Background:
To investigate whether a simulation-based training program could improve accuracy of clinical assessments of fetal position.

Methods:
We conducted a junior doctor’s agreement with ultrasound before and after training. We also compared agreement between ultrasound and clinical examinations performed by an experienced consultant supervising the trainee.

Clinical position was assessed by identifying the sagittal suture, which was followed to a fontanel. The latter was identified by searching for the frontal suture of the anterior fontanel or lack thereof. Landmarks as ears, eyes or nose were also used. Position was described as a clock. Positions ≥10 and ≤2 were classified as OA, 3 as LOT, ≥4 and ≤8 as OP and 9 as ROT.

Results:
The trainee was not able to assess position in 28% of cases before training vs. 6.5% after training (p <0.01). Cohen’s kappa before training was 0.02 vs. 0.30 after training. The agreement between the consultant and ultrasound findings in classifying fetal position was good (Cohen’s kappa 0.72).

Conclusion:
Obstetrical skills can be improved with training.