

OBSTETRICS & GYNAECOLOGY

The Objective of the programme is to provide training and experience in the various subspecialty areas in O&G at a sufficient level for the trainee to acquire the competency to function as an independent specialist in the field.

O&G Subspecialty Training Committee

A Committee comprising of O&G consultants will be convened to organise and supervise the programme for the following subspecialty areas:

- i) Maternal-fetal medicine
- ii) Reproductive medicine / infertility
- iii) Gynae oncology
- iv) Uro- gynaecology

The Committee should include representative from other training centres. It is also responsible for the selection of candidates and placement of trainees.

Members:

Head of Dept. O&G, HKL

- 2 O&G consultants representing other training centres
- 1 O&G consultant representing universities/ private sector

Entry Criteria

- i) Holds a recognised postgraduate qualification, i.e Masters in O&G from local universities or MRCOG (UK/Ire) or equivalent.
- ii) Have completed at least 2 years working experience in the field after the postgraduate qualification.

Application should be made to the Committee with the following:

- Name 3 referees, i.e. - Present Head of Department
- O&G consultant he has worked for at least 6 months
- One other consultant
- Write-up on his intention to undertake the relevant subspecialty
- Papers/ publications/ research work undertaken to support application

Duration

1. The period of training is for a minimum of 2 years, which may be spent at an accredited local or overseas training centre. The primary consideration for any overseas training should be to enable the trainee to acquire specific skills in a particular subspecialty not available locally. Prior approval should be obtained from the Training Committee before embarking on any overseas training component.

2. Upon completion of training, the successful trainee should spend the following year at an existing local subspecialty centre or at a hospital, which has been identified, for development of that particular subspecialty. He will be expected to develop the relevant subspecialty in that hospital.
3. This post-training year must be completed locally before a trainee is eligible to be certified as a sub specialist. Any overseas training must be verified by relevant supporting documents.

Content

The content will be determined.

Assessment

1. The trainer will be required to submit a special report on the trainee after the first 6 months of training. The initial report should address specifically the suitability of the candidate to continue with the chosen subspecialty training.
2. A structured format for assessment and reporting will be prepared for this purpose. Subsequent to this, six monthly assessment reports should be submitted to the Committee.
3. Trainees will be required to maintain logbook to document procedures/ clinical activities done.
4. A trainee who is found unsuitable to continue with the subspecialty can appeal to the Committee.
5. A trainee who feels he has made the wrong choice of subspecialty may opt out of the programme by giving a written notice. He can subsequently apply for a different subspecialty by submitting a fresh application.

Training Centres & Trainers

The Committee will undertake accreditation of trainers and training centres. This should be based on criteria such as the number of trainers available, volume of work undertaken in the relevant subspecialty and scope/ treatment modalities available.

The accreditation of trainers and training centres should be an ongoing process, subject to review every 3 years.

**SUBSPECIALIST TRAINING PROGRAMME
IN
ADVANCED OBSTETRIC & GYNAECOLOGY**

Introduction

The development of subspecialty practices in obstetrics and gynaecology has been focused primarily on the fields of Maternal Fetal Medicine and Gynaecologic Oncology. Reproductive Medicine and Urogynaecology have also been identified and recognized for subspecialty development.

While subspecialisation focus more on areas in Gynaecology, only Maternal Fetal Medicine is covered in Obstetrics. In reality, more O&G specialists need be trained to be competent in both areas. Maternal Fetal Medicine roughly covers 2/3 of the workload of government hospitals.

The nature of training involved in the subspecialties precludes the respective subspecialists from training and practice in another subspecialty. Thus, the intensive development and training involved leaves the subspecialist with a thorough albeit narrow perspective and understanding, confined primarily to his respective field of subspecialisation.

Furthermore, most O&G specialists are expected to provide a reasonable level of care in all fields of O&G, both operative and non-operative. In order to provide an effective and efficient service, there is a need to strengthen the newly qualified specialist so that he is able to function independently in any large hospital (district hospital with specialists or government hospital).

It is suggested that all O&G specialists spend at least 2 years doing general work in O&G to consolidate his knowledge and operative skills. He is to be considered for further training only after this period of 2 years (during which he should keep a log of his work).

