PERSONAL PARTICULARS

۱.	I. Name:	
2.	2. I.C. No:	
3.	3. Period of Posting: Fromtoto	
1.	1. Duration of Extension (if any) :	days
5.	5. Name of Supervisor :	
5.	5. Designation of Supervisor :	
7.	7. Name of Hospital :	

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INTRODUCTION

- 1. This log book is designed to guide both the House Officer and the supervisor in coordinating the activities that are regarded as essential experience during the pre-registration year. It is generally agreed that the training during the undergraduate periods is insufficient for the practice of medicine and thus a graduate need to undergo further training under supervision in a recognized hospital. This is a statutory requirement and a house officer can only be fully registered after completing satisfactorily the housemanship program.
- 2. This log book forms the basis of the summary report (Form 6 of the Medical Act 1971) to be filled by the Hospital Director and submitted to the Malaysian Medical Council.
- 3. All House Officers should undergo two (2) weeks of tagging in this unit. During this period, they should observe and assist in any procedures before being allowed to perform it.
- 4. This logbook documents the competency of the house officer during the tenure of the training in the department.

OBJECTIVES OF HOUSEMANSHIP TRAINING

At the end of the training period the House Officer is expected to:

- 1. Understand and apply the underlying concepts of health and disease in the holistic management of patients.
- 2. Equip themselves with adequate skills to perform all related clinical procedures competently.
- 3. Develop a caring, responsible and professional attitude through teamwork for optimal service delivery to the patient and community.
- 4. Specific for Obstetric and Gynecology posting, the House Officer is expected to be able manage acute obstetric and gynecological problems.
- 5. To kindle their interest in Obstetric and Gynecology as a possible career path.

GUIDELINES TO THE USE OF THIS LOG BOOK

- 1. This logbook shall be carried by the House Officer at all times to facilitate recording.
- 2. This book shall be assessed by the supervisor regularly (monthly).
- 3. The House Officer is required to submit the log book to supervising Clinical Specialist/Consultant for first assessment (at 1 month) and second assessment (at 3 months) of posting. The House Officer who fails to complete and submit this log book by the end of each posting may be subjected to extension.
- 4. The House Officer is required to get the signature of the supervising officer immediately after each procedure done or at least within 1 week from date of procedure being done.
- 5. The House Officer need to complete satisfactorily 5 CbD and 2 Mini-CEX each for Obstetrics and Gynaecology respectively
- 6. The House Officer should perform satisfactorily at least once for each of DOPS under observation of supervisor. However, they should at least observe and perform a minimum of 5 of each procedure/DOPS prior to being assessed by supervisor.
- 7. The House Officer should obtain 4 MSF for each posting.
- 8. The House Officer should attend all the drills, unless they have gone for the obstetrics life saving skills.
- 9. The House Officer should attend at least 85% of the departmental and hospital CME activities
- 10. The Supervisor will fill the summary report including the overall comment before certifying the Certification of Completion of Training (Form A). The overall comments and recommendation of each discipline (Form A) will be completed in duplicate and submitted to the Hospital Director not later than two weeks after each posting.
- 11. At the end of housemanship training periods, the Hospital Director shall complete Form 6 of Medical Act, 1971 and attached the original copies of form A of the relevant discipline to be submitted to the Malaysian Medical Council not later that one month (1) after completion of housemanship training.
- 12. A House Officer who has lost his/her log book shall report to the hospital director for further action.
- 13. The Hospital Director shall compile and keep this logbook for five years.

HOUSE OFFICER CURRICULUM

Mandatory Topics (1 topic per week)

- 1. Normal and abnormal labour
- 2. Hypertensive disorder in pregnancy
- 3. Obstetric Emergencies
- 4. Diabetes in pregnancy
- 5. Other medical disorders in pregnancy
 - Heart Disease in pregnancy
 - Bronchial Asthma
 - Thyrotoxicosis
 - Anaemia/renal disease/rhesus negative.etc
- 6. Premature Prelabour Rupture of Membrane/Prelabour Rupture of Membrane, Preterm Labour
- 7. Antepartum/postpartum haemorrhage
- 8. Baby friendly hospital
- 9. Early Pregnancy complications
- 10. Gynaecological tumour/oncology
- 11. Menstrual disorder/ per vaginal discharge
- 12. One Stop Crisis Centre (OSCC)
- 13. Menopausal issues

PROCEDURES FOR LOG BOOK

Compulsory Performed Procedures DOPS (Directly Observed Procedural Skills)

- 1. Vaginal examination
- 2. Speculum examination
- 3. Amniotomy
- 4. Normal Vaginal deliveries
- 5. Performed episiotomy and repair of episiotomy.
- 6. Delivery of placenta
- 7. CTG application and interpretation
- 8. MgS04 Preparation
- 9. Pap smear
- 10. Pipelle sampling
- 11. Partogram charting and interpretations
- 12. Female Bladder catheterization

OBSTETRIC

- 1. Instrumental Deliveries
- 2. Lower Segment Caesarean Section
- 3. Twin Deliveries
- 4. Obstetric Emergencies5. Manual Removal of Placenta

Optional Procedure

OBSTETRICS

- 1. Ultrasonography
- 2. Amniocentisis
- 3. Amnioreduction
- 4. Chorionic Villi Sampling

GYNAECOLOGY

- 1. Emergency Gynae Procedures Including Ectopic Pregnancy
- 2. ERPOC
- 3. Diagnostic Laparoscopy4. Abdominal/Vaginal Hysterectomy
- 5. Ovarian Cystectomy

GYNAECOLOGY

- 1. IUCD Insertion
- 2. Colposcopy
- 3. Hysteroscopy
- 4. Ultrasonography5. Urodynamics (If Available)
- 6. Follicular Tracking
- 7. IUI/IVF/ICSI (If Available)

HOUSE OFFICER ASSESSMENT TOOLS

Workplace-based assessment refers to the assessment of working practices based on what doctors actually do in the workplace, and is predominantly carried out in the workplace itself.

Type of Tools

- CbD (Case Base Discussion)
 Mini CEX (Mini Clinical Evaluation Exercise)
 OOPS (Direct Observed Procedural Skills)
 MSF (Multi-source feedback)

- The House Officer is required to submit the log book to supervising Clinical Specialist/Consultant for first assessment (at 1 month) and second assessment (at 3 months) of posting.
- The House Officer who failed to complete and summit this log book by the end of each posting may be subjected to extension.
- Assessment should be done before the end of third month.
- Should the house officer fail the second assessment he or she shall be extended for minimum of three months depending on the level of knowledge, skill and competency.
- The House Officer need to complete satisfactorily 5 CbD and 2 Mini-CEX each for Obstetrics and Gynaecology respectively.
- The House Officer should perform satisfactorily at least once for each of DOPS under observation of supervisor. However, they should at least observe and perform a minimum of 5 of each procedure/DOPS prior to being assessed by supervisor.
- The House Officer should obtain 4 MSF for each posting.
- Conduct at least 20 normal deliveries
- Assisted in at least 10 lower segment caesarean sections.
- Assisted in at least 2 major gynaecological operations.
- 85% attendance to departmental and hospital CME activity
- The House Officer is expected to attend and participate in clinical job training/presentation/research during his/her posting in O&G in order to increase their own knowledge and interest in O&G.
- Attendance to the hospital and departmental CME is compulsory

Tagging and posting date line in O&G Department

Date join	Expected to end posting	off tag assessment day	First assessment	Second assessment	Logbook submission date	Extension date
	•	,				

Please indicate satisfactory or non satisfactory and recommendation if necessary. 1.Obstetrics cases can be CbD /Mini CEX -must include speculum and VE (enter as DOPs)

No	RN/IC	History	Abdominal palpation	Speculum/ VE	Diagnosis	Supervisor recommendation/ signature
1						
2						
3						
4						
5						

2. Gynecology case- Case based discussion/Mini CEX -must include speculum and VE (can enter as DOPs)

No	RN/IC	History	Abdominal palpation	Speculum/VE	Diagnosis	Supervisor recommendation/ signature
1						
2						
3						
4						
5						

3. Perform 5 ARM

No	RN/IC	History	Abdominal palpation	Speculum/ VE	Diagnosis	Supervisor recommendation/ signature
1						
2						
3						
4						
5						

4.Conduct at least 5 normal deliveries (MINIMUM 2 with episiotomy) DOPS

No	RN/IC	History	Abdominal palpation	Speculum/ VE	Diagnosis	Supervisor recommendation/ signature
1						
2						
3						
4						
5						

5. Observe and assist at least 3 LSCS (POPS)

No	Date	RN/IC	History	Diagnosis	Supervisor
1					
2					
3					
4					
5					

6. Plot 5 partograph (DOPS)

No	Date	RN/IC	History	Diagnosis	Supervisor
1					
2					
3					
4					
5					

Criteria to off tag: 1.Fullfilled the tagging log book 2.Mentor assesmnet on basic Obstetrics management

HOUSE OFFICERS CRITERIA FOR EXTENSION

1. Reason

House Officers shall be extended for any of the following reasons:

- 1.1 Competence and Performance
 - Fails end of posting workplace-based assessments and other Departmental specific assessments
 - Procedural skills competence and performance not achieved as required in Log Book
 - Poor attitude and disciplinary issues
 - Any incident causing concern
- 1.2 Leave taken in excess

2. Duration of Extension

- Poor Performance & Competence □ 2 to 4 months
- Failure to complete compulsory procedures

 Extend accordingly (until all compulsory procedures completed)
- \bullet Other issues \Box The period of extension depends on Hospital HO Training Committee

Please refer to accompanying Guidelines for Supervisors for procedures of extension.

WORK BASED ASSESSMENTS AND LOG BOOK

Case Based Discussion

CASE	BASED DISCUS	SSION 1 (CbD) FOR	HOUSE O	FFICERS	
NAME:		IC Number:			Focus of Clinical Encounter:
CbD NUMBER:					Documentation
CLINICAL CATEGORY /PROBLEM:					Clinical Assessment Management
Grade the following areas using the scales	Good	Satisfactory B	Poor	Not Applicable	Professionalism
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggestion for development :				
Agreed action:					Date:

CASE BA	SED DISCUS	SSION 2 (CbD) FOR	HOUSE O	FFICERS	
NAME:		IC Number:			Focus of Clinical Encounter:
CbD NUMBER:					Documentation
CLINICAL CATECORY (PROPLEM					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Not	Professionalism
crade the following areas asing the searcs	Α	В	С	Applicable	
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good? Suggestion for development :					
Agreed action:					Date:

CASE BA	SED DISCUS	SSION 3 (CbD) FOR	HOUSE O	FFICERS	
NAME:		IC Number:			Focus of Clinical Encounter:
CbD NUMBER:					Documentation
CUNICAL CATECODY (PROPUEN					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Not	Professionalism
crade the following areas asing the searcs	Α	В	С	Applicable	
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good? Suggestion for development :					
Agreed action:					Date:
Agreed action:					Date.

