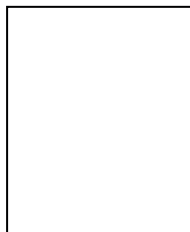


## PERSONAL PARTICULARS



1. Name: .....
2. I.C. No: .....
3. Period of Posting: From ..... to .....
4. Duration of Extension (if any) : ..... days
5. Name of Supervisor : .....
6. Designation of Supervisor : .....
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 than 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. MgSO<sub>4</sub> 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 Emergencies
5. Manual Removal of Placenta

### **Optional Procedure**

#### **OBSTETRICS**

1. Ultrasonography
2. Amniocentesis
3. Amnioreduction
4. Chorionic Villi Sampling

### **GYNAECOLOGY**

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

#### **GYNAECOLOGY**

1. IUCD Insertion
2. Colposcopy
3. Hysteroscopy
4. Ultrasonography
5. 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)

## ASSESSMENT

- 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 submit 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)
- Other issues □ 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**

## ASSESSMENT 1

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



## ASSESSMENT 2

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

### ASSESSMENT 3

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

## ASSESSMENT 4

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

## ASSESSMENT 5

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

# **Mini Clinical Evaluation Exercise**

## ASSESSMENT 1

MINI CASE EVALUATION EXERCISE 1 (MINI CEX) FOR HOUSE OFFICERS - OBSTETRIC				
NAME:		IC Number:		<b>Focus of Clinical Encounter:</b> Documentation <input type="text"/> Clinical Assessment <input type="text"/> Management <input type="text"/> Professionalism <input type="text"/>
MINI CEX NUMBER:				
CLINICAL CATEGORY /PROBLEM:				
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Suggestion for development :			
Agreed action:				

## ASSESSMENT 2

MINI CASE EVALUATION EXERCISE 2 (MINI CEX) FOR HOUSE OFFICERS - OBSTETRIC				
NAME:		IC Number:		<b>Focus of Clinical Encounter:</b> Documentation <input type="text"/> Clinical Assessment <input type="text"/> Management <input type="text"/> Professionalism <input type="text"/>
MINI CEX NUMBER:				
CLINICAL CATEGORY /PROBLEM:				
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Suggestion for development :			
Agreed action:				

### ASSESSMENT 3

MINI CASE EVALUATION EXERCISE 3 (MINI CEX) FOR HOUSE OFFICERS - OBSTETRIC				
NAME: MINI CEX NUMBER:  CLINICAL CATEGORY /PROBLEM:		IC Number:		<b>Focus of Clinical Encounter:</b> Documentation <input type="text"/> Clinical Assessment <input type="text"/> Management <input type="text"/> Professionalism <input type="text"/>
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Suggestion for development :			
Agreed action:				

Signature of assessor:  
  
 Stamp:  
  
 Date:

Signature of candidate:  
  
 Stamp:  
  
 Date:



## ASSESSMENT 4

MINI CASE EVALUATION EXERCISE 4 (MINI CEX) FOR HOUSE OFFICERS - OBSTETRIC				
NAME: MINI CEX NUMBER:  CLINICAL CATEGORY /PROBLEM:		IC Number:		<b>Focus of Clinical Encounter:</b> Documentation <input type="text"/> Clinical Assessment <input type="text"/> Management <input type="text"/> Professionalism <input type="text"/>
Grade the following areas using the scales	Good A	Satisfactory B	Poor C	Remarks
1. History Taking				
2. Examination				
3. Investigation and Referrals				
4. Diagnosis				
5. Management				
6. Communication Skills				
7. Documentation				
Anything especially good?	Suggestion for development :			
Agreed action:				

Signature of assessor:  
  
 Stamp:  
  
 Date:

Signature of candidate:  
  
 Stamp:  
  
 Date:

## **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. MgSO<sub>4</sub> Preparation
9. Pap smear
10. Pipelle sampling
11. Partogram Charting and interpretations
12. Female Bladder catheterization

#### **Note:**

The House Officers need 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.

