0.03</td>
<td>0.42(0.22,0.82)</td>
</tr>
<tr>
<td>Felt a loss of the sense of community with virtual grand rounds compared to in-person grand rounds</td>
<td>142 (67.6)</td>
<td>64 (74.4)</td>
<td>0.19</td>
<td>--</td>
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<tr>
<td>More likely to ask questions in virtual grand rounds compared to in-person grand rounds</td>
<td>105 (50.5)</td>
<td>38 (44.2)</td>
<td>0.37</td>
<td>--</td>
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<tr>
<td>More likely to multi-task virtual grand rounds compared to in-person grand rounds</td>
<td>185 (88.9)</td>
<td>80 (93.0)</td>
<td>0.29</td>
<td>--</td>
</tr>
</tbody>
</table>

Abbreviations: aOR, adjusted odds ratio; CI, confidence interval

1 P-values obtained by nonparametric bivariate statistics, Kruskal Wallace and Wilcoxon Rank sum as appropriate

*Adjusted for gender and site