CASE BA	ASED DISCUS	SSION 4 (CbD) FOR	HOUSE O	FFICERS	
NAME:		IC Number:			Focus of Clinical Encounter:
CbD NUMBER:					Documentation
CUNICAL CATEGORY (PROPUEN					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Not	Professionalism
Grade the following areas asing the scales	Α	В	С	Applicable	
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer	nt :	1	
Agreed action:					Date:

CASE B	ASED DISCUS	SSION 5 (CbD) FOR	HOUSE O	FFICERS	
NAME:		IC Number:			Focus of Clinical Encounter:
CbD NUMBER:					Documentation
CUNICAL CATEGORY (PROPUEN					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Not	Professionalism
Grade the following dreas asing the seales	Α	В	С	Applicable	
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer	nt :		
Agreed action:					Date:

Mini Clinical Evaluation Exercise

MINI CASE EVALU	JATION EXERCI	SE 1 (MINI CEX) FO	OR HOUSE	OFFICERS - OI	BSTETRIC
NAME:		IC Number:			Focus of Clinical Encounter:
MINI CEX NUMBER:					Documentation
CLINICAL CATEGORY /PROBLEM:					Clinical Assessment
					Management Professionalism
Grade the following areas using the scales	Good	Satisfactory	Poor	Remarks	Professionalism
	A	В	С		
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer			
Agreed action:					Date:

MINI CASE EVALU	ATION EXERCI	SE 2 (MINI CEX) FO	OR HOUSE	OFFICERS - OF	BSTETRIC
NAME:		IC Number:			Focus of Clinical Encounter:
MINI CEX NUMBER:					Documentation
CUNICAL CATECODY (PRODUEN					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Good Satisfactory Poor Remarks		Remarks	Professionalism
crace the following areas asmig the searcs	Α	В	С		
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer	nt :		
Agreed action:					Date:

MINI CASE EVALU/	ATION EXERCI	SE 3 (MINI CEX) FO	OR HOUSE	OFFICERS - OE	SSTETRIC
NAME:		IC Number:			Focus of Clinical Encounter:
MINI CEX NUMBER:					Documentation
CLINICAL CATECODY (PROPIEM					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Remarks	Professionalism
	А	В	С		
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					=
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer	nt:		
			_		
Agreed action:					Date:

MINI CASE EVALU	ATION EXERCI	SE 4 (MINI CEX) FO	OR HOUSE	OFFICERS - OE	SSTETRIC
NAME:		IC Number:			Focus of Clinical Encounter:
MINI CEX NUMBER:					Documentation
CLINICAL CATECODY (DDODLENA					Clinical Assessment
CLINICAL CATEGORY /PROBLEM:					Management
Grade the following areas using the scales	Good	Satisfactory	Poor	Remarks	Professionalism
J	Α	В	С		
1. History Taking					Signature of assessor:
2. Examination					Stamp:
3. Investigation and Referrals					-
4. Diagnosis					Date:
5. Management					Signature of candidate:
6. Communication Skills					
7. Documentation					Stamp:
Anything especially good?	Suggesti	on for developmer	nt :		
Agreed action:			Date:		
Agreed action.					Dutc.

Direct Observed Procedural Skills (DOPS) 3 sets of form

- 1. Vaginal examination
- 2. Speculum examination
- 3. Amniotomy
- 4. Normal Vaginal deliveries
- 5. Performed episiotomy and repair of episiotomy.
- 6. Delivery of placenta
- 7. CTG application and interpretation
- 8. MgS04 Preparation
- 9. Pap smear
- 10. Pipelle sampling
- 11. Partogram Charting and interpretations
- 12. Female Bladder catheterization

Note:

The House Officers needs to pass the DOPS of each procedure only once. However, they should at least observe and perform a minimum of 5 of each procedure/DOPS prior to being assessed by supervisor.

The additional forms are for those who need to repeat the procedure if they fail.

1. Va	nginal Exam	ination (10	0)						
No	Date		Diagnosis	A	rad B	e C	Comments	Name & Signature of Supervisor	
				,					

							VED PROCEDURAL SKILL		
The	purpose of this pr	ocedure is to ensure	1. VAGINAL I that the HO is ab			ition correc	tly and competently		
Patient	The patient	must be haemodyna	mically stable a	nd not in dis	tress				
Hygiene		st demonstrate that ng the procedure	he/she practice	universal a	septic precautions	of hygieni	c procedure, scrubbed and		
Procedure	trolley, the	HO must demonstrate familiarity with all the equipments required during the procedure such as the examination by, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, urinary ketone and min stick If required.							
	The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient								
	The HO mu	The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity							
	The HO mus	The HO must demonstrate the proper methods of perineal cleaning and draping.							
		The HO must be able to appreciate the difference In the consistency of the cervix, cervical dilation and effacement of the cervix, the fetal presentation, station of the presenting part and the presence or absent of membrane.							
	The patient	The patient must experience minimal discomfort during the procedure							
	The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.								
SCORING AND F	EDBACK								
Overall performar	ce	Poor		Good			Satisfactory		
Fail Mark	A HO w He/She	A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:				

	1 1/0						
purpose of this pr	ocedure is to ensure that the	GINAL EX HO is able			correctly	and competently	
The patient	must be haemodynamically	stable and	not in dis	tress			
		practice ur	niversal as	eptic precautions of h	nygienic p	procedure, scrubbed and	
The HO must demonstrate familiarity with all the equipments required during the procedure such as the exami trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, urinary ketor albumin stick If required.							
The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient							
The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity							
The HO must demonstrate the proper methods of perineal cleaning and draping.							
The HO must be able to appreciate the difference In the consistency of the cervix, cervical dilation and effacement of the cervix, the fetal presentation, station of the presenting part and the presence or absent of membrane.							
The patient must experience minimal discomfort during the procedure							
The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.							
EDBACK							
ice	Poor		Good			Satisfactory	
	A HO who scores grade C is deemed to have failed. He/She must have another assessment later.		ed.	ASSESSOR STAMP: SIGNATURE:			
				DATE:			
	The HO mu gloved duri The HO mu trolley, the albumin sti The HO mu vaginal exa The HO mu The HO mu The HO mu Cervix, the formulation of the HO mu The patient The HO mu The HO mu A HO w	The HO must demonstrate that he/she gloved during the procedure The HO must demonstrate familiarity witrolley, the vaginal examination set, vagalbumin stick If required. The HO must know the patientis history, vaginal examination from the patient The HO must place the patient in dorsal The HO must demonstrate the proper m The HO must be able to appreciate the dicervix, the fetal presentation, station of the patient must experience minimal distributed in the HO must complete the examination management. EEDBACK Poor A HO who scores grade C is deemed to the procedure of th	The HO must demonstrate that he/she practice ur gloved during the procedure The HO must demonstrate familiarity with all the entrolley, the vaginal examination set, vaginal examialbumin stick If required. The HO must know the patientis history, had perfor vaginal examination from the patient The HO must place the patient in dorsal lithotomy in the HO must demonstrate the proper methods of processing the proper methods of processing the fetal presentation, station of the present in the patient must experience minimal discomfort during the HO must complete the examination, explained management. The HO must complete the examination, explained management.	The HO must demonstrate that he/she practice universal as gloved during the procedure The HO must demonstrate familiarity with all the equipment trolley, the vaginal examination set, vaginal examination go albumin stick if required. The HO must know the patientis history, had performed abdovaginal examination from the patient The HO must place the patient in dorsal lithotomy position working the HO must demonstrate the proper methods of perineal classical than the proper methods of perineal classical that the proper methods of perineal classical than the proper methods of perineal classical than the proper method of perineal classical than	gloved during the procedure The HO must demonstrate familiarity with all the equipments required during the ptrolley, the vaginal examination set, vaginal examination gel, cotton balls, water albumin stick If required. The HO must know the patientis history, had performed abdominal examination an vaginal examination from the patient The HO must place the patient in dorsal lithotomy position with attention to the patient HO must demonstrate the proper methods of perineal cleaning and draping. The HO must be able to appreciate the difference In the consistency of the cervix, cercervix, the fetal presentation, station of the presenting part and the presence or about the patient must experience minimal discomfort during the procedure The HO must complete the examination, explained to the patient the examination management. EEDBACK A HO who scores grade C is deemed to have failed. He/She must have another assessment later. SIGNATURE:	The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure The HO must demonstrate familiarity with all the equipments required during the procedure trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigat albumin stick If required. The HO must know the patientis history, had performed abdominal examination and had obtagginal examination from the patient The HO must place the patient in dorsal lithotomy position with attention to the patientis conductor The HO must demonstrate the proper methods of perineal cleaning and draping. The HO must be able to appreciate the difference In the consistency of the cervix, cervical dilar cervix, the fetal presentation, station of the presenting part and the presence or absent of more than the procedure of the HO must complete the examination, explained to the patient the examination finding a management. EEDBACK The HO must complete the examination, explained to the patient the examination finding a management. ASSESSOR STAMP: SIGNATURE:	

							VED PROCEDURAL SKILL		
The	purpose of this pr	ocedure is to ensure	1. VAGINAL I that the HO is ab			ition correc	tly and competently		
Patient	The patient	must be haemodyna	mically stable a	nd not in dis	tress				
Hygiene		st demonstrate that ng the procedure	he/she practice	universal a	septic precautions	of hygieni	c procedure, scrubbed and		
Procedure	trolley, the	HO must demonstrate familiarity with all the equipments required during the procedure such as the examination by, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, urinary ketone and min stick If required.							
	The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient								
	The HO mu	The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity							
	The HO mus	The HO must demonstrate the proper methods of perineal cleaning and draping.							
		The HO must be able to appreciate the difference In the consistency of the cervix, cervical dilation and effacement of the cervix, the fetal presentation, station of the presenting part and the presence or absent of membrane.							
	The patient	The patient must experience minimal discomfort during the procedure							
	The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.								
SCORING AND F	EDBACK								
Overall performar	ce	Poor		Good			Satisfactory		
Fail Mark	A HO w He/She	A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:				

		D /NI	6: .	osis Grad	irad	e		Name & Signature		
No	Date	R/N	Diagnosis		В	С	Comments	Name & Signature of Supervisor		

					DINECTE	OBSERVED PROCEDURAL S	/IXIL			
The pu	rpose of this pro		PECULUM EX			on correctly and competently				
Patient		The patient must be haemodynamically stable and not in distress								
Hygiene		HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and ved during the procedure								
Procedure	The HO must demonstrate familiarity with all the equipments required during the procedure such as the exam trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, urinary keto albumin stick If required.									
	The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient									
	The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity									
	The HO must demonstrate the proper methods of perineal cleaning and draping.									
	The HO must be able to identify the vaginal mucosa, the cervical opening, any abnormality on the vaginal or cervix and demonstrates the cough impulses / leaking of liqour in case of PPROM/PROM									
	The patient must experience minimal discomfort during the procedure The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.									
SCORING AND FE	EDBACK									
Overall performand	e	Poor		Good		Satisfactory				
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:					
Feedback					DATE:					

					DINECTE	OBSERVED PROCEDURAL S	/IXIE		
The pu	rpose of this pro		PECULUM EX			on correctly and competently			
Patient	The patient must be haemodynamically stable and not in distress								
Hygiene		he HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and loved during the procedure							
Procedure	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, urinary ketone and albumin stick if required.								
	The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient								
	The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity								
	The HO must demonstrate the proper methods of perineal cleaning and draping.								
	The HO must be able to identify the vaginal mucosa, the cervical opening, any abnormality on the vaginal or cervix and demonstrates the cough impulses / leaking of liqour in case of PPROM/PROM								
	The patient must experience minimal discomfort during the procedure								
	The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.								
SCORING AND FE	EDBACK								
Overall performan	e	Poor		Good		Satisfactory			
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:				

					DIRECTLY	DBSEKVED PROCEDURAL SKILL		
The pu	irpose of this pro		CULUM EX			n correctly and competently		
Patient	· · · · · · · · · · · · · · · · · · ·	The patient must be haemodynamically stable and not in distress						
Hygiene		ne HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and oved during the procedure						
Procedure	trolley, the					orocedure such as the examination for irrigations, urinary ketone and		
	The HO must know the patientis history, had performed abdominal examination and had obtained proper consent for vaginal examination from the patient							
	The HO must place the patient in dorsal lithotomy position with attention to the patientis comfort and dignity							
	The HO must demonstrate the proper methods of perineal cleaning and draping.							
	The HO must be able to identify the vaginal mucosa, the cervical opening, any abnormality on the vaginal or cervix and demonstrates the cough impulses / leaking of liqour in case of PPROM/PROM							
	The patient must experience minimal discomfort during the procedure							
	The HO must complete the examination, explained to the patient the examination finding and the subsequent plan of management.							
SCORING AND FE	EDBACK							
Overall performand	:e	Poor		Good		Satisfactory		
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:			
Feedback					DATE:			

3. Amniotomy (10)									
No	No Date R/N		R/N Diagnosis	Grade A B C			Comments	Name & Signature of Supervisor	
					В			Jupervisor	