**DIRECTLY OBSERVED PROCEDURAL SKILLS 1**

1. Vaginal Examination (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 1

<b>1. VAGINAL EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform vaginal examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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 patient's 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 patient's 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 absence 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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 1

<b>1. VAGINAL EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform vaginal examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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 patient's 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 patient's 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 absence 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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 1

<b>1. VAGINAL EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform vaginal examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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 patient's 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 patient's 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 absence 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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 2

2. Speculum Examination (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 2

<b>2. SPECULUM EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform speculum examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			



## DIRECTLY OBSERVED PROCEDURAL SKILLS 2

<b>2. SPECULUM EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform speculum examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 2

<b>2. SPECULUM EXAMINATION</b> The purpose of this procedure is to ensure that the HO is able to perform speculum examination correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Procedure</b>		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.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

**DIRECTLY OBSERVED PROCEDURAL SKILLS 3**

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

### DIRECTLY OBSERVED PROCEDURAL SKILLS 3

3. AMNIOTOMY			
The purpose of this procedure is to ensure that the HO is able to perform amniotomy correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination, had obtained proper consent for vaginal examination and explained the reason to perform amniotomy on the patient	
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity	
		The HO must demonstrate the proper methods of perineal cleaning and draping.	
		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.	
		He/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 subsequent plan of management.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>	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: DATE:
Feedback			

### DIRECTLY OBSERVED PROCEDURAL SKILLS 3

3. AMNIOTOMY			
The purpose of this procedure is to ensure that the HO is able to perform amniotomy correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination, had obtained proper consent for vaginal examination and explained the reason to perform amniotomy on the patient The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity The HO must demonstrate the proper methods of perineal cleaning and draping. 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. He/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 subsequent plan of management.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>	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: DATE:
Feedback			

### DIRECTLY OBSERVED PROCEDURAL SKILLS 3

3. AMNIOTOMY			
The purpose of this procedure is to ensure that the HO is able to perform amniotomy correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination, had obtained proper consent for vaginal examination and explained the reason to perform amniotomy on the patient	
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity	
		The HO must demonstrate the proper methods of perineal cleaning and draping.	
		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.	
		He/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 subsequent plan of management.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>	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: DATE:
Feedback			

#### DIRECTLY OBSERVED PROCEDURAL SKILLS 4

[illegible]

#### DIRECTLY OBSERVED PROCEDURAL SKILLS 4

4. NORMAL VAGINAL DELIVERY			
The purpose of this procedure is to ensure that the HO is able to perform normal vaginal delivery correctly and competently			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.	
<b>Equipment</b>		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.	
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.	
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity.	
		The HO must demonstrate the proper methods of perineal cleaning and draping.	
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour.	
		The HO must be able to instruct the mother regarding proper bearing down methods.	
		He/she must be able to conduct normal vaginal delivery under aseptic technique.	
		The HO must be able to instruct the staff nurse to give the mother intramuscular syntocinon/syntometrine at the delivery of the anterior shoulder of the baby. The umbilical cord should be clamped once it stopped pulsating. Skin to skin contact should be done immediately after delivery.	
		The patient must experience minimal discomfort during the procedure	
		The HO must complete the delivery process for the mother including placenta delivery and perineal check and repairs as required.	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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:
Feedback			SIGNATURE:
			DATE:



#### DIRECTLY OBSERVED PROCEDURAL SKILLS 4

<b>4. NORMAL VAGINAL DELIVERY</b> The purpose of this procedure is to ensure that the HO is able to perform normal vaginal delivery correctly and competently				
<b>Patient</b>		The patient must be haemodynamically stable and not in distress		
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.		
<b>Equipment</b>		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.		
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.		
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity.		
		The HO must demonstrate the proper methods of perineal cleaning and draping.		
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour.		
		The HO must be able to instruct the mother regarding proper bearing down methods.		
		He/she must be able to conduct normal vaginal delivery under aseptic technique.		
		The HO must be able to instruct the staff nurse to give the mother intramuscular syntocinon/syntometrine at the delivery of the anterior shoulder of the baby. The umbilical cord should be clamped once it stopped pulsating. Skin to skin contact should be done immediately after delivery.		
		The patient must experience minimal discomfort during the procedure		
		The HO must complete the delivery process for the mother including placenta delivery and perineal check and repairs as required.		
<b>SCORING AND FEEDBACK</b>				
<b>Overall performance</b>		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: DATE:
Feedback				