The aim of introducing another new subspecialty, namely Advanced O&G, is to provide a higher level appropriate care to high risk patients in tertiary as well as secondary hospitals. It is also expected that those subsequently trained in this subspecialty will help in the development of subspecialty areas in their respective places. It also aims to provide advanced training for O&G specialists who wish to acquire higher knowledge and skills in the O&G subspecialties.

Cognizant of this, the impetus for developing subspecialty practices provides also for the concurrent development of the field of Advanced Obstetrics & Gynaecology (AOG) as a subspecialty practice in its own right.

Scope of Training

Training will begin at least 2 years after gazettement. The AOG subspecialist is a specialist in Obstetrics and Gynaecology who by virtue of additional theoretical and practical training, has an overview of the services provided by the other subspecialty practices and is thus able to improve the practice of health care to women. He is then empowered to rationalize the appropriate and relevant utilization of resources of these subspecialty services by referral and provide leadership in development and research within the subspecialty.

His training enables him to provide:

- Disease screening services
- Diagnostic procedures
- Antenatal recognition of the wide range of maternal and fetal disorders
- Initial management of very high risk pregnancies during the antenatal, intra-partum, and post-partum periods.
- Management of common gynaecologic malignancies
- Management of common disorders of the reproductive system
- Management of common female urology conditions
- Appropriate and timely utilization of the respective subspecialty services
- Continued management of post-referral patients

Training of Advanced Obstetrics & Gynaecologist (AOG) Subspecialist:

The Advanced Obstetric and Gynaecology Training Committee

A committee will be established to organize and oversee the conduct of the programme. The committee is also responsible for selection of trainers, accreditation of training centres and trainee assessment.

Chairman

Head of O & G / Chairman of JKPPPOG (Dr. Ng Kok Ying)

Members

Two other Senior Consultants &
Regional coordinators
(Fulltime Secretariat at National Level)

Function of the Committee:

Process applications and select candidates for the programme
Placement of trainees
Review the accreditation status of trainers and training institution
Review the contents and mode of training
Review the progress of trainees

Entry Requirement

- I. Holds a recognized qualification in Obstetrics and Gynaecology such as M.Med (O & G) from any local university or MRCOG.
- II. Completion of at least two years of service after gazettement following the specialist qualification in O&G.

Duration

The duration of AOG subspecialty training is 3 years. This is divided into two; a 1^{1/2} year block each of Obstetrics and Gynaecology. The training could be further subdivided into rotations within the subspecialty areas. The order of rotation should be flexible.

Trainers and Training Centres

Training should be in an accredited multidisciplinary centre and should be organised by a subspecialist. There will be an initial transitional period where an O & G Consultant with recognised scientific/clinical expertise will be accredited by the MOH as a trainer. The trainer must be a Senior Consultant who has been gazetted at least 10 years previously. Subsequently, only specialists with training in the subspecialty will be recognised as trainers.

Each training centre should have facilities and personnel to provide its trainee with the requisite investigative and scholarly skills for a career in academic and clinical medicine. Trainees should have opportunities, in graduated manner, for acquisition of increasing knowledge, skills and responsibility sufficient to permit them to function as independent consultants.

Assessment

Trainees should participate in all relevant activities of the training unit. They must be involved in the care of out-patients and in-patients, on call duties, performing ultrasound examinations and procedures (e.g. amniocentesis), and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential. All trainees shall be assessed on a periodic basis and emphasis placed on:

- Feedback from trainers
- Supervisor's report
- Log book reviews and unit audit
- Participation in CME activities, research and publications

Assessment of the trainee will be supervised by a national committee (Jawatankuasa Pengurusan & Perkembangan Perkhidmatan Obstetrik & Ginekologi) and comprise:

- Interim assessment on completion of each generic training module
- Participation in relevant professional courses, with emphasis on presentation of papers
- Completion of a Log Book of clinical experience
- Basic or clinical research paper suitable for publication in a recognized journal
- Viva voce

The successful candidate will seek credentialing with the designation of an Advanced O & G Fellowship Specialist.