		3.	AMNIO	ОМҮ						
The purpose of this procedure is to ensure that the HO is able to perform amniotomy correctly and competently										
Patient	Th	e patient must be haemodynamically stable and not in distress								
Hygiene		e HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and oved during the procedure								
Equipment	tro	he HO must demonstrate familiarity with all the equipments required during the procedure such as the examination olley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, the amniotic hook or ockers forceps.								
Procedure The HO must know the patients history, had performed abdominal examin vaginal examination and explained the reason to perform amniotomy on the										
	Th	The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity								
	Th	The HO must demonstrate the proper methods of perineal cleaning and draping.								
	Th	The HO must be able to perform proper vaginal examination.								
		The HO must be able to identify the presence or absence of amniotic membrane, identify the presenting part of the fetus and able to rule out cord presentation.								
		le/she must be able to perform amniotomy under aseptic technique								
		The HO must be able to differentiate between normal and abnormal liquor.								
		The patient must experience minimal discomfort durina the procedure								
The HO must complete the examination, explained to the patient the examination finding and the subsemanagement.						nd the subsequent plan of				
SCORING AND	FEEDBAC	К								
Overall performance		Poor		Good			Satisfactory			
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later.			ASSESSOR STAMP: SIGNATURE:					
Feedback					DATE:					

		3.	AMNIO	ОМҮ				
	The purp	ose of this procedure is to ensure that the	e HO is ab	le to perfor	m amniotomy correct	tly and o	competently	
Patient	The patient must be haemodynamically stable and not in distress							
Hygiene		ne HO must demonstrate that he/she pro oved during the procedure	actice uni	versal asep	tic precautions of hy	gienic p	procedure, scrubbed and	
Equipment	tro	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, the amniotic hook or kockers forceps.						
Procedure		ne HO must know the patients history, har ginal examination and explained the rea					ined proper consent for	
	Th	ne HO must place the patient in dorsal lith	notomy p	osition with	attention to the pati	ents coi	mfort and dignity	
	Th	e HO must demonstrate the proper meth	nods of pe	erineal clea	ning and draping.			
	Th	e HO must be able to perform proper va	ginal exar	mination.				
		ne HO must be able to identify the presend able to rule out cord presentation.	ce or abse	nce of amn	iotic membrane, ident	ify the p	oresenting part of the fetus	
		e/she must be able to perform amniotom						
		e HO must be able to differentiate betwe						
		ne patient must experience minimal disco						
		ne HO must complete the examination, e anagement.	xplained	to the pation	ent the examination fi	nding a	nd the subsequent plan of	
SCORING AND	FEEDBAC	К						
Overall perform	ance	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed t He/She must have another assessment I		led.	ASSESSOR STAMP: SIGNATURE:		1	
Feedback					DATE:			

		3.	AMNIO	ОМҮ				
	The purp	ose of this procedure is to ensure that the	e HO is ab	le to perfor	m amniotomy correct	tly and o	competently	
Patient	The patient must be haemodynamically stable and not in distress							
Hygiene		ne HO must demonstrate that he/she pro oved during the procedure	actice uni	versal asep	tic precautions of hy	gienic p	procedure, scrubbed and	
Equipment	tro	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, the vaginal examination set, vaginal examination gel, cotton balls, water for irrigations, the amniotic hook or kockers forceps.						
Procedure		ne HO must know the patients history, haginal examination and explained the rea					ined proper consent for	
	Th	ne HO must place the patient in dorsal lith	notomy p	osition with	attention to the pati	ents co	mfort and dignity	
	Th	ne HO must demonstrate the proper meth	nods of pe	erineal clea	ning and draping.			
	Th	ne HO must be able to perform proper va	ginal exar	mination.				
		ne HO must be able to identify the presend able to rule out cord presentation.	ce or abse	nce of amn	iotic membrane, ident	tify the p	oresenting part of the fetus	
		e/she must be able to perform amniotom						
		ne HO must be able to differentiate betwe						
		ne patient must experience minimal disco						
		ne HO must complete the examination, e anagement.	xplained	to the pation	ent the examination fi	inding a	nd the subsequent plan of	
SCORING AND	FEEDBAC	K						
Overall perform	ance	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed t He/She must have another assessment I		led.	ASSESSOR STAMP: SIGNATURE:	I	1	
Feedback					DATE:			

4. No	ormal Vagin	al Delivery	y (20)					
No	Date	R/N	Diagnosis		Grade		Comments	Name & Signature of Supervisor
INO	Date	11/11	Diagnosis	Α	В	C	Comments	Supervisor

			4 NORM	AL VAGINAL DELIVE		DJLKV	ED PROCEDURAL SKILLS 4	
The _l	purpose	of this proced	lure is to ensure that the HO			orrectly	and competently	
Patient		The patient n	nust be haemodynamically s	table and not in distre	ss			
Hygiene		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.						
Equipment		The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.						
Procedure		The HO must examination		ad performed abdom	inal examination and	obtaine	ed proper consent for vaginal	
		The HO must	place the patient in dorsal I	ithotomy position witl	h attention to the pati	ients co	mfort and dignity.	
		The HO must	demonstrate the proper me	thods of perineal clea	ning and draping.			
		The HO must labour.	t be able to perform proper	vaginal examination	and identify that the	patient	has entered second stage of	
			be able to instruct the moth			s.		
			be able to conduct normal v					
		of the anterio	: be able to instruct the staff or shoulder of the baby. The ne immediately after delivery	umbilical cord should	her intramuscular syn be clamped once it st	tocinon opped	/syntometrine at the delivery pulsating. Skin to skin contact	
		The patient r	nust experience minimal dis	comfort during the pr	ocedure			
		The HO must required.	complete the delivery proc	ess for the mother inc	luding placenta deliv	ery and	perineal check and repairs as	
SCORING AND	FEEDB	ACK						
Overall perform	rall performance Poor Good Satisfactory							
Fail Mark			o scores grade C is deemed nust have another assessment		ASSESSOR STAMP: SIGNATURE:	1	1	
Feedback DATE:								

						RZEKA	ED PROCEDURAL SKILLS 4
The purp	oose of t	this proced	4. NORM Jure is to ensure that the HO	AL VAGINAL DELIVE is able to perform norr		orrectly	and competently
Patient		•	nust be haemodynamically s	<u>'</u>			,
Hygiene		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.					
Equipment	tro	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.					
Procedure			t know the patients history, hand delivery.	ad performed abdom	inal examination and	obtaine	ed proper consent for vaginal
	Th	e HO must	place the patient in dorsal I	ithotomy position witl	n attention to the pati	ients co	mfort and dignity.
	Th	e HO must	demonstrate the proper me	thods of perineal clea	ning and draping.		
		e HO mus oour.	t be able to perform proper	vaginal examination	and identify that the	patient	has entered second stage of
	Th	e HO must	be able to instruct the moth	ner regarding proper b	earing down method	s.	
	He	/she must	be able to conduct normal v	aginal delivery under	aseptic technique.		
	of	the anterio	t be able to instruct the staff or shoulder of the baby. The ne immediately after delivery	umbilical cord should	her intramuscular syn be clamped once it st	tocinon opped	/syntometrine at the delivery pulsating. Skin to skin contact
			nust experience minimal dis		ocedure		
	Th					ery and	perineal check and repairs as
SCORING AND FEE	EDBAC	K					
Overall performance	erformance Poor Good Satisfactory						
Fail Mark			o scores grade C is deemed nust have another assessment		ASSESSOR STAMP: SIGNATURE:	1	
Feedback					DATE:		

						BSERV	ED PROCEDURAL SKILLS 4
Tl		£ 41= :		AL VAGINAL DELIVE			
<u> </u>	ourpose o	this proced	dure is to ensure that the HO	is able to perform norr	nai vaginai delivery co	orrectly	and competently
Patient	1	The patient must be haemodynamically stable and not in distress					
Hygiene		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.					
Equipment	t	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.					
Procedure			t know the patients history, h and delivery.	ad performed abdom	inal examination and	obtaine	ed proper consent for vaginal
	1	The HO must	t place the patient in dorsal l	thotomy position with	n attention to the pati	ients co	mfort and dignity.
		The HO must	t demonstrate the proper me	thods of perineal clea	ning and draping.		
		The HO mus abour.	t be able to perform proper	vaginal examination	and identify that the	patient	has entered second stage of
			t be able to instruct the moth	3 31 1	,	S.	
			be able to conduct normal v	,			
		of the anterio	t be able to instruct the staff or shoulder of the baby. The ne immediately after delivery.	umbilical cord should	her intramuscular syn be clamped once it st	tocinon opped ¡	/syntometrine at the delivery pulsating. Skin to skin contact
		he patient r	nust experience minimal disc	comfort during the pro	ocedure		
		The HO must equired.	complete the delivery proce	ess for the mother inc	luding placenta deliv	ery and	perineal check and repairs as
SCORING AND	FEEDBA	СК					
Overall performa			Poor	Good			Satisfactory
Fail Mark			lo scores grade C is deemed nust have another assessment		ASSESSOR STAMP: SIGNATURE:	ı	
Feedback	eedback DATE:						

5. Epi	siotomy (10))																																						
No	Date	R/N	Diagnosis		Grade A B C		Grade																																Comments	Name & Signature of Supervisor
				1,1	,			3476171301																																

					DIMECTER	DJLIV	ED PROCEDURAL SKILLS :
	Thopu	5. rpose of this procedure is to ensure that	EPISIOT		form oniciatomy and	ropair o	oiciotomy wound
	The pu	ipose of this procedure is to ensure that	the no is	able to peri	offit episiotomy and i	repair e	distolority would
Patient	Th	e patient must be haemodynamically sta	able and n	ot in distre	SS		
Hygiene		e HO must demonstrate that he/she proved during the procedure	ractice un	iversal ase	ptic precautions of h	iygienic	procedure, scrubbed and
Equipment	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.						
Procedure		e HO must know the patients history, had amination and delivery.	d perform	ed abdomi	nal examination and o	obtained	d proper consent for vaginal
	Th	e HO must place the patient in dorsal lith	notomy po	sition with	attention to the patie	ents con	nfort and dignity
	Th lak	e HO must be able to perform proper va oour. The HO must be able to instruct the	aginal exa mother r	mination a	nd identify that the proper bearing down m	oatient l nethods	nas entered second stage of
		e HO must be able to identify the desce e HO must be able to identify the site of					
	an	llowing the delivery of the baby and the y other vaginal laceration or injury. He/ oper episiotomy repairs as per protocol.	'sȟe must	a, HO must be able to	check the perineum identify the apex of	and ide	ntify the episiotomy site plus siotomy wound and perform
	Th	e patient must experience minimal disc	omfort d	uring the p	rocedure.		
SCORING AND I	FEEDBAC	:K					
Overall performa	nce	Poor		Good			Satisfactory
Fail Mark		A HO who scores grade C is deemed He/She must have another assessment		iled.	ASSESSOR STAMP: SIGNATURE:	ı	1
Feedback					DATE:		

							ED PROCEDORAL SKILLS
	The pur	5. rpose of this procedure is to ensure that t	EPISIOT the HO is		form episiotomy and	repair e	pisiotomy wound
Patient	Th	e patient must be haemodynamically sta	ble and n	ot in distre	SS		
Hygiene		e HO must demonstrate that he/she proved during the procedure	actice un	iversal ase	ptic precautions of h	ıygienic	procedure, scrubbed and
Equipment	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.						
Procedure		e HO must know the patients history, had amination and delivery.	d perform	ed abdomi	nal examination and o	obtained	d proper consent for vaginal
	Th	e HO must place the patient in dorsal lith	otomy po	sition with	attention to the patie	ents con	nfort and dignity
	Th lab	e HO must be able to perform proper va our. The HO must be able to instruct the	aginal exa mother re	mination a	nd identify that the proper bearing down m	oatient l nethods	has entered second stage of
		e HO must be able to identify the desce e HO must be able to identify the site of					
	an	llowing the delivery of the baby and the y other vaginal laceration or injury. He/ oper episiotomy repairs as per protocol.	she must	a, HO must be able to	check the perineum identify the apex of	and ide the epi	ntify the episiotomy site plus siotomy wound and perform
	Th	e patient must experience minimal disc	omfort dı	uring the p	rocedure.		
SCORING AND	FEEDBAC	К					
Overall perform	Overall performance Poor Good Satisfactory						
Fail Mark		A HO who scores grade C is deemed t He/She must have another assessment I		led.	ASSESSOR STAMP: SIGNATURE:	1	1
Feedback					DATE:		

							ED PROCEDORAL SKILLS S
	The pu	5. rpose of this procedure is to ensure that t	EPISIOT the HO is		form episiotomy and	repair e _l	pisiotomy wound
Patient	Th	ne patient must be haemodynamically sta	ıble and n	ot in distre	SS		
Hygiene		ne HO must demonstrate that he/she proved during the procedure	actice un	iversal ase	ptic precautions of h	nygienic	procedure, scrubbed and
Equipment	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.						
Procedure		ne HO must know the patients history, had camination and delivery.	d perform	ed abdomi	nal examination and o	obtained	d proper consent for vaginal
	Th	ne HO must place the patient in dorsal lith	otomy po	sition with	attention to the patie	ents con	nfort and dignity
	Th lal	ne HO must be able to perform proper va bour. The HO must be able to instruct the	aginal exa mother re	mination a	nd identify that the proper bearing down m	oatient l nethods	has entered second stage of
		ne HO must be able to identify the desce ne HO must be able to identify the site of					
	ar	ollowing the delivery of the baby and the sy other vaginal laceration or injury. He/ oper episiotomy repairs as per protocol.	she must				
	Th	ne patient must experience minimal disc	omfort di	uring the p	rocedure.		
SCORING AND	FEEDBAG	CK .					
Overall perform	ance	Poor		Good			Satisfactory
Fail Mark		A HO who scores grade C is deemed t He/She must have another assessment I		iled.	ASSESSOR STAMP: SIGNATURE:	1	1
Feedback DATE:					DATE:		

6. Pla	centa Delive	ery (10)																						
No	Date	R/N	Diagnosis	A																	Grade N B C		Comments	Name & Signature of Supervisor
					_	_																		

						DIMECTER	DJEIV	ED PROCEDURAL SKILLS O
				ACENTA D				
		<u> </u>	ose of this procedure is to er			<u> </u>	a deliver	ТУ
Patient	Th	ne patient	must be haemodynamically	stable and	not in distre	ess		
Hygiene			st demonstrate that he/she during the procedure	practices ui	niversal ase _l	otic precautions of hy	ygienic p	procedure, scrubbed, gowned
Equipment	tro	olley, deliv						lure such as the examination , flavin lotion, hibitane lotion,
Procedure	or	nce it stop						d should have been clamped mother at the delivery of the
			st be able to identify the sig the vagina, contraction of the					he umbilical cord, gushed of oushing the uterus upwards
	He	e/she mus	t be able to perform control o	cord traction	n for the deli	ivery of the placenta		
			t be able to check the place otherwise	enta and id	entify all th	e part of the placent	a and de	ecide whether the placenta is
	Th	e patient	must experience minimal dis	comfort du	ring the pro	cedure		
		ie HO mus anagemer		n and expla	in to the pa	tient the examination	n finding	g and the subsequent plan of
SCORING AND F	EEDBAC	K						
Overall performa	nce		Poor		Good			Satisfactory
Fail Mark			no scores grade C is deeme must have another assessme		ailed.	ASSESSOR STAMP: SIGNATURE:		'
Feedback DATE:								

					DIRECTLY O	RSERVED PROCEDURAL SKILLS	
			6. PLACENTA				
		pose of this procedure				a delivery	
Patient	The patier	nt must be haemodyna	amically stable an	nd not in distr	ess		
Hygiene		ust demonstrate that d during the procedur		universal ase	ptic precautions of h	ygienic procedure, scrubbed, gowned	
Equipment	trolley, de	HO must demonstrate familiarity with all the equipments required during the procedure such as the examination ey, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, ion catheter, baby wickers.					
Procedure	once it sto	The HO must have performed the vaginal delivery for this particular lady. The umbilical cord should have been clamped once it stopped pulsating. The intra muscular syntometrine should have been given to the mother at the delivery of the anterior shoulder of the fetus					
						ning of the umbilical cord, gushed of cord on pushing the uterus upwards	
	He/she mu	ıst be able to perform	control cord tracti	on for the del	ivery of the placenta		
		ust be able to check to or otherwise	he placenta and i	identify all th	e part of the placent	a and decide whether the placenta is	
	The patier	t must experience min	nimal discomfort d	luring the pro	cedure		
	The HO m managem		mination and exp	lain to the pa	tient the examinatio	n finding and the subsequent plan of	
SCORING AND FE	EDBACK						
Overall performan	ce	Poor		Good		Satisfactory	
Fail Mark	A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:						
Feedback	eedback DATE:						

						DIRECTLY O	RZEKAI	ED PROCEDURAL SKILLS (
				ACENTA D				
			ose of this procedure is to en				a deliver	У
Patient	The	patient	must be haemodynamically	stable and	not in distre	ess		
Hygiene			t demonstrate that he/she p during the procedure	oractices ur	niversal ase _l	otic precautions of hy	ygienic p	orocedure, scrubbed, gowned
Equipment	troll	The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, delivery trolley, vaginal delivery set, episiotomy set, pads, gauze, water for irrigation, flavin lotion, hibitane lotion, suction catheter, baby wickers.						
Procedure	The HO must have performed the vaginal delivery for this particular lady. The umbilical cord should have been clamp once it stopped pulsating. The intra muscular syntometrine should have been given to the mother at the delivery of t anterior shoulder of the fetus							mother at the delivery of the
			t be able to identify the sig he vagina, contraction of the					he umbilical cord, gushed of oushing the uterus upwards
	He/s	she must	be able to perform control c	ord tractior	n for the deli	very of the placenta		
			t be able to check the place otherwise	nta and ide	entify all th	e part of the placent	a and de	ecide whether the placenta is
	The	patient r	must experience minimal disc	comfort du	ring the pro	cedure		
		HO mus nagemen		and expla	in to the pa	tient the examination	n finding	g and the subsequent plan of
SCORING AND F	EEDBACK							
Overall performa	nce		Poor		Good			Satisfactory
Fail Mark	A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:							
Feedback						DATE:		

7. GT	7. GTG Placement And Interpretations (10)										
No	Date	R/N	Diagnosis	Grade A B C				Comments	Name & Signature of Supervisor		

					DIRECTLY O	RZEKA	ED PROCEDURAL SKILLS 7	
		7. CTG PLACEME		—				
The _I	purpose o	f this procedure is to ensure that the HO	is able to	place the	CTG properly and inte	rprets th	ne CTG tracing	
Patient	Th	e patient must be haemodynamically sta	able and r	ot in distre	2SS.			
Hygiene	Th	e HO must demonstrate that he/she pra	D must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.					
Equipment	Th	e HO must demonstrate familiarity with	the CTG n	nachine an	d probes used.			
Procedure		The HO must know the patients history, had performed abdominal examination and have explained the procedure to the patient plus the importance of the procedure to the patient.						
	Th	e HO must put the patient in supine pos	ition with	attention	to the patients comfor	rt and d	ignity.	
		e HO must be able to demonstrate the e fundus of the uterus, describe the fetal				nant lad	ly and able to palpate for the	
	Th	e HO must be able to place both the CTC	G probes t	o get the b	est CTG tracing.			
,	ар	e HO must be able to differentiate bet propriate response to the CTG finding scing.	ween a no g and whe	ormal/reac en he/she	tive or abnormal CTG should seek senior o	tracing	g. He/She must demonstrate elp in case of abnormal CTG	
		e patient must experience minimal disc	comfort d	uring the p	procedure.			
		e HO must complete the examination,	explains	to the pati	ent the examination	finding	and the subsequent plan of	
SCORING AND F	EEDBAC	К						
Overall performa	nce	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later. A SSESSOR STAMP: SIGNATURE:						
Feedback	DATE:							

					DIRECTLI	DSERV	ED PROCEDURAL SKILLS /	
_,		7. CTG PLACEME						
The	purpose o	f this procedure is to ensure that the HO	is able to	place the (. IG properly and inte	rprets th	ne CTG tracing	
Patient	Th	e patient must be haemodynamically sta	able and r	not in distre	ess.			
Hygiene	Th	e HO must demonstrate that he/she pra	must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.					
Equipment	Th	e HO must demonstrate familiarity with	D must demonstrate familiarity with the CTG machine and probes used.					
Procedure		The HO must know the patients history, had performed abdominal examination and have explained the procedure to the patient plus the importance of the procedure to the patient.						
	Th	e HO must put the patient in supine pos	ition with	attention t	to the patients comfo	rt and d	ignity.	
		e HO must be able to demonstrate the e fundus of the uterus, describe the fetal				nant lac	ly and able to palpate for the	
	Th	e HO must be able to place both the CTC	G probes t	to get the b	est CTG tracing.			
	ар	e HO must be able to differentiate bet propriate response to the CTG finding scing.	ween a no	ormal/reac en he/she s	tive or abnormal CTC should seek senior o	tracing fficer h	g. He/She must demonstrate elp in case of abnormal CTG	
		e patient must experience minimal disc	comfort d	uring the p	rocedure.			
	l I	e HO must complete the examination,	explains	to the pati	ent the examination	finding	and the subsequent plan of	
SCORING AND I	FEEDBAC	K						
Overall performa	nce	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:						
Feedback		DATE:						

					DIRECTLY O	RZEKA	ED PROCEDURAL SKILLS 7	
		7. CTG PLACEME		—				
The _I	purpose o	f this procedure is to ensure that the HO	is able to	place the	CTG properly and inte	rprets th	ne CTG tracing	
Patient	Th	e patient must be haemodynamically sta	able and r	ot in distre	2SS.			
Hygiene	Th	e HO must demonstrate that he/she pra	D must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.					
Equipment	Th	e HO must demonstrate familiarity with	the CTG n	nachine an	d probes used.			
Procedure		The HO must know the patients history, had performed abdominal examination and have explained the procedure to the patient plus the importance of the procedure to the patient.						
	Th	e HO must put the patient in supine pos	ition with	attention	to the patients comfor	rt and d	ignity.	
		e HO must be able to demonstrate the e fundus of the uterus, describe the fetal				nant lad	ly and able to palpate for the	
	Th	e HO must be able to place both the CTC	G probes t	o get the b	est CTG tracing.			
,	ар	e HO must be able to differentiate bet propriate response to the CTG finding scing.	ween a no g and whe	ormal/reac en he/she	tive or abnormal CTG should seek senior o	tracing	g. He/She must demonstrate elp in case of abnormal CTG	
		e patient must experience minimal disc	comfort d	uring the p	procedure.			
		e HO must complete the examination,	explains	to the pati	ent the examination	finding	and the subsequent plan of	
SCORING AND F	EEDBAC	К						
Overall performa	nce	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed to have failed. He/She must have another assessment later. A SSESSOR STAMP: SIGNATURE:						
Feedback	DATE:							

8. M	gSO4 Prepa	ration And	Monitoring (10)					
No	Date	R/N	Diagnosis		irad	e	Comments	Name & Signature of Supervisor
			3	Α	В	C		Supervisor

					DIRECTLY O	RZEKA	ED PROCEDURAL SKILLS 8	
The nurnose of	this proce	8. MGS04 PREP /edure is to ensure that the HO knows the				rtance c	of MaSO4 toxicity monitoring	
Patient		ne patient must be haemodynamically st				Turice o	migsor toxicity monitoring.	
Hygiene	l lin	ie HO must demonstrate that ne/sne pra	must demonstrate that he/she practice universal aseptic precaution of hygienic procedure.					
Equipment	Th	ie HO must demonstrate familiarity wi	th all the	equipment	required during the	proced	ure such as the examination	
	tro	olley, MgS04 ampoules, the infusions pum	np, syringe	s and norm	al saline, the examina	tion / mo	onitoring tools.	
Procedure	Th	The HO knows the patients history and indication for MgS04 infusion. The importance of the infusion should be						
	ex	plained to the patient and proper conse	nt obtaine	ed.				
	Th	e HO must be able to dilute the requir	ed amou	nt of MgS0	4 and explain the mo	onitorin	g that is required during the	
	int	fusion process.						
		e/she should be able to demonstrate kno					ects of the medication on the	
	ра	tient and the expected course of action s	hould the	adverse effe	ect / toxicity reaction (occurs.		
		e HO should be able to recognise possi MgS04 toxicity.	ble compl	ication of n	nagnesium toxicity ar	nd the a	ction to be taken in the event	
	Th	e patient must experience minimal disc	omfort du	ring the pro	ocedure.			
SCORING AND F	EEDBAC	К						
Overall performa	nce	Poor		Good			Satisfactory	
Fail Mark	rk A HO who scores grade C is deemed to have failed. ASSESSOR STAMP: He/She must have another assessment later. SIGNATURE:							
Feedback					DATE:			

his proce	8. MGS04 PREP dure is to ensure that the HO knows the				rtance of	MgS04 toxicity monitoring.	
Th	e patient must be haemodynamically st	able and r	not in distre	SS.			
Th	e HO must demonstrate that he/she pra	ctice univ	ersal asepti	c precaution of hygie	nic proce	edure.	
I	•	O must demonstrate familiarity with all the equipment required during the procedure such as the examination					
tro	lley, MgS04 ampoules, the infusions pum	ıp, syringe	s and norm	al saline, the examinat	tion / moi	nitoring tools.	
Th	e HO knows the patients history and	indicatio	n for MgS	04 infusion. The imp	ortance	of the infusion should be	
ex	plained to the patient and proper conse	nt obtaine	ed.				
Th	e HO must be able to dilute the requir	ed amoui	nt of MgS0	4 and explain the mo	nitoring	that is required during the	
inf	usion process.						
						ects of the medication on the	
		ole compl	ication of n	nagnesium toxicity ar	nd the ac	tion to be taken in the event	
Th	e patient must experience minimal disco	omfort du	ring the pro	ocedure.			
EDBACI	K						
ice	Poor		Good			Satisfactory	
A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:							
DATE:							
	Th Th tro Th ex Th inf He pa Th of	The patient must be haemodynamically st. The HO must demonstrate that he/she pra The HO must demonstrate familiarity wit trolley, MgS04 ampoules, the infusions pum The HO knows the patients history and explained to the patient and proper conse The HO must be able to dilute the requir infusion process. He/she should be able to demonstrate knopatient and the expected course of action s The HO should be able to recognise possil of MgS04 toxicity. The patient must experience minimal disconsections. EEDBACK Poor	The patient must be haemodynamically stable and r The HO must demonstrate that he/she practice univ The HO must demonstrate familiarity with all the orthogonal trolley, MgS04 ampoules, the infusions pump, syringe The HO knows the patients history and indication explained to the patient and proper consent obtained. The HO must be able to dilute the required amount infusion process. He/she should be able to demonstrate knowledge repatient and the expected course of action should the The HO should be able to recognise possible complication of MgS04 toxicity. The patient must experience minimal discomfort duesticated in the patient must experience minimal discomfort duestica	The patient must be haemodynamically stable and not in distre The HO must demonstrate that he/she practice universal asepti The HO must demonstrate familiarity with all the equipment trolley, MgS04 ampoules, the infusions pump, syringes and norm The HO knows the patients history and indication for MgS explained to the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS0-infusion process. He/she should be able to demonstrate knowledge regarding th patient and the expected course of action should the adverse efform the HO should be able to recognise possible complication of most MgS04 toxicity. The patient must experience minimal discomfort during the process. A HO who scores grade C is deemed to have failed.	The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he/she practice universal aseptic precaution of hygie The HO must demonstrate familiarity with all the equipment required during the trolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examinat The HO knows the patients history and indication for MgS04 infusion. The impress and the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS04 and explain the moninfusion process. He/she should be able to demonstrate knowledge regarding therapeutic effects and patient and the expected course of action should the adverse effect / toxicity reaction of MgS04 toxicity. The HO should be able to recognise possible complication of magnesium toxicity are of MgS04 toxicity. The patient must experience minimal discomfort during the procedure. EEDBACK The HO who scores grade C is deemed to have failed. ASSESSOR STAMP: SIGNATURE:	The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure. The HO must demonstrate familiarity with all the equipment required during the procedurolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examination / mo The HO knows the patients history and indication for MgS04 infusion. The importance explained to the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS04 and explain the monitoring infusion process. He/she should be able to demonstrate knowledge regarding therapeutic effects and side effect patient and the expected course of action should the adverse effect / toxicity reaction occurs. The HO should be able to recognise possible complication of magnesium toxicity and the accomplication of magnesium toxi	

his proce	8. MGS04 PREP dure is to ensure that the HO knows the				rtance of	MgS04 toxicity monitoring.	
Th	e patient must be haemodynamically st	able and r	not in distre	SS.			
Th	e HO must demonstrate that he/she pra	ctice univ	ersal asepti	c precaution of hygie	nic proce	edure.	
I	•	O must demonstrate familiarity with all the equipment required during the procedure such as the examination					
tro	lley, MgS04 ampoules, the infusions pum	ıp, syringe	s and norm	al saline, the examinat	tion / moi	nitoring tools.	
Th	e HO knows the patients history and	indicatio	n for MgS	04 infusion. The imp	ortance	of the infusion should be	
ex	plained to the patient and proper conse	nt obtaine	ed.				
Th	e HO must be able to dilute the requir	ed amoui	nt of MgS0	4 and explain the mo	nitoring	that is required during the	
inf	usion process.						
						ects of the medication on the	
		ole compl	ication of n	nagnesium toxicity ar	nd the ac	tion to be taken in the event	
Th	e patient must experience minimal disco	omfort du	ring the pro	ocedure.			
EDBACI	K						
ice	Poor		Good			Satisfactory	
A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:							
DATE:							
	Th Th tro Th ex Th inf He pa Th of	The patient must be haemodynamically st. The HO must demonstrate that he/she pra The HO must demonstrate familiarity wit trolley, MgS04 ampoules, the infusions pum The HO knows the patients history and explained to the patient and proper conse The HO must be able to dilute the requir infusion process. He/she should be able to demonstrate knopatient and the expected course of action s The HO should be able to recognise possil of MgS04 toxicity. The patient must experience minimal disconsections. EEDBACK Poor	The patient must be haemodynamically stable and r The HO must demonstrate that he/she practice univ The HO must demonstrate familiarity with all the orthogonal trolley, MgS04 ampoules, the infusions pump, syringe The HO knows the patients history and indication explained to the patient and proper consent obtained. The HO must be able to dilute the required amount infusion process. He/she should be able to demonstrate knowledge repatient and the expected course of action should the The HO should be able to recognise possible complication of MgS04 toxicity. The patient must experience minimal discomfort duesticated in the patient must experience minimal discomfort duestica	The patient must be haemodynamically stable and not in distre The HO must demonstrate that he/she practice universal asepti The HO must demonstrate familiarity with all the equipment trolley, MgS04 ampoules, the infusions pump, syringes and norm The HO knows the patients history and indication for MgS explained to the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS0-infusion process. He/she should be able to demonstrate knowledge regarding th patient and the expected course of action should the adverse efform the HO should be able to recognise possible complication of most MgS04 toxicity. The patient must experience minimal discomfort during the process. A HO who scores grade C is deemed to have failed.	The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he/she practice universal aseptic precaution of hygie The HO must demonstrate familiarity with all the equipment required during the trolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examinat The HO knows the patients history and indication for MgS04 infusion. The impress and the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS04 and explain the moninfusion process. He/she should be able to demonstrate knowledge regarding therapeutic effects and patient and the expected course of action should the adverse effect / toxicity reaction of MgS04 toxicity. The HO should be able to recognise possible complication of magnesium toxicity are of MgS04 toxicity. The patient must experience minimal discomfort during the procedure. EEDBACK The HO who scores grade C is deemed to have failed. ASSESSOR STAMP: SIGNATURE:	The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure. The HO must demonstrate familiarity with all the equipment required during the procedurolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examination / mo The HO knows the patients history and indication for MgS04 infusion. The importance explained to the patient and proper consent obtained. The HO must be able to dilute the required amount of MgS04 and explain the monitoring infusion process. He/she should be able to demonstrate knowledge regarding therapeutic effects and side effect patient and the expected course of action should the adverse effect / toxicity reaction occurs. The HO should be able to recognise possible complication of magnesium toxicity and the accomplication of magnesium toxi	

9. Pa	p Smear (10	0)						
No	Date	R/N	Diagnosis	Grade A B C		e	Comments	Name & Signature of Supervisor
					<u> </u>			3uper visor

					DIRECTLY O	RZEKA	ED PROCEDURAL SKILLS 9	
		The purpose of this procedure is to	P. PAP SI ensure tl		is able to perform pap	o smear.		
Patient	Th	e patient must be haemodynamically sta	able and r	not in distre	ess.			
Hygiene	Th du	e HO must demonstrate that he / she pra ring the procedure	actices un	iversal ase	otic precaution of hygi	ienic pro	ocedure, scrubbed and gloved	
Equipment	va	he HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, aginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayre's spatula or cervical brush and lass slide.						
Procedure		The HO must know the patients history, informed the importance of the procedure to the patient and obtained the patients consent.						
		e patient is placed in dorsal lithotomy serted into the vagina gently, the vaginal				eaned a	nd draped. Cosco speculum	
	ay	e cervical brush introduced into the cerv res spatula is then applied on the cervix de. The slide is then immersed into 90% al	and rotate	ed on the e				
	Th	e patient must experience minimal disco	omfort du	ring the pr	ocedure.			
		e HO must complete the examination an anagement.	ıd explain	ed to the p	atient the examination	n findin	g plus the subsequent plan of	
SCORING AND F	EEDBAC	К						
Overall performa	nce	Poor		Good			Satisfactory	
Fail Mark		A HO who scores grade C is deemed t He/She must have another assessment I		led.	ASSESSOR STAMP: SIGNATURE:			
Feedback DATE:								

		P. PAP SN ensure the		is able to perform pap	smear.		
The	e patient must be haemodynamically sta	able and r	not in distre	ess.			
		actices un	iversal asep	otic precaution of hygi	ienic pro	ocedure, scrubbed and gloved	
vag	ginal / speculum examination set, alcoh						
Procedure The HO must know the patients history, informed the importance of the procedure to the patient and obtain patients consent.							
The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned and draped. Cosco spinserted into the vagina gently, the vaginal wall and the cervix visualized.							
ayr	es spatula is then applied on the cervix	and rotate	ed on the e				
The	e patient must experience minimal disco	omfort du	ring the pr	ocedure.			
	The HO must complete the examination and explained to the patient the examination finding plus the subsequent plan o management.						
EEDBAC	(
nce	Poor		Good			Satisfactory	
					ASSESSOR STAMP: SIGNATURE:		
				DATE:			
	The vag gla The part of the pa	The purpose of this procedure is to The patient must be haemodynamically st The HO must demonstrate that he / she produring the procedure The HO must demonstrate familiarity with a vaginal / speculum examination set, alcohyglass slide. The HO must know the patients history, patients consent. The patient is placed in dorsal lithotomy inserted into the vagina gently, the vaginal The cervical brush introduced into the cervical slide. The slide is then applied on the cervical slide. The patient must experience minimal disconsent. The patient must experience minimal disconsented in the cervical slide. The slide is then immersed into 90% a management. The HO must complete the examination armanagement. FEEDBACK Poor	The purpose of this procedure is to ensure the state of the patient must be haemodynamically stable and read the HO must demonstrate that he / she practices unduring the procedure The HO must demonstrate familiarity with all the equivaginal / speculum examination set, alcohol solution glass slide. The HO must know the patients history, informed patients consent. The patient is placed in dorsal lithotomy position inserted into the vaginal gently, the vaginal wall and the the cervical or an ayres spatula is then applied on the cervix and rotate slide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort dual the HO must complete the examination and explain management. **EEDBACK** Poor	The purpose of this procedure is to ensure that the HO The patient must be haemodynamically stable and not in distret that HO must demonstrate that he / she practices universal asequiring the procedure The HO must demonstrate familiarity with all the equipments recovaginal / speculum examination set, alcohol solution, swabs, nglass slide. The HO must know the patients history, informed the imporpatients consent. The patient is placed in dorsal lithotomy position; the pering inserted into the vagina gently, the vaginal wall and the cervix victorial or and rotated 3 ayres spatula is then applied on the cervix and rotated on the estilide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the HO must complete the examination and explai	The purpose of this procedure is to ensure that the HO is able to perform page. The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution of hygical during the procedure. The HO must demonstrate familiarity with all the equipments required during the procedure vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant glass slide. The HO must know the patients history, informed the importance of the procedure patients consent. The patient is placed in dorsal lithotomy position; the perineum is inspected, claimserted into the vaginal gently, the vaginal wall and the cervix visualized. The cervical brush introduced into the cervical os and rotated 360 degree, the brush in ayres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 desilde. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the procedure. The HO must complete the examination and explained to the patient the examination management. **EEDBACK** The HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:	The purpose of this procedure is to ensure that the HO is able to perform pap smear. The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution of hygienic produring the procedure The HO must demonstrate familiarity with all the equipments required during the procedure so vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayres glass slide. The HO must know the patients history, informed the importance of the procedure to the patients consent. The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned a inserted into the vagina gently, the vaginal wall and the cervix visualized. The cervical brush introduced into the cervical os and rotated 360 degree, the brush is then a syres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 degree as slide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the procedure. The HO must complete the examination and explained to the patient the examination finding management. FEEDBACK The HO who scores grade C is deemed to have failed. A HO who scores grade C is deemed to have failed. A SSESSOR STAMP: SIGNATURE:	

		P. PAP SN ensure the		is able to perform pap	smear.		
The	e patient must be haemodynamically sta	able and r	not in distre	ess.			
		actices un	iversal asep	otic precaution of hygi	ienic pro	ocedure, scrubbed and gloved	
vag	ginal / speculum examination set, alcoh						
Procedure The HO must know the patients history, informed the importance of the procedure to the patient and obtain patients consent.							
The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned and draped. Cosco spinserted into the vagina gently, the vaginal wall and the cervix visualized.							
ayr	es spatula is then applied on the cervix	and rotate	ed on the e				
The	e patient must experience minimal disco	omfort du	ring the pr	ocedure.			
	The HO must complete the examination and explained to the patient the examination finding plus the subsequent plan o management.						
EEDBAC	(
nce	Poor		Good			Satisfactory	
					ASSESSOR STAMP: SIGNATURE:		
				DATE:			
	The vag gla The part of the pa	The purpose of this procedure is to The patient must be haemodynamically st The HO must demonstrate that he / she produring the procedure The HO must demonstrate familiarity with a vaginal / speculum examination set, alcohyglass slide. The HO must know the patients history, patients consent. The patient is placed in dorsal lithotomy inserted into the vagina gently, the vaginal The cervical brush introduced into the cervical slide. The slide is then applied on the cervical slide. The patient must experience minimal disconsent. The patient must experience minimal disconsented in the cervical slide. The slide is then immersed into 90% a management. The HO must complete the examination armanagement. FEEDBACK Poor	The purpose of this procedure is to ensure the state of the patient must be haemodynamically stable and read the HO must demonstrate that he / she practices unduring the procedure The HO must demonstrate familiarity with all the equivaginal / speculum examination set, alcohol solution glass slide. The HO must know the patients history, informed patients consent. The patient is placed in dorsal lithotomy position inserted into the vaginal gently, the vaginal wall and the the cervical or an ayres spatula is then applied on the cervix and rotate slide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort dual the HO must complete the examination and explain management. **EEDBACK** Poor	The purpose of this procedure is to ensure that the HO The patient must be haemodynamically stable and not in distret that HO must demonstrate that he / she practices universal asequiring the procedure The HO must demonstrate familiarity with all the equipments recovaginal / speculum examination set, alcohol solution, swabs, nglass slide. The HO must know the patients history, informed the imporpatients consent. The patient is placed in dorsal lithotomy position; the pering inserted into the vagina gently, the vaginal wall and the cervix victorial or and rotated 3 ayres spatula is then applied on the cervix and rotated on the estilide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the process of the HO must complete the examination and explained to the HO must complete the examination and explai	The purpose of this procedure is to ensure that the HO is able to perform page. The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution of hygical during the procedure. The HO must demonstrate familiarity with all the equipments required during the procedure vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant glass slide. The HO must know the patients history, informed the importance of the procedure patients consent. The patient is placed in dorsal lithotomy position; the perineum is inspected, claimserted into the vaginal gently, the vaginal wall and the cervix visualized. The cervical brush introduced into the cervical os and rotated 360 degree, the brush in ayres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 desilde. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the procedure. The HO must complete the examination and explained to the patient the examination management. **EEDBACK** The HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:	The purpose of this procedure is to ensure that the HO is able to perform pap smear. The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution of hygienic produring the procedure The HO must demonstrate familiarity with all the equipments required during the procedure so vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayres glass slide. The HO must know the patients history, informed the importance of the procedure to the patients consent. The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned a inserted into the vagina gently, the vaginal wall and the cervix visualized. The cervical brush introduced into the cervical os and rotated 360 degree, the brush is then a syres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 degree as slide. The slide is then immersed into 90% alcohol solution. The patient must experience minimal discomfort during the procedure. The HO must complete the examination and explained to the patient the examination finding management. FEEDBACK The HO who scores grade C is deemed to have failed. A HO who scores grade C is deemed to have failed. A SSESSOR STAMP: SIGNATURE:	

No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of
INO	Date	IT/ IN	Diagnosis	Α	В	С	Comments	Name & Signature of Supervisor

		40 DIDELLE 64440	. INIC / ==	IDOMETO		JJERVI	ED PROCEDURAL SKILLS TO			
	The pur	10. PIPELLE SAMPI pose of this procedure is to ensure that t				endome	etrial sampling			
Patient	Th	e patient must be haemodynamically st	able and i	not in distre	ess.					
Hygiene		e HO must demonstrate that he / she proing the procedure	actices ur	niversal asep	otic precaution of hyg	jienic p	rocedure, scrubbed and gloved			
Equipment		e HO must demonstrate familiarity with ginal / speculum examination sets, cottor								
Procedure		e HO must explain the indications an nsent for the procedure from the patient		oortance o	f the procedure to th	ne pati	ent. He / She must obtain the			
	int Th	Patient is placed in dorsal lithotomy position, the perineum inspected, cleaned and draped. Cuscos speculum is inserted into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valselum/tenaculum. The Pipelle / endometrial canulla are then inserted into the uterine cavity via the cervical os. Vacuum created and the canulla is withdrawn gently in a rotatory manner. The endometrial sample obtained is then immersed into formalin solution.								
	Th	The sample must be properly labeled and the request form written with proper history and indication.								
	Th	The patient must experience minimal discomfort during the procedure.								
		The HO must complete the examination and explained to the patient the examination finding plus the subsequent plan of management.								
SCORING AND F	EEDBAC	К								
Overall performa	nce	Poor		Good			Satisfactory			
Fail Mark		A HO who scores grade C is deemed He/She must have another assessment	o scores grade C is deemed to have failed.			ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:					

						SERVI	ED PROCEDURAL SKILLS 10		
	The pur	10. PIPELLE SAMP pose of this procedure is to ensure that				endome	etrial sampling		
Patient	Th	e patient must be haemodynamically st	table and	not in distre	ess.				
Hygiene		e HO must demonstrate that he / she pr ring the procedure	ractices ur	niversal ase _l	otic precaution of hyg	jienic p	rocedure, scrubbed and gloved		
Equipment		e HO must demonstrate familiarity with ginal / speculum examination sets, cotto							
Procedure	Th co	The HO must explain the indications and the importance of the procedure to the patient. He / She must obtain the consent for the procedure from the patient							
	Patient is placed in dorsal lithotomy position, the perineum inspected, cleaned and draped. Cuscos speculum is insected into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valselum/tenacu. The Pipelle / endometrial canulla are then inserted into the uterine cavity via the cervical os. Vacuum created and the call is withdrawn gently in a rotatory manner. The endometrial sample obtained is then immersed into formalin solution.								
	Th	e sample must be properly labeled and	the reque	est form wri	tten with proper histo	ry and	indication.		
	Th	e patient must experience minimal disc	omfort du	ring the pr	ocedure.				
		e HO must complete the examination an anagement.	nd explain	ed to the p	atient the examination	n findin	ng plus the subsequent plan of		
SCORING AND F	EEDBAC	К							
Overall performa	nce	Poor		Good			Satisfactory		
Fail Mark		A HO who scores grade C is deemed He/She must have another assessment		iled.	ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:				

						SERVI	ED PROCEDURAL SKILLS 10		
	The pur	10. PIPELLE SAMP pose of this procedure is to ensure that				endome	etrial sampling		
Patient	Th	e patient must be haemodynamically st	table and	not in distre	ess.				
Hygiene		e HO must demonstrate that he / she pr ring the procedure	ractices ur	niversal ase _l	otic precaution of hyg	jienic p	rocedure, scrubbed and gloved		
Equipment		e HO must demonstrate familiarity with ginal / speculum examination sets, cotto							
Procedure	Th co	The HO must explain the indications and the importance of the procedure to the patient. He / She must obtain the consent for the procedure from the patient							
	Patient is placed in dorsal lithotomy position, the perineum inspected, cleaned and draped. Cuscos speculum is insected into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valselum/tenacu. The Pipelle / endometrial canulla are then inserted into the uterine cavity via the cervical os. Vacuum created and the call is withdrawn gently in a rotatory manner. The endometrial sample obtained is then immersed into formalin solution.								
	Th	e sample must be properly labeled and	the reque	est form wri	tten with proper histo	ry and	indication.		
	Th	e patient must experience minimal disc	omfort du	ring the pr	ocedure.				
		e HO must complete the examination an anagement.	nd explain	ed to the p	atient the examination	n findin	ng plus the subsequent plan of		
SCORING AND F	EEDBAC	К							
Overall performa	nce	Poor		Good			Satisfactory		
Fail Mark		A HO who scores grade C is deemed He/She must have another assessment		iled.	ASSESSOR STAMP: SIGNATURE:				
Feedback					DATE:				

ate R/N	Diagnosis				/ ommonts	i italiic a Jigilataic oi	
		A	A B C		Comments	Name & Signature of Supervisor	
	_						

					DIRECTLY	DRSEKVED PROCEDURAL SKILLS				
	Tl		GRAM CHARTING							
	rne purpo	se of this procedure is to	ensure that the HC) is able to ci	nart and interpret Pai	rtogram properly				
Patient	The pa	tient must be haemodyn	namically stable and	d not in distr	ess.					
Hygiene		must demonstrate that the procedure	he / she practices u	universal ase	ptic precaution of hy	gienic procedure, scrubbed and glov				
Equipment		le HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, ginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.								
Procedure	The HO must know the history of the patient, have performed abdominal and vaginal examinations on this patient.									
	The HC	The HO must be able to chart the patient history and examination into the Partogram.								
		arting should be done pe on the chart).	eriodically as indicat	ed and the F	10 should be able to u	understand what the patients progres				
		use officer should be able partogram.	e to interprate the p	oartogram ar	nd the action that sho	ould be taken if there is any abnormal				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management								
SCORING AND FI	EEDBACK									
Overall performar	ice	Poor		Good		Satisfactory				
Fail Mark		HO who scores grade C i /She must have another a		failed.	ASSESSOR STAMP: SIGNATURE:					
Feedback					DATE:					

			44 04000				SSERVED PROCEDURAL SKILLS 11			
	The n	urnose of t		RAM CHARTING		RPRETATIONS nart and interpret Part	ogram properly			
5		'	<u> </u>			<u> </u>	Signal Property			
Patient	Ih	ie patient r	nust be haemodynai	mically stable and	not in distre	ess.				
Hygiene		e HO must Iring the pr		e / she practices u	niversal ase	otic precaution of hyg	gienic procedure, scrubbed and gloved			
Equipment	Th va	e HO must ginal / spec	HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, inal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.							
Procedure	Th	The HO must know the history of the patient, have performed abdominal and vaginal examinations on this patient.								
	The HO must be able to chart the patient history and examination into the Partogram.									
	The charting should be done periodically as indicated and the HO should be able to understand what the patients progre (base on the chart).									
		e house of the partog		o interprate the pa	artogram an	d the action that shou	ıld be taken if there is any abnormality			
	l I	ie HO must anagement	•	ination and expla	in to the pa	tient the examinatior	n finding plus the subsequent plan of			
SCORING AND F	EEDBAC	К								
Overall performa	nce		Poor		Good		Satisfactory			
Fail Mark			o scores grade C is nust have another ass		ailed.	ASSESSOR STAMP: SIGNATURE:	1			
Feedback						DATE:				

						ODSERV	ED PROCEDURAL SKILLS 11		
The p	urpose of t					Partogram	properly		
Th	ne patient r	nust be haemodyna	mically stable	and not in dist	ress.				
			e / she practic	es universal as	eptic precaution o	f hygienic p	rocedure, scrubbed and gloved		
		HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, nal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.							
Th	The HO must know the history of the patient, have performed abdominal and vaginal examinations on this patient.								
The HO must be able to chart the patient history and examination into the Partogram.									
The charting should be done periodically as indicated and the HO should be able to understand what the patients p (base on the chart).							nd what the patients progress		
Th	ne house of n the parto	ficer should be able gram.	to interprate th	ne partogram a	ınd the action that	should be to	aken if there is any abnormality		
		e HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of nagement							
EEDBAC	K								
nce		Poor		Good			Satisfactory		
					ASSESSOR STAI SIGNATURE:	MP:			
					DATE:				
	Th du	The patient r The HO must during the pr The HO must vaginal / spec The HO must The HO must The charting (base on the The house of on the partog The HO must The HO must	The purpose of this procedure is to e The patient must be haemodyna The HO must demonstrate that h during the procedure The HO must demonstrate famili- vaginal / speculum examination s The HO must know the history of The HO must be able to chart the The charting should be done per (base on the chart). The house officer should be able on the partogram. The HO must complete the exam management FEEDBACK Poor A HO who scores grade C is	The purpose of this procedure is to ensure that the The patient must be haemodynamically stable The HO must demonstrate that he / she practice during the procedure The HO must demonstrate familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal / speculum examination sets, cotton swall familiarity with all the vaginal familiarity w	The purpose of this procedure is to ensure that the HO is able to a The patient must be haemodynamically stable and not in distable and in distable and not in distabl	The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution or during the procedure The HO must demonstrate familiarity with all the equipment required during the vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla a The HO must know the history of the patient, have performed abdominal and vag The HO must be able to chart the patient history and examination into the Partogonal The charting should be done periodically as indicated and the HO should be able (base on the chart). The house officer should be able to interprate the partogram and the action that on the partogram. The HO must complete the examination and explain to the patient the examin management FEEDBACK Ince Poor Good A HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAI SIGNATURE:	The purpose of this procedure is to ensure that the HO is able to chart and interpret Partogram The patient must be haemodynamically stable and not in distress. The HO must demonstrate that he / she practices universal aseptic precaution of hygienic p during the procedure The HO must demonstrate familiarity with all the equipment required during the procedure vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin The HO must know the history of the patient, have performed abdominal and vaginal examination. The HO must be able to chart the patient history and examination into the Partogram. The charting should be done periodically as indicated and the HO should be able to understa (base on the chart). The house officer should be able to interprate the partogram and the action that should be to on the partogram. The HO must complete the examination and explain to the patient the examination findin management The HO must complete the examination and explain to the patient the examination findin management FEEDBACK The HO who scores grade C is deemed to have failed. He/She must have another assessment later. ASSESSOR STAMP: SIGNATURE:		

No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of
INO	Date	IT/ IN	Diagnosis	А	В	С	Comments	Name & Signature of Supervisor

								SERVI	ED PROCEDURAL SKILLS 12	
	The pu	rpose of thi	12. FEMA s procedure is to ensure				RIZATION orm female urinary bl	adder o	catheterization	
Patient	TI	he patient r	nust be haemodynamica	ally stable	and n	ot in distre	SS.			
Hygiene			demonstrate that he/sh g the procedure	e practic	e unive	ersal asepti	c precaution of hygie	nic pro	cedure, scrubbed, gowned and	
Equipment	Vá		O must demonstrate familiarity with all equipments required during the procedure such as the examination trolley, I swabbing set, cotton swabs, gauze, water for injection, hibitane lotion, 10 cc syringe, rubber catheter and urinary er bag.							
Procedure	TI	he HO mus	t have explained the imp	ortance o	of the	procedure ⁻	to the patient and ob	tained	consent from the patient.	
	TI	The HO should get scrubbed and check the catheterization set before doing the actual procedure.								
	The patient is placed In dorsal lithotomy position; perineum is inspected, cleaned and draped. The vulva is swabs with cotton swabs soaked in hibitance solutions. The labia are then separated and the urethral meatus identified.									
The rubber catheter end is lubricated with KY jelly and using a non touch technique the rubber catheter is introduce the urethral meatus and gently advance into the bladder until more than half the catheter length is inserted. The ball the catheter is then inflated with 10cc water for injection. The rubber catheter is then withdrawn gently until it cann pulled anymore. The urinary bag should be connected to the catheter. A good urinary flow should be seen flowing in urinary bag.								ngth is inserted. The balloon of rawn gently until it cannot be		
	TI	he patient i	must experience minima	l discomf	fort du	ring the pr	ocedure			
	1 1	he HO mus nanagemen	•	tion and	explaii	n to the pa	tient the examination	n findin	ng plus the subsequent plan of	
SCORING AND	FEEDBAC	:K								
Overall performa	ance		Poor			Good			Satisfactory	
Fail Mark			o scores grade C is dee nust have another assessr			ed.	ASSESSOR STAMP: SIGNATURE:	1	1	
Feedback DATE:										

DIRECTLY OBSERVED PROCEDURAL SKILLS 12

DIRECTLI OBSERVED PROCEDURAL SKILLS 12										
	The purp	ose of thi	12. FEM s procedure is to ensure				RIZATION orm female urinary bl	ladder o	catheterization	
Patient	The	patient r	nust be haemodynamic	ally sta	able and r	ot in distre	SS.			
Hygiene			demonstrate that he/s g the procedure	he pra	ctice univ	ersal asepti	c precaution of hygie	nic pro	cedure, scrubbed, gowned and	
Equipment	vag	HO must inal swab neter bag	bing set, cotton swabs,	ty with , gauze	all equip e, water fo	ments requ or injection,	ired during the proce hibitane lotion, 10 co	dure su syring	uch as the examination trolley, e, rubber catheter and urinary	
Procedure	The	HO must	have explained the im	portan	ice of the	procedure	to the patient and ob	tained	consent from the patient.	
	The	The HO should get scrubbed and check the catheterization set before doing the actual procedure.								
		The patient is placed In dorsal lithotomy position; perineum is inspected, cleaned and draped. The vulva is swabs with cotton swabs soaked in hibitance solutions. The labia are then separated and the urethral meatus identified.								
	the the pull	The rubber catheter end is lubricated with KY jelly and using a non touch technique the rubber catheter is introduced into the urethral meatus and gently advance into the bladder until more than half the catheter length is inserted. The balloon of the catheter is then inflated with 10cc water for injection. The rubber catheter is then withdrawn gently until it cannot be pulled anymore. The urinary bag should be connected to the catheter. A good urinary flow should be seen flowing into the urinary bag.								
	The	patient r	nust experience minim	al disc	omfort du	iring the pr	ocedure			
		HO must nagemen		ation a	nd explai	n to the pa	tient the examination	n findin	ng plus the subsequent plan of	
SCORING AND F	EEDBACK									
Overall performa	nce		Poor			Good			Satisfactory	
Fail Mark			o scores grade C is dequarted in the organization of the contraction o			led.	ASSESSOR STAMP: SIGNATURE:	ı	1	
Feedback							DATE:			

DIRECTLY OBSERVED PROCEDURAL SKILLS 12

DIRECTLY OBSERVED PROCEDURAL SKILLS 12									
	The pu	rpose of thi	12. FEMA s procedure is to ensure				RIZATION orm female urinary bl	adder o	catheterization
Patient	TI	he patient r	nust be haemodynamica	ally stable	and n	ot in distre	SS.		
Hygiene			demonstrate that he/sh g the procedure	e practic	e unive	ersal asepti	c precaution of hygie	nic pro	cedure, scrubbed, gowned and
Equipment	Vá		bing set, cotton swabs,						uch as the examination trolley, e, rubber catheter and urinary
Procedure	TI	he HO mus	t have explained the imp	ortance o	of the	procedure ⁻	to the patient and ob	tained	consent from the patient.
	TI	he HO shou	ld get scrubbed and che	eck the ca	atheter	ization set	before doing the actu	ual pro	cedure.
		The patient is placed In dorsal lithotomy position; perineum is inspected, cleaned and draped. The vulva is swabs with cotton swabs soaked in hibitance solutions. The labia are then separated and the urethral meatus identified.							
	th th p	he rubber catheter end is lubricated with KY jelly and using a non touch technique the rubber catheter is introduced into ne urethral meatus and gently advance into the bladder until more than half the catheter length is inserted. The balloon of the catheter is then inflated with 10cc water for injection. The rubber catheter is then withdrawn gently until it cannot be ulled anymore. The urinary bag should be connected to the catheter. A good urinary flow should be seen flowing into the rinary bag.							
	TI	he patient ı	must experience minima	l discomf	fort du	ring the pr	ocedure		
	1 1	he HO mus nanagemen	•	tion and	explaii	n to the pa	tient the examination	n findin	ng plus the subsequent plan of
SCORING AND	FEEDBAC	:K							
Overall performa	ance		Poor			Good			Satisfactory
Fail Mark			o scores grade C is dee nust have another assessr			ed.	ASSESSOR STAMP: SIGNATURE:	1	1
Feedback							DATE:		

1. In	1. Instrumental Deliveries (5)									
No	Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
			3	Α	A B C		Involvement	Supervisor		

2. Lo	2. Lower Segment Caesarean Section (10)									
No	Date R/N Diagnosis Gra		Grade			Comments/	Name & Signature of Supervisor			
				Α	В	C	Involvement	Supervisor		

3. Tv	3. Twin Deliveries (3)									
No	Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
			3			C	Involvement	Supervisor		

4. Ok	4. Obstetric Emergencies (5)									
No Date		R/N	Diagnosis	Grade			Comments/	Name & Signature of Supervisor		
			3	Α	A B C		Involvement	Supervisor		

5. M	5. Manual Removal of Placenta (3)									
No	Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
			3	Α			Involvement	Supervisor		
								_		

6. Er	6. Emergency Gynaecology Procedure Including Ectopic Pregnancy (5)									
No	No Date R/N		Diagnosis	Grade			Comments/	Name & Signature of		
			3	Α	A B C		Involvement	Supervisor		

7. EF	7. ERPOC (5)										
No	Date R/N Diagnosis					Comments/	Name & Signature of Supervisor				
			,			C	Involvement	Supervisor			

8. D	8. Diagnostic Laparoscopy (3)									
No Date		R/N	Diagnosis	Grade			Comments/	Name & Signature of Supervisor		
			3	Α	A B C		Involvement	Supervisor		

9. Al	9. Abdomina/Vaginal Hysterectomy (3)									
No Date		R/N	Diagnosis	Grade			Comments/	Name & Signature of		
			3			C	Involvement	Supervisor		

10. 0	10. Ovarian Cystectomy (3)									
No	Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
			3	Α	A B C		Involvement	Supervisor		

1. U	1. Ultrasonography (Obstetrics)									
No	Date	te R/N Diagnosis Grade					Comments/	Name & Signature of		
				Α	В	C	Involvement	Supervisor		

2. Aı	2. Amniocentesis									
No	Date	R/N	Diagnosis	Grade			Comments/	Name & Signature of Supervisor		
			3	Α	В	C	Involvement	Supervisor		

3. Ar	3. Amnioreduction									
No	Date R/N Diagnosis					Comments/ Involvement	Name & Signature of Supervisor			
				Α	D	_	IIIVOIVEIIIEIIL	Jupervisor		

4. Ch	4. Chorionicvilli Sampling															
No	Date	R/N	Diagnosis	Grade				Grade		Grade		Grade			Comments/	Name & Signature of Supervisor
			3	Α	В	C	Involvement	Supervisor								

5. IU	5. IUCD Insertion									
No	Date R/N Diagnosis		Grade				Name & Signature of Supervisor			
				Α	В	C	Involvement	Supervisor		

6. Cc	6. Colposcopy									
No	Date R/N Diagnosis Gr		Grade			Comments/	Name & Signature of Supervisor			
			3	Α	В	C	Involvement	Supervisor		

7. H	7. Hysteroscopy									
No	Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
			3	Α	В	C	Involvement	Supervisor		
								_		

8. UI	8. Ultrasonography (Gynaecology)													
No	Date	R/N	Diagnosis Grade				Grade						Comments/	Name & Signature of Supervisor
			3			C	Involvement	Supervisor						

9. Uı	9. Urodynamics									
No	Date	R/N	Diagnosis Grade						Comments/	Name & Signature of Supervisor
				Α	В	C	Involvement	Supervisor		

10. F	10. Follicular Tracking									
No	Date	R/N Diagnosis Grade		Grade			Comments/	Name & Signature of Supervisor		
			3	Α	В	C	Involvement	Supervisor		

11. I	11. IUI/IVF/ICSI									
No	o Date R/N Diagnosis		Grade			Comments/	Name & Signature of Supervisor			
				Α	В	C	Involvement	Supervisor		

CONTINUING PROFESSIONAL DEVELOPMENT

	ATTEN	DANCE		
NO.	TOPICS	ATTENDANCE	DATE	NAME & SIGNATURE OF SUPERVISOR
	Mandatory Topics (1 topic per week)			
1.	Normal and abnormal labour Including CTG			
2.	Hypertensive disorder in pregnancy			
3.	Obstetric Emergencies			
4.	Diabetic in pregnancy			
5.	Other medical disorder in pregnancy			
6.	Premature Prelabour Rupture of Membrane, Prelabour Rupture of Membrane, Preterm Labour			
7.	Antepartum/postpartum haemorrhage			
8.	Baby friendly hospital			
9.	Early Pregnancy complications			
10.	Gynaecological tumour/oncology			
11.	Menstrual disorder/ Per vaginal discharge			
12.	One stop crisis centre (OSCC)			
13.	Post menopausal problem			
14.	Contraception			
15.	UV prolapsed/ Urinary incontinence			
16.	Risk management / bereavements, counseling / breaking of bad news			

CONTINUING PROFESSIONAL DEVELOPMENT

ATTENDANCE						
NO.	TOPICS	DATE	COMMENTS	NAME & SIGNATURE OF SUPERVISOR		

CONTINUING PROFESSIONAL DEVELOPMENT

PRESENTATION						
NO.	TOPICS	DATE	COMMENTS	NAME & SIGNATURE OF SUPERVISOR		

PERFORMANCE APPRAISAL

SUMMARY OF WORK BASED ASSESSMENTS PERFORMED

NO	WORK BASED ASSESSMENTS	DATE	GRADE			
	CASE BASED DISCUSSION		Good	Satisfactory	Poor	Not
	CASE BASED DISCUSSION		A	В	С	Applicable
1.						
2.						
3.						
	MINI CLINICAL EXERCISE					
1.						
2.						
3.						

SUMMARY OF PROCEDURES PERFORMED

6 1 5 6 15 1	Date of Passing	Number of	GR/	ADE
Compulsory Performed Procedure	Procedure	Procedure Done	Α	В
Vaginal examination				
Speculum examination				
Amniotomy				
Normal Vaginal deliveries				
Performed episiotomy and repair of episiotomy.				
Delivery of placenta				
CTG application and interpretation				
MgS04 Preparation				
Pap smear				
Pipelle sampling				
Partogram Charting and interpretations				
Female Bladder catheterization				
	Speculum examination Amniotomy Normal Vaginal deliveries Performed episiotomy and repair of episiotomy. Delivery of placenta CTG application and interpretation MgS04 Preparation Pap smear Pipelle sampling Partogram Charting and interpretations	Vaginal examination Speculum examination Amniotomy Normal Vaginal deliveries Performed episiotomy and repair of episiotomy. Delivery of placenta CTG application and interpretation MgS04 Preparation Pap smear Pipelle sampling Partogram Charting and interpretations	Vaginal examination Speculum examination Amniotomy Normal Vaginal deliveries Performed episiotomy and repair of episiotomy. Delivery of placenta CTG application and interpretation MgS04 Preparation Pap smear Pipelle sampling Partogram Charting and interpretations	Vaginal examination Speculum examination Amniotomy Normal Vaginal deliveries Performed episiotomy and repair of episiotomy. Delivery of placenta CTG application and interpretation MgS04 Preparation Pap smear Pipelle sampling Partogram Charting and interpretations

SUMMARY OF OBSERVED / ASSISTED PROCEDURES

		Number of	GR/	NDE
No	Observed / Assisted Procedure	Procedure Observed/Assisted	Α	В
1.	Instrumental Deliveries			
2.	Lower Segment Caesarean Section			
3.	Twin Deliveries			
4.	Obstetric Emergencies			
5.	Manual Removal of Placenta			
6.	Emergency Gynaecology Procedure Including Ectopic Pregnancy			
7.	ERPOC			
8.	Diagnostic Laparoscopy			
9.	Abdominal/Vaginal Hysterectomy			
10.	Ovarian Cystectomy			

SUMMARY OF OPTIONAL PROCEDURES

No	Outional Broading	Number of	GRADE		
INO	Optional Procedure	Procedure	Α	В	
1.	Ultrasonography				
2.	Amniocentesis				
3.	Amnioreduction				
4.	Chorionic Venous Sampling				
5.	IUCD Insertion				
6.	Colposcopy				
7.	Hysteroscopy				
8.	Ultrasonography				
9.	Urodynamics				
10.	Follicular Tracking				
11.	IUI/IVF/ICSI				

FORM A

CERTIFICATION OF COMPLETION OF TRAINING

completed training in Obstetrics & Gynaed	cology as a House Officer in this Hospital
	ngaged in employment in a resident Obstetric & Gynaecological post Section 13(2) of Medical Act, 1971 to my satisfaction.
Signature of Supervisor	:
Name	:
Designation	:
Official Stamp	:
Date	:

FORM A (Duplicate)

CERTIFICATION OF COMPLETION OF TRAINING

completed training in Obstetrics & Gynaed	has satisfactorily cology as a House Officer in this Hospitalhas
from to	(including extension of housemanship period, where applicable).
	ngaged in employment in a resident Obstetric & Gynaecological post Section 13(2) of Medical Act, 1971 to my satisfaction.
Signature of Supervisor	:
Name	:
Designation	:
Official Stamp	:
Date	:

ASSESSMENT 1 - CONFIDENTIAL - TO BE SUMMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

IC NO:

DATE OF START OF O&G:				
Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills Gives understandable information Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues Respects others' roles, and works constructively In the team Hands over effectively, and communicates well Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional Information. Feedback will be given to the doctor as necessary If there are any concerns. The House Officer will receive private feedback but you will not be Identified In person.				Signature of Assessor: Date: Stamp:

ASSESSMENT 2 - CONFIDENTIAL - TO BE SUMMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

IC NO:

DATE OF START OF O&G:				
Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills Gives understandable information Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues Respects others' roles, and works constructively In the team Hands over effectively, and communicates well Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional Information. Feedback will be given to the doctor as necessary If there are any concerns. The House Officer will receive private feedback but you will not be Identified In person.				Signature of Assessor: Date: Stamp:

ASSESSMENT 3 - CONFIDENTIAL - TO BE SUMMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

IC NO:

DATE OF START OF O&G:				
Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills • Gives understandable information • Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues Respects others' roles, and works constructively In the team Hands over effectively, and communicates well Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional Information. Feedback will be given to the doctor as necessary If there are any concerns. The House Officer will receive private feedback but you will not be Identified In person.				Signature of Assessor: Date: Stamp:

ASSESSMENT 4 - CONFIDENTIAL - TO BE SUMMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

IC NO:

DATE OF START OF O&G:				
Attitude and/or Behavior	No concern	You have some concern	You have major concern	COMMENT: Anything especially good? Or any concerns? Please comment on behavior over time - not just a single incident
Maintaining trust/professional relationship with patients • Listens • Is polite and caring • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced				
Verbal communication skills Gives understandable information Speaks clearly, at the appropriate level for the patient				
Team-working/ working with colleagues Respects others' roles, and works constructively In the team Hands over effectively, and communicates well Is unprejudiced, supportive and fair				
Accessibility • Accessible • Takes proper responsibility • Does not shirk duty • Response when called • Arranges cover for absence				
Please use the comment boxes to comment good behavior and to describe any behavior which is causing you concern. Give specific examples. This form will be sent to the head of department/HO supervisor who may require additional Information. Feedback will be given to the doctor as necessary If there are any concerns. The House Officer will receive private feedback but you will not be Identified In person.				Signature of Assessor: Date: Stamp:

COMPONENT & WEIGHTAGE FOR CERTIFICATE COMPLETION OF POSTING (OBSTETRICS AND GYNAECOLOGY)

	COMPONENTS	PERCENTAGE (%)	ACTUAL MARK OBTAINED
1. Working Atten	lance	15	
2. LNPT		15	
3. Continuous Ass	essment and Log Book (35)		
Professionalism	sory Performed/Assisted/Observed Procedure & Integrity (Multisource Feedback/MSF) (5) Is and Attitude ork bility	40	
4. CME Attendand	e	5	
5. End of PostingDepatm	Assessment ent Specific : OSCE/MEQ	25	
	TOTAL	100	

CERTIFICATE COMPLETION OF POSTING (CCP) DEPARTMENT:

Name		:			
IC Number		:			
Hospital		:			
Posting/Disc	ipline	:			
Duration of	posting	:	Start (date) :		
			End (date) :		
			Extension (if applicable):		
Category	:				
Percentage	:				
Grade	:				
Supervisor	:			Head of Department	:
Signature	:			Signature	:
Name	:			Name	:
Stamp	:			Stamp	:
-				-	
Date	:			Date	:

NOTE: GRADING OF CCP

CATEGORY	PERCENTAGE (%)	GRADE
EXCELLENT	≥ 90%	4
GOOD	85 % - 89.9%	3
SATISFACTORY	75 % - 84.9%	2
PASS	60 % - 74.9%	1

DUPLICATE COPY

CERTIFICATE COMPLETION OF POSTING (CCP) DEPARTMENT:

Name		:				
IC Number		:				
Hospital		:				
Posting/Disc	ipline	:				
Duration of	posting	:	Start (date)	:		
			End (date)	:		
			Extension (if	f applicable):		
Category	:					
Percentage	:					
Grade	:					
Supervisor	:				Head of Department	:
Signature	:				Signature	:
Name	:				Name	:
Stamp	:				Stamp	:
Date	:				Date	:

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