Learning curve for the detection of pouch of Douglas obliteration and deep endometriosis of the rectum in gynaecological sonology trainees

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**INTRO**
- Four studies concluded that less than 50 scans are required for competency development.
- All included gynaecologists with substantial prior TVS scan experience.
- **Aim:** ascertain whether 50 TVS scans is sufficient for gynaecological sonology trainees.

**METHODS**
Three trainees performed a predetermined 50 scans each. Senior sonologist performed “reference standard” scan, with trainees blinded to clinical history and TVS results. After trainee scan and final diagnosis, immediate feedback and hands-on teaching were provided. LCCUSUM was utilized. The acceptable performance rate (proficiency) was set at 15% failure, the unacceptable performance rate was set at 30%.

**RESULTS**
- Prevalence: rectal DE in 26 (17.3%) and POD obliteration in 34/145 (22.7%).
- Overall accuracy of presence or absence of rectal DE was 90%, ranging from 82-94% amongst the observers, and POD state classification was 92.7%, ranging from 90-96%.

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Not all trainees can reach proficiency during a program based upon a predefined 50 scans and competency-based education may be more appropriate.