#### DIRECTLY OBSERVED PROCEDURAL SKILLS 4

<b>4. NORMAL VAGINAL DELIVERY</b> The purpose of this procedure is to ensure that the HO is able to perform normal vaginal delivery correctly and competently				
<b>Patient</b>		The patient must be haemodynamically stable and not in distress		
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure.		
<b>Equipment</b>		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.		
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.		
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity.		
		The HO must demonstrate the proper methods of perineal cleaning and draping.		
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour.		
		The HO must be able to instruct the mother regarding proper bearing down methods.		
		He/she must be able to conduct normal vaginal delivery under aseptic technique.		
		The HO must be able to instruct the staff nurse to give the mother intramuscular syntocinon/syntometrine at the delivery of the anterior shoulder of the baby. The umbilical cord should be clamped once it stopped pulsating. Skin to skin contact should be done immediately after delivery.		
		The patient must experience minimal discomfort during the procedure		
		The HO must complete the delivery process for the mother including placenta delivery and perineal check and repairs as required.		
<b>SCORING AND FEEDBACK</b>				
<b>Overall performance</b>		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: DATE:
Feedback				

## DIRECTLY OBSERVED PROCEDURAL SKILLS 5

5. Episiotomy (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 5

<b>5. EPISIOTOMY</b> The purpose of this procedure is to ensure that the HO is able to perform episiotomy and repair episiotomy wound						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		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.				
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.				
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity				
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour. The HO must be able to instruct the mother regarding proper bearing down methods				
		The HO must be able to identify the descent of fetal head and the crowning of the head as the mother is bearing down. The HO must be able to identify the site of episiotomy and cut the perineum as the head crowns in the proper position				
		Following the delivery of the baby and the placenta, HO must check the perineum and identify the episiotomy site plus any other vaginal laceration or injury. He/she must be able to identify the apex of the episiotomy wound and perform proper episiotomy repairs as per protocol.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 5

<b>5. EPISIOTOMY</b> The purpose of this procedure is to ensure that the HO is able to perform episiotomy and repair episiotomy wound						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		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.				
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.				
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity				
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour. The HO must be able to instruct the mother regarding proper bearing down methods				
		The HO must be able to identify the descent of fetal head and the crowning of the head as the mother is bearing down. The HO must be able to identify the site of episiotomy and cut the perineum as the head crowns in the proper position				
		Following the delivery of the baby and the placenta, HO must check the perineum and identify the episiotomy site plus any other vaginal laceration or injury. He/she must be able to identify the apex of the episiotomy wound and perform proper episiotomy repairs as per protocol.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 5

<b>5. EPISIOTOMY</b> The purpose of this procedure is to ensure that the HO is able to perform episiotomy and repair episiotomy wound						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precautions of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		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.				
<b>Procedure</b>		The HO must know the patients history, had performed abdominal examination and obtained proper consent for vaginal examination and delivery.				
		The HO must place the patient in dorsal lithotomy position with attention to the patients comfort and dignity				
		The HO must be able to perform proper vaginal examination and identify that the patient has entered second stage of labour. The HO must be able to instruct the mother regarding proper bearing down methods				
		The HO must be able to identify the descent of fetal head and the crowning of the head as the mother is bearing down. The HO must be able to identify the site of episiotomy and cut the perineum as the head crowns in the proper position				
		Following the delivery of the baby and the placenta, HO must check the perineum and identify the episiotomy site plus any other vaginal laceration or injury. He/she must be able to identify the apex of the episiotomy wound and perform proper episiotomy repairs as per protocol.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

**DIRECTLY OBSERVED PROCEDURAL SKILLS 6**

6. Placenta Delivery (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 6

<b>6. PLACENTA DELIVERY</b>			
The purpose of this procedure is to ensure that the HO is able to perform placenta delivery			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		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	
		The HO must be able to identify the sign of placenta separation; such as lengthening of the umbilical cord, gushed of blood from the vagina, contraction of the uterus and the absent of movement of the cord on pushing the uterus upwards	
		He/she must be able to perform control cord traction for the delivery of the placenta	
		The HO must be able to check the placenta and identify all the part of the placenta and decide whether the placenta is complete or otherwise	
		The patient must experience minimal discomfort during the procedure	
		The HO must complete the examination and explain to the patient the examination finding and the subsequent plan of management	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			



## DIRECTLY OBSERVED PROCEDURAL SKILLS 6

<b>6. PLACENTA DELIVERY</b>			
The purpose of this procedure is to ensure that the HO is able to perform placenta delivery			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		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	
		The HO must be able to identify the sign of placenta separation; such as lengthening of the umbilical cord, gushed of blood from the vagina, contraction of the uterus and the absent of movement of the cord on pushing the uterus upwards	
		He/she must be able to perform control cord traction for the delivery of the placenta	
		The HO must be able to check the placenta and identify all the part of the placenta and decide whether the placenta is complete or otherwise	
		The patient must experience minimal discomfort during the procedure	
		The HO must complete the examination and explain to the patient the examination finding and the subsequent plan of management	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 6

<b>6. PLACENTA DELIVERY</b>			
The purpose of this procedure is to ensure that the HO is able to perform placenta delivery			
<b>Patient</b>		The patient must be haemodynamically stable and not in distress	
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precautions of hygienic procedure, scrubbed, gowned and gloved during the procedure	
<b>Equipment</b>		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.	
<b>Procedure</b>		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	
		The HO must be able to identify the sign of placenta separation; such as lengthening of the umbilical cord, gushed of blood from the vagina, contraction of the uterus and the absent of movement of the cord on pushing the uterus upwards	
		He/she must be able to perform control cord traction for the delivery of the placenta	
		The HO must be able to check the placenta and identify all the part of the placenta and decide whether the placenta is complete or otherwise	
		The patient must experience minimal discomfort during the procedure	
		The HO must complete the examination and explain to the patient the examination finding and the subsequent plan of management	
<b>SCORING AND FEEDBACK</b>			
<b>Overall performance</b>		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: DATE:
Feedback			

## DIRECTLY OBSERVED PROCEDURAL SKILLS 7

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

## DIRECTLY OBSERVED PROCEDURAL SKILLS 7

<b>7. CTG PLACEMENT AND INTERPRETATIONS</b>						
The purpose of this procedure is to ensure that the HO is able to place the CTG properly and interprets the CTG tracing						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with the CTG machine and probes used.				
<b>Procedure</b>		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.				
		The HO must put the patient in supine position with attention to the patients comfort and dignity.				
		The HO must be able to demonstrate the proper abdominal examination of a pregnant lady and able to palpate for the fundus of the uterus, describe the fetal presentation and lie.				
		The HO must be able to place both the CTG probes to get the best CTG tracing.				
		The HO must be able to differentiate between a normal/reactive or abnormal CTG tracing. He/She must demonstrate appropriate response to the CTG finding and when he/she should seek senior officer help in case of abnormal CTG tracing.				
		The patient must experience minimal discomfort during the procedure.				
		The HO must complete the examination, explains to the patient the examination finding and the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 7

<b>7. CTG PLACEMENT AND INTERPRETATIONS</b>						
The purpose of this procedure is to ensure that the HO is able to place the CTG properly and interprets the CTG tracing						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with the CTG machine and probes used.				
<b>Procedure</b>		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.				
		The HO must put the patient in supine position with attention to the patients comfort and dignity.				
		The HO must be able to demonstrate the proper abdominal examination of a pregnant lady and able to palpate for the fundus of the uterus, describe the fetal presentation and lie.				
		The HO must be able to place both the CTG probes to get the best CTG tracing.				
		The HO must be able to differentiate between a normal/reactive or abnormal CTG tracing. He/She must demonstrate appropriate response to the CTG finding and when he/she should seek senior officer help in case of abnormal CTG tracing.				
		The patient must experience minimal discomfort during the procedure.				
		The HO must complete the examination, explains to the patient the examination finding and the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 7

<b>7. CTG PLACEMENT AND INTERPRETATIONS</b>						
The purpose of this procedure is to ensure that the HO is able to place the CTG properly and interprets the CTG tracing						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practices universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with the CTG machine and probes used.				
<b>Procedure</b>		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.				
		The HO must put the patient in supine position with attention to the patients comfort and dignity.				
		The HO must be able to demonstrate the proper abdominal examination of a pregnant lady and able to palpate for the fundus of the uterus, describe the fetal presentation and lie.				
		The HO must be able to place both the CTG probes to get the best CTG tracing.				
		The HO must be able to differentiate between a normal/reactive or abnormal CTG tracing. He/She must demonstrate appropriate response to the CTG finding and when he/she should seek senior officer help in case of abnormal CTG tracing.				
		The patient must experience minimal discomfort during the procedure.				
		The HO must complete the examination, explains to the patient the examination finding and the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>	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: DATE:		
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 8

8. MgSO4 Preparation And Monitoring (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

### DIRECTLY OBSERVED PROCEDURAL SKILLS 8

<b>8. MGS04 PREPARATION AND MONITORING</b>						
The purpose of this procedure is to ensure that the HO knows the indication for MgS04 usage and the importance of MgS04 toxicity monitoring.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examination / monitoring tools.				
<b>Procedure</b>		The HO knows the patients history and indication for MgS04 infusion. The importance of the infusion should be explained to the patient and proper consent obtained.				
		The HO must be able to dilute the required amount of MgS04 and explain the monitoring that is required during the infusion process.				
		He/she should be able to demonstrate knowledge regarding therapeutic effects and side effects of the medication on the 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 action to be taken in the event of MgS04 toxicity.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>	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: DATE:	
Feedback						



### DIRECTLY OBSERVED PROCEDURAL SKILLS 8

<b>8. MGS04 PREPARATION AND MONITORING</b>						
The purpose of this procedure is to ensure that the HO knows the indication for MgS04 usage and the importance of MgS04 toxicity monitoring.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examination / monitoring tools.				
<b>Procedure</b>		The HO knows the patients history and indication for MgS04 infusion. The importance of the infusion should be explained to the patient and proper consent obtained.				
		The HO must be able to dilute the required amount of MgS04 and explain the monitoring that is required during the infusion process.				
		He/she should be able to demonstrate knowledge regarding therapeutic effects and side effects of the medication on the 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 action to be taken in the event of MgS04 toxicity.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 8

<b>8. MGS04 PREPARATION AND MONITORING</b>						
The purpose of this procedure is to ensure that the HO knows the indication for MgS04 usage and the importance of MgS04 toxicity monitoring.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure.				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, MgS04 ampoules, the infusions pump, syringes and normal saline, the examination / monitoring tools.				
<b>Procedure</b>		The HO knows the patients history and indication for MgS04 infusion. The importance of the infusion should be explained to the patient and proper consent obtained.				
		The HO must be able to dilute the required amount of MgS04 and explain the monitoring that is required during the infusion process.				
		He/she should be able to demonstrate knowledge regarding therapeutic effects and side effects of the medication on the 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 action to be taken in the event of MgS04 toxicity.				
		The patient must experience minimal discomfort during the procedure.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>	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: DATE:	
Feedback						

DIRECTLY OBSERVED PROCEDURAL SKILLS 9

9. Pap Smear (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 9

<b>9. PAP SMEAR</b> The purpose of this procedure is to ensure that the HO is able to perform pap smear.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayre's spatula or cervical brush and glass slide.				
<b>Procedure</b>		The HO must know the patients history, informed the importance of the procedure to the patient and obtained the patients consent.				
		The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned and draped. Cosco speculum 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 swabbed onto a glass slide. The ayres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 degree and swabbed on the same glass 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 plus the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 9

<b>9. PAP SMEAR</b> The purpose of this procedure is to ensure that the HO is able to perform pap smear.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayre's spatula or cervical brush and glass slide.				
<b>Procedure</b>		The HO must know the patients history, informed the importance of the procedure to the patient and obtained the patients consent.				
		The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned and draped. Cosco speculum 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 swabbed onto a glass slide. The ayres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 degree and swabbed on the same glass 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 plus the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 9

<b>9. PAP SMEAR</b> The purpose of this procedure is to ensure that the HO is able to perform pap smear.						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipments required during the procedure such as the examination trolley, vaginal / speculum examination set, alcohol solution, swabs, normal saline, lubricant, Ayre's spatula or cervical brush and glass slide.				
<b>Procedure</b>		The HO must know the patients history, informed the importance of the procedure to the patient and obtained the patients consent.				
		The patient is placed in dorsal lithotomy position; the perineum is inspected, cleaned and draped. Cosco speculum 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 swabbed onto a glass slide. The ayres spatula is then applied on the cervix and rotated on the endo/ectocervix 360 degree and swabbed on the same glass 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 plus the subsequent plan of management.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

**DIRECTLY OBSERVED PROCEDURAL SKILLS 10**

10. Pipelle Sampling / Endometrial Sampling (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

### DIRECTLY OBSERVED PROCEDURAL SKILLS 10

<b>10. PIPELLE SAMPLING / ENDOMETRIAL SAMPLING</b> The purpose of this procedure is to ensure that the HO is able to perform proper pipelle / endometrial sampling						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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. Cusco's speculum is inserted into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valseum/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.				
		The sample must be properly labeled and the request form written with proper history and indication.				
		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.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						



### DIRECTLY OBSERVED PROCEDURAL SKILLS 10

10. PIPELLE SAMPLING / ENDOMETRIAL SAMPLING						
The purpose of this procedure is to ensure that the HO is able to perform proper pipelle / endometrial sampling						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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 inserted into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valseum/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.				
		The sample must be properly labeled and the request form written with proper history and indication.				
		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.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>	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: DATE:		
Feedback						

### DIRECTLY OBSERVED PROCEDURAL SKILLS 10

<b>10. PIPELLE SAMPLING / ENDOMETRIAL SAMPLING</b> The purpose of this procedure is to ensure that the HO is able to perform proper pipelle / endometrial sampling						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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. Cusco's speculum is inserted into the vagina gently. The vaginal wall and cervix is visualized. The anterior lip of cervix is caught with valseum/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.				
		The sample must be properly labeled and the request form written with proper history and indication.				
		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.				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:	
Feedback						

DIRECTLY OBSERVED PROCEDURAL SKILLS 11

11. Partogram Charting And Interperations (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 11

<b>11. PARTOGRAM CHARTING AND INTERPRETATIONS</b> The purpose of this procedure is to ensure that the HO is able to chart and interpret Partogram properly						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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 progress (base on the chart).				
		The house officer should be able to interpret the partogram and the action that should be taken if there is any abnormality on the partogram.				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 11

<b>11. PARTOGRAM CHARTING AND INTERPRETATIONS</b> The purpose of this procedure is to ensure that the HO is able to chart and interpret Partogram properly						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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 progress (base on the chart).				
		The house officer should be able to interpret the partogram and the action that should be taken if there is any abnormality on the partogram.				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

### DIRECTLY OBSERVED PROCEDURAL SKILLS 11

11. PARTOGRAM CHARTING AND INTERPRETATIONS						
The purpose of this procedure is to ensure that the HO is able to chart and interpret Partogram properly						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he / she practices universal aseptic precaution of hygienic procedure, scrubbed and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all the equipment required during the procedure such as the examination trolley, vaginal / speculum examination sets, cotton swabs, gauze swabs, pipelle canulla and formalin solution.				
<b>Procedure</b>		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 progress (base on the chart).				
		The house officer should be able to interpret the partogram and the action that should be taken if there is any abnormality on the partogram.				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

DIRECTLY OBSERVED PROCEDURAL SKILLS 12

12. Female Bladder Catheterization (10)								
No	Date	R/N	Diagnosis	Grade			Comments	Name & Signature of Supervisor
				A	B	C		

## DIRECTLY OBSERVED PROCEDURAL SKILLS 12

<b>12. FEMALE BLADDER CATHETERIZATION</b> The purpose of this procedure is to ensure that the HO is able to perform female urinary bladder catheterization						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure, scrubbed, gowned and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all equipments required during the procedure such as the examination trolley, vaginal swabbing set, cotton swabs, gauze, water for injection, hibitane lotion, 10 cc syringe, rubber catheter and urinary catheter bag.				
<b>Procedure</b>		The HO must have explained the importance of the procedure to the patient and obtained consent from the patient.				
		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 hibitane 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 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 must experience minimal discomfort during the procedure				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						



## DIRECTLY OBSERVED PROCEDURAL SKILLS 12

<b>12. FEMALE BLADDER CATHETERIZATION</b> The purpose of this procedure is to ensure that the HO is able to perform female urinary bladder catheterization						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure, scrubbed, gowned and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all equipments required during the procedure such as the examination trolley, vaginal swabbing set, cotton swabs, gauze, water for injection, hibitane lotion, 10 cc syringe, rubber catheter and urinary catheter bag.				
<b>Procedure</b>		The HO must have explained the importance of the procedure to the patient and obtained consent from the patient.				
		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 hibitane 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 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 must experience minimal discomfort during the procedure				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

## DIRECTLY OBSERVED PROCEDURAL SKILLS 12

<b>12. FEMALE BLADDER CATHETERIZATION</b> The purpose of this procedure is to ensure that the HO is able to perform female urinary bladder catheterization						
<b>Patient</b>		The patient must be haemodynamically stable and not in distress.				
<b>Hygiene</b>		The HO must demonstrate that he/she practice universal aseptic precaution of hygienic procedure, scrubbed, gowned and gloved during the procedure				
<b>Equipment</b>		The HO must demonstrate familiarity with all equipments required during the procedure such as the examination trolley, vaginal swabbing set, cotton swabs, gauze, water for injection, hibitane lotion, 10 cc syringe, rubber catheter and urinary catheter bag.				
<b>Procedure</b>		The HO must have explained the importance of the procedure to the patient and obtained consent from the patient.				
		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 hibitane 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 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 must experience minimal discomfort during the procedure				
		The HO must complete the examination and explain to the patient the examination finding plus the subsequent plan of management				
<b>SCORING AND FEEDBACK</b>						
<b>Overall performance</b>		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: DATE:		
Feedback						

## COMPULSORY OBSERVED/ASSISTED PROCEDURES

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

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

## COMPULSORY OBSERVED/ASSISTED PROCEDURES

3. Twin Deliveries (3)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

4. Obstetric Emergencies (5)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

## COMPULSORY OBSERVED/ASSISTED PROCEDURES

5. Manual Removal of Placenta (3)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

6. Emergency Gynaecology Procedure Including Ectopic Pregnancy (5)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

COMPULSORY OBSERVED/ASSISTED PROCEDURES

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

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

COMPULSORY OBSERVED/ASSISTED PROCEDURES

9. Abdomina/Vaginal Hysterectomy (3)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

10. Ovarian Cystectomy (3)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

## OPTIONAL PROCEDURES

1. Ultrasonography (Obstetrics)							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	

2. Amniocentesis							
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement
				A	B	C	



## OPTIONAL PROCEDURES

3. Amnioreduction								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

4. Chorionicvilli Sampling								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

## OPTIONAL PROCEDURES

5. IUCD Insertion								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

6. Colposcopy								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

## OPTIONAL PROCEDURES

7. Hysteroscopy								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

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

## OPTIONAL PROCEDURES

9. Urodynamics								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

10. Follicular Tracking								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

## OPTIONAL PROCEDURES

11. IUI/IVF/ICSI								
No	Date	R/N	Diagnosis	Grade			Comments/ Involvement	Name & Signature of Supervisor
				A	B	C		

## CONTINUING PROFESSIONAL DEVELOPMENT

ATTENDANCE				
NO.	TOPICS	ATTENDANCE	DATE	NAME & SIGNATURE OF SUPERVISOR
	<b>Mandatory Topics (1 topic per week)</b>			
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 Applicable
			A	B	C	
1.						
2.						
3.						
MINI CLINICAL EXERCISE						
1.						
2.						
3.						

## SUMMARY OF PROCEDURES PERFORMED

No	Compulsory Performed Procedure	Date of Passing Procedure	Number of Procedure Done	GRADE	
				A	B
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.	MgSO <sub>4</sub> Preparation				
9.	Pap smear				
10.	Pipelle sampling				
11.	Partogram Charting and interpretations				
12.	Female Bladder catheterization				

## SUMMARY OF OBSERVED / ASSISTED PROCEDURES

No	Observed / Assisted Procedure	Number of Procedure Observed/Assisted	GRADE	
			A	B
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	Optional Procedure	Number of Procedure	GRADE	
			A	B
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**

This is to certify that Dr ..... has satisfactorily  
completed training in Obstetrics & Gynaecology as a House Officer in this Hospital .....  
from ..... to ..... (including extension of housemanship period, where applicable).

During that period, he/she was engaged in employment in a resident Obstetric & Gynaecological post  
as required under 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**

This is to certify that Dr ..... has satisfactorily  
completed training in Obstetrics & Gynaecology as a House Officer in this Hospital .....  
from ..... to ..... (including extension of housemanship period, where applicable).

During that period, he/she was engaged in employment in a resident Obstetric & Gynaecological post  
as required under Section 13(2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor :

Name :

Designation :

Official Stamp :

Date :



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

NAME: .....

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 SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT  
MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME: .....

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 SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT  
MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME: .....

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 SUBMITTED DIRECTLY BY SUPERVISOR TO HEAD OF DEPARTMENT  
MULTISOURCE FEEDBACK (MSF) FOR HOUSE OFFICERS

NAME: .....

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 Attendance	15	
2. LNPT	15	
<b>3. Continuous Assessment and Log Book (35)</b> <ul style="list-style-type: none"> <li>• CBD</li> <li>• Mini-CEX</li> <li>• DOPS</li> <li>• Compulsory Performed/Assisted/Observed Procedure</li> </ul> Professionalