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Erratum

Erratum to: Characteristics of the Learning Curve for Cesarean Section: A Retrospective Study

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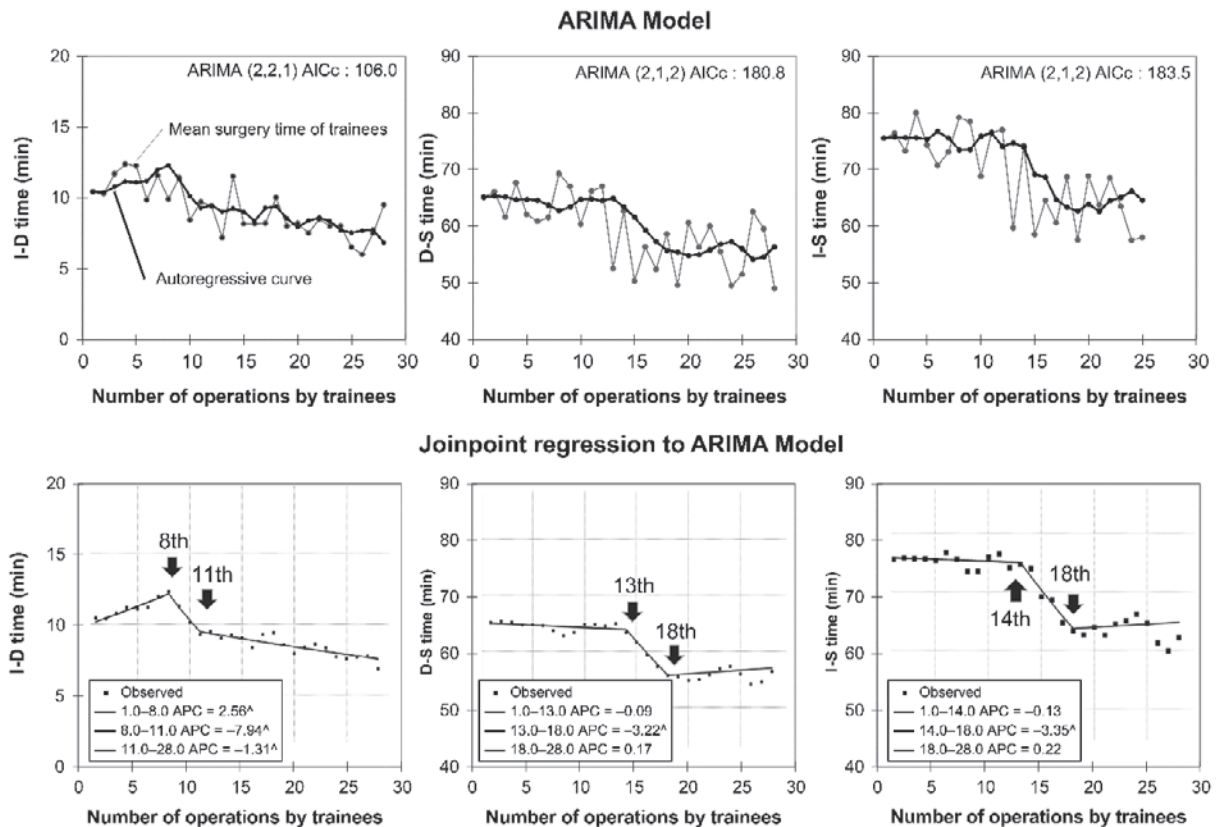
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Unfortunately, the original version of this article contained errors in Fig. 3.

The number of operation times and arrows related to the I-S Time in the lower part of Fig. 3 are marked as 13 and 18 times, but the correct numbers showing statistically significant differences were 14 and 18 times.

The correct version of Fig. 3 is as follows:



In addition, the text referring to the above error also needs to be corrected in the abstract, Fig. 3 legend, and three sentences in the main text.

The revised versions of the abstract and main text are as follows:

ABSTRACT

Introduction: Indicators that can objectively evaluate the proficiency of obstetrics and gynecology trainees in the Cesarean section would be useful from a medical education perspective. We conducted a case-control study on Cesarean sections performed by trainees and specialists using 5 years of data from our hospital.

Methods: The cases involved 1,055 Cesarean deliveries performed at Toho University Omori Medical Center over 5 years from 2012 to 2017, including 745 singleton, low-risk, and low-urgency cases (259 cases performed by 15 trainees vs. 486 cases performed by 21 specialists), and examined the operation time, Apgar score, umbilical artery blood pH (UmA pH), and surgical blood loss. Furthermore, the operation time was divided into (a) time from the start of the operation to the delivery of the baby, (b) time from the delivery of the baby to the end of the operation, and (c) total operation time.

Results: No significant differences were observed in the Apgar score, UmA pH, or blood loss between the trainees and specialists except in operation time. However, the significant difference in operation time disappeared after 16 procedures had been performed. In the time series analysis, inflection points were observed at the 8th, 13th, 14th, and 18th surgical experiences.

Conclusions: The operation time can be used to objectively assess the proficiency of trainees. Trainees are required to perform ≥ 20 surgical cases to obtain stable skills. The learning process for the Cesarean section shows a sigmoid curve composed of the imitation, trial-and-error, improvement, and stable periods.

The correct versions of the Fig. 3 legend and the three sentences in the main text are as follows:

Page 25, line 10 in the right column.

Inflection points were also identified at the 13th and 18th procedures for the D-S time, and at the 14th and 18th procedures for the I-S time.

Page 25, line 11 in the right column.

In the 13th and 14th cases, the learning curve experienced a steep decline, and no marked increase or decrease was observed (a plateau) after the 18th inflection point.

Page 26, line 4 in Fig. 3 legend.

Regarding the I-D time, statistically significant inflection points were observed in the 8th and 11th cases, whereas significant inflection points were noted in the 13th and 18th cases for the D-S time and the 14th and 18th cases for the I-S time.

Page 26, line 1 in the right column.

In contrast, the learning curves for the D-S and I-S times entered a steep decline phase in the 13th and 14th cases respectively, and no marked increase or decrease was observed (plateau) after the inflection point in the 18th case.

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