CURRICULUM IN ADVANCED O&G

The detailed syllabi of the generic training modules will be based on the syllabi of the respective subspecialty training programmes i.e. maternal fetal, gynaecologic oncology, reproductive medicine and urogynaecology.

The duration of AOG subspecialty training is 3 years. This is divided into one and a half years of obstetrics training and one and a half years of gynaecology training.

The obstetric training programme covers the clinical and research aspects of the following areas:

- Basic Science e.g. maternal and fetal physiology, histopathology, genetics and embryology

- General obstetrics

- Obstetric Medicine

- Obstetric Diagnostic Imaging (ultrasound and other imaging procedures)

- Obstetric Critical Care

- Maternal and Fetal Surveillance in high risk pregnancies

- Basic fetal diagnostic procedures e.g. amniocentesis

- Counseling

Obstetric Medicine, Obstetric Diagnostic Imaging and Obstetric Critical Care will be designed as generic training modules. Training in these modules will be provided within the one and a half years period of the Obstetric training programme.

The Gynaecology training programme:

This half of the GOG subspecialty training will consist of 4 generic training modules.

Gynaecologic Oncology	-	6 months
Reproductive Medicine	-	6 months
Minimal Access Surgery	-	3 months
Urogynaecology	-	3 months

During their training, the trainees shall remain as specialists within their own units/hospitals. They will however be given protected time viz. 2 full day sessions weekly to train within the various subspecialties in their own hospitals. In the event of non-availability of appropriate trainers in any subspecialty area, the trainees may train in another hospital-either MOH Hospital or a University Hospital which is preferably within the same state.

Generic Training Modules

Subspecialty training using Generic Training Modules allows more rational and economical utilization of training opportunities by rotation of the training posts. More trainees will be able to receive training in the respective field without jeopardizing the trainer-trainee ratio. For example, in a generic training module lasting 6 months, two training posts will be available for the year by rotation without altering trainer-trainee ratio. A trainee may have to spend some training time in other recognized centers during this period.

MATERNAL FETAL MEDICINE

Although in utero diagnosis and fetal therapy are the primary focus of current research in maternal-fetal medicine, a major clinical role of subspecialist in maternal-fetal medicine continues to be that of an "internist for the pregnant women". Obstetric critical care can thus be seen as a product of the evolution of maternal-fetal medicine.

In addition to routine obstetrics and gynaecology, certain specialized clinical skills were frequently needed in the intensive management of ill patients –fluid and pain management, reading an electrocardiogram, directing cardiopulmonary resuscitation, and performing a caesarean hysterectomy or bilateral iliac artery ligation.

Actual Training

Obstetric Medicine

The Obstetric Medicine module will cover management of medical disorders complicating pregnancy. The trainee must be familiar with the management of the following emergencies : pulmonary oedema, massive haemorrhage, disseminated intravascular coagulation, septic shock, adult respiratory distress syndrome, acute renal failure, hypertensive crisis, cardiac arrhythmias, status asthmaticus, status epilepticus, stroke, pulmonary embolus, diabetic ketoacidosis and thyroid storm.

Obstetric Diagnostic Imaging

The Obstetric Diagnostic Imaging module will cover the 1st and 3rd trimester ultrasonography, the 2nd trimester anomaly scan and intrapartum ultrasonography.

Obstetric Critical Care

In order, to obtain all the necessary skills, the training programme would require the trainee to be rotated/attached to several areas where all of these skills can be ascertained. A six months course would take a trainee through the labour room, the high dependency ward, the maternity operating theatre and the intensive care unit. Management of fluids and electrolytes, intensive care and obstetric anaesthesia will be covered in the Obstetric Critical Care module.

Labour room

Posting in the labour room would take 8 weeks. The labour room is where most obstetric emergencies would take place. The scope that a trainee is expected to cover during this posting would include:

1. Haemorrhage (antepartum and postpartum)
2. Postpartum collapse
3. Eclampsia and severe pre-eclampsia
4. Shoulder dystocia
5. Other medical emergencies e.g. status asthmaticus, thyroid storm.

High Dependency Ward

Posting in the High Dependency Ward would last 8 weeks. In this area the trainee would be expected to manage ill patients whose conditions require specialized monitoring and treatment. These shall include:

1. All post-operative patients with complications
2. Pulmonary Oedema
3. Disseminated intravascular coagulation
4. Heart Disease – Peripartal cardiomyopathy, CRHD
5. Hypertensive crisis
6. Venous Thromboembolism

Maternity Operating Theatre

A trainee is expected to spend 8 weeks in the maternity operating theatre. This would give ample time for the trainee to gain hands-on experience doing complicated caesarean sections whilst familiarizing oneself with the anatomy of the structures relevant to perform life saving procedures. It is hoped that during this period the trainee would have at least assisted in performing.

1. Caesarean Hysterectomy
2. Internal Iliac Artery Ligation
3. Exploratory laparotomy, abdominal packing
4. B-Lynch suturing
5. Third degree/extended tears
6. Giving intramyometrial carboprost

Intensive Care Unit

The intensive care unit is very important in terms of monitoring. A period of 2 weeks should be spent acquiring the knowledge of how to perform an invasive monitoring, the relevance of different types of monitoring and how to interpret the ABG and ECG.

Perform the following:

1. Endotracheal intubation
2. Establish central venous line
3. Interpret arterial line readings
4. Adult cardiopulmonary resuscitation
5. Regional anaesthesia
6. Fluid management
7. Pain management

GYNAECOLOGIC ONCOLOGY

The Gynaecologic Oncology training module will cover:
screening procedures for oncology
diagnostic procedures
imaging modalities
colposcopy
disease staging and
palliative care.

REPRODUCTIVE MEDICINE

The Reproductive Medicine training module will concentrate on :
gynaecologic endocrinology
management of infertility, which includes
- super ovulation
- intrauterine insemination

MINIMAL ACCESS SURGERY (MAS)

Minimum requirement of logged work:

- | | | |
|----|-----------------------------------|---------------------------------|
| 1. | Ectopic surgery | - Assisted 5
- Performed 5 |
| 2. | Ovarian cystectomy | - Assisted 10
- Performed 10 |
| 3. | LAVH without associated pathology | - Assisted 10
- Performed 5 |
| 4. | Moderate severe adhesiolysis | - Assisted 5
- Performed 5 |
| 5. | PCO ovarian drilling | - Assisted 5
- Performed 5 |
| 6. | Ventrosuspension | - Assisted 5
- Performed 5 |

HYSTEROSCOPIC SURGERY

Level 1

- Diagnostic hysteroscopy

Level 2

Minor procedures:

- Endometrial biopsy
- Polyp excision
- Excision of septum, synechia

Level 3

Major procedures:

- TCRE
- TCAE
- TCRM

UROGYNAECOLOGY

The trainees will be able to manage patients based on the Urogynaecology protocols for

INCONTINENCE:

- Diagnosis : Clerk sheet format
- Investigations: Urine analysis
ICS pad
Bladder chart
Cystourethroscopy
Urodynamics
- Management: Pelvic floor repair
Bladder drill
Medical treatment
If all these modalities fail then refer to regional
Training centres/ services centres

PELVIC FLOOR PROLAPSE

To be assessed and managed by hospital with specialists

- Types of surgeries: Simple prolapse- managed by hospitals with specialists
Recurrent prolapses – refer to centres as will be mentioned subsequently

MINIMAL ACCESS SURGERY (MAS)

RCOG Guidelines of Teaching

- Setting up of MAS training or certification Committee
- The committee to identify a panel of gynaecologists already experienced in performing and teaching laparoscopic & hysteroscopic surgery and identify potential trainer.
- Establishment of national / regional laboratory centers for basic skills training
- Issuing of certificate of competence of basic endoscopic skills following assessment by identified trainers.
- Establishment of 4 levels of laparoscopic procedure skills for credentialing / privileging

RCOG Classification

Level 1

Diagnostic Lap / Dye

Level 2

Minor procedures

Sterilization

Cyst aspiration

Ovarian biopsy

Adhesiolysis not involving bowel

Ventrosuspension

Coagulation of endometriosis AFS stage 1

Level 3

More extensive procedures
Coagulation of PCO
Coagulation of endometriosis stage II or III
LUNA
Salpingostomy
Salpingectomy / Salpingoophorectomy
Moderate to severe adhesiolysis
Bowel adhesiolysis
Ovarian cystectomy
LAVH without associated pathology

Level 4

Myomectomy
Endometriosis stage III or IV
Pelvic lymphadenectomy
Pelvic side wall / ureteric dissection
Presacral mesenectomy
Dissection of obliterated POD
Colposuspension
Pelvic floor reconstruction
TLH /LAVH for associated pathology
Tubal anastomosis

Proposals for MAS Training in Gynaecology
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Regional Training Centres

Three centers with existing trainers (Hospital Melaka, Hospital Sungai Petani and Hospital Queen Elizabeth Kota Kinabalu) and one center with facilities but no current trainer (Hospital Kuala Lumpur) have been identified and proposed to be the 4 regional training centres.

These four centres need to be equipped with basic skills laboratory as well as upgrade the current equipment facilities to cater for training activities (see expenditure schedule).

Training activities at these centres include:-

a. Basic skills and level 2-3 surgical workshops:

These workshops will be conducted once a year at each center at different fixed calendar dates resulting in 4 regular workshops per year for the country. The number of participants will be limited to only 15 candidates per workshop for quality training.

The above workshops will be a combined basic skills and more advanced surgical skills sessions (2 days each) and participants will be selected according to their levels of experience and their needs.

The aim of these workshops will be acquiring knowledge of the new technology, acquiring basic skills and exposure to more advanced endoscopic work. Both hysteroscopic and laparoscopic techniques will be taught.

b. Attachment training at regional centres.

This will be the main training programme for credentialing and privileging gynaecologists for endoscopic surgery.

It is proposed that 2 specialists will be attached at each regional center (with trainer) at any one time for a period of 3 months. The qualification of the candidate includes:-

- Had attended at least one basic skills and advanced surgical skills workshop
- Has been performing level 1 procedures
- One year post gazetment as specialist
- Pre-selected by committee with MOH approval

Trainees must keep a log book during the attachment and should continue to do so for further 3 months at his / her hospital before certification for credentialing by the subcommittee can be undertaken.

Duration of attachment training can be extended with the permission of MOH if the trainer / subcommittee feels certain standard or number of cases done have not been fulfilled.

Regional trainers are to supervise the candidates initial performance of endoscopic surgery (2 to 3 sessions) at his / her own hospital after completion of the attachment.

Training of candidates will be limited to level 3 procedures only.

Training for more advanced (level 4) procedures will be under taken only for those who want to continue their endoscopic training under an experienced trainer for another 2 years before credentialed for those procedures.

REGIONAL TRAINING CENTRES (UROGYNAECOLOGY)

1. SELAYANG HOSPITAL
2. HOSPITAL KUALA LUMPUR
3. HSA JOHOR BARU
4. HOSPITAL PULAU PINANG
5. HOSPITAL KUCHING
6. HOSPITAL KOTA KINABALU

Regional centres are centres with urologists and are fully equipped for urogynae services

MINISTRY OF HEALTH

LOG BOOK

FOR TRAINING IN
ADVANCED O&G
MINISTRY OF HEALTH

LOG BOOK FOR CORE PROCEDURAL SKILLS AND SPECIALIZED CLINICAL
MANAGEMENT OF CASES FOR THE SUBSPECIALIST TRAINING IN
ADVANCED OBSTETRICS & GYNAECOLOGY

CANDIDATE'S NAME: _____

PERIOD OF TRAINING: _____ TO _____

YEAR OF TRAINING: 1st

PLACE OF TRAINING: _____

SUPERVISOR: _____

YEAR OF TRAINING: 2nd

PLACE OF TRAINING: _____

SUPERVISOR: _____

YEAR OF TRAINING: 3rd

PLACE OF TRAINING: _____

SUPERVISOR: _____

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A. Obstetrics

I. Obstetric Emergency

- 1. Labour Room**
- 2. High Dependency Ward**
- 3. Maternity Operating Theatre**
- 4. Intensive Care Unit**

II. Materno-fetal Medicine

- 1. Ultrasound guided antenatal diagnostic procedures**
- 2. Management of termination of pregnancies & intrauterine deaths- including counseling**

B. Gynaecology

- 1. Gynaecologic Oncology-including screening, colposcopy and diagnostic hysteroscopy**
- 2. Reproductive Medicine-includes ART, Contraception, Menopause**
- 3. Minimal Access Surgery**
- 4. Hysteroscopic Surgery**
- 5. Urogynaecology**

C. Paediatrics & Neonatal care

- 1. NICU ward rounds with the NICU Paediatrician**
- 2. Neonatal resuscitation in labour room**
- 3. Attendance at perinatal meetings**

D. Other postings

- 1. Laboratory attachment**
- 2. Attendance at postmortems**
- 3. Genetic counseling**

E. Courses attended

F. Research, presentations & publications

GENERAL INSTRUCTIONS

This Log Book is produced by the Ministry of Health, Malaysia, which oversees the training for sub-specialization in Advanced Obstetrics & Gynaecology. The purpose is to ensure that maximum experience has been achieved by the candidate in the training of Advanced Obstetrics & Gynaecology.

To the candidate:

This logbook has been designed to help you record your training in brief, so that whatever experience achieved is recorded and deficiencies identified and remedied as soon as possible.

The candidate should fill up this Log Book as you undertake the training in Advanced Obstetrics & Gynaecology and **not** wait till the end of the training period. If this occurs, any deficiency will not be rectified due to inadequate time left. The candidate may have performed many procedures / operations or attended many specialized clinics, but only the minimum number listed would be required to be recorded in the Log Book.

REQUIREMENTS

The candidate is also required to attend meetings, symposia, congresses as well as talks to expand his/her knowledge and experience. At the end of each session, the signature of the Head of Department where training is undertaken should be obtained.

To the Consultants:

This Log Book would help you assess the overall training and experience of the candidate so that extra training experience can be provided if necessary.

It would be advisable to go through the Log Book every 3 months to review the progress of the candidate under your supervision. Deficiencies in training should be identified and appropriate steps taken to overcome them.

It is advised that the consultant should have a formal meeting with the candidate at least once in 6 months to address issues pertaining to training, meeting the objectives as well as shortcomings in the posting.

Please sign at the end of each section as certification.

(A) OBSTETRICS:**(I) OBSTETRIC EMERGENCY:****(1).LABOUR ROOM**

The candidate is recommended to have personally managed at least 5 cases of each condition

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Haemorrhage (APH)	1. 2. 3. 4. 5.			
Haemorrhage (PPH)	1. 2. 3. 4. 5.			
Postpartum Collapse	1. 2. 3. 4. 5.			
Shoulder Dystocia	1. 2. 3. 4. 5.			
Other Emergencies	1. 2. 3. 4. 5.			

Supervisor's comments:

(2).HIGH DEPENDENCY WARD

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
All post-operative pts. with complications	1. 2. 3. 4. 5.			
Pulmonary Oedema	1. 2. 3. 4. 5.			
DIVC	1. 2. 3. 4. 5.			
Heart Disease	1. 2. 3. 4. 5.			
Hypertensive Crisis	1. 2. 3. 4. 5.			
Venous Thrombo-embolism	1. 2. 3. 4. 5.			

Supervisor's comments:

(3).MATERNITY OPERATING THEATRE

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Caesarean Hysterectomy	1. 2. 3. 4. 5.			
Internal Iliac Artery Ligation	1. 2. 3. 4. 5.			
Exploratory Laparotomy, Abdominal packing	1. 2. 3. 4. 5.			
B-Lynch Suturing	1. 2. 3. 4. 5.			
Third Degree / Extended Tears	1. 2. 3. 4. 5.			
Intramyometrial Carboprost	1. 2. 3. 4. 5.			

Supervisor's comments:

(4).INTENSIVE CARE UNIT

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(1)Endotracheal intubation	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(2)Establish central venous line	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(3) Interpret arterial line readings	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
	14.			
	15.			
	16.			
	17.			
	18.			
	19.			
	20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(4)Adult CPR	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
	14.			
	15.			
	16.			
	17.			
	18.			
	19.			
	20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(5) Regional anaesthesia	1.			
	2.			
	3.			
	4.			
	5.			
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	17.			
	18.			
	19.			
	20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(6) Fluid Mx	1.			
	2.			
	3.			
	4.			
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	6.			
	7.			
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	17.			
	18.			
	19.			
	20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
(7) Pain Mx	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20			

Supervisor's comments:

(II).MATERNO-FETAL MEDICINE**(1).ULTRASOUND GUIDED ANTENATAL DIAGNOSTIC PROCEDURES & TREATMENT**

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
CVS	1. 2. 3. 4. 5.			
Amniocentesis	1. 2. 3. 4. 5.			
Amnioinfusion/ Amnioreduction	1. 2. 3. 4. 5.			
Cordocentesis	1. 2. 3. 4. 5.			
Others	1. 2. 3. 4. 5.			

Supervisor's comments:

(2). MANAGEMENT OF TERMINATION OF PREGNANCIES & INTRAUTERINE DEATHS-INCLUDING COUNSELING

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Anencephaly	1. 2. 3. 4. 5.			
Others	1. 2. 3. 4. 5.			
Maternal Conditions eg. Heart disease	1. 2. 3. 4. 5.			

Supervisor's comments:

(B)GYNAECOLOGY

1. GYNAECOLOGIC ONCOLOGY

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Screening procedures	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Diagnostic procedures	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Imaging modalities	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Colposcopy	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Disease staging	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Palliative care	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Supervisor's comments:

(2)REPRODUCTIVE MEDICINE

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Management of Infertility	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Ovulation induction	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
IUI	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Contraception	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
Menopause	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			

Supervisor's comments:

(3). MINIMAL ACCESS SURGERY

Condition	Patient's Name & ID		Date	Hospital	Supervisor's Name & comments
Ectopic surgery	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			
Ovarian Cystectomy	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			
LAVH without associated pathology	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			
Moderate severe adhesiolysis	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			
PCO ovarian drilling	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			
Ventrosuspension	No.assisted 1. 2. 3. 4. 5.	No.performed 1. 2. 3. 4 5.			

Supervisor's comments:

(4) HYSTEROSCOPIC SURGERY

HYSTEROSCOPIC SURGERY	NO. ASSISTED	NO.PERFORMED
Level 1 : Diagnostic hysteroscopy	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50	

Level 2 : Minor procedures Endometrial biopsy Polyp excision Excision of septum, synechia	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50	
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Level 3: Major procedures TCRE TCRM	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	
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Supervisor's comments:

(5). UROGYNAECOLOGY

Procedure	NO. ASSISTED	NO.PERFORMED
Investigation of Incontinence: Urodynamics	1. 2. 3. 4. 5.	
Procedure: Burch Colposuspension	1. 2. 3. 4. 5.	
Procedure: TVT	1. 2. 3. 4. 5.	
Procedure: Surgery for utero-vaginal prolapse	1. 2. 3. 4. 5.	

Supervisor's comments:

(C).PAEDIATRICS & NEONATAL CARE**(1).NICU WARD ROUNDS WITH THE NICU PAEDIATRICIAN**

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

(2).NEONATAL RESUSCITATION IN LABOUR ROOM

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

(3). ATTENDANCE AT PERINATAL MEETINGS

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

(D).OTHER POSTINGS**(1).LABORATORY ATTACHMENT**

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

**(2). ATTENDANCE AT POSTMORTEMS
(Maternal Deaths, Stillbirths, Neonatal Deaths)**

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

(3).GENETIC COUNSELING

Condition	Patient's Name & ID	Date	Hospital	Supervisor's Name & comments
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

Supervisor's comments:

(E).COURSES ATTENDED

Name of Course/Seminar	Date	Venue	CME points	Supervisor's Name & comments
1.				
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Supervisor's comments:

(F). RESEARCH,PRESENTATIONS & PUBLICATIONS

Title	Author Name	Date	Name of Journal	Supervisor's Name & comments
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Supervisor's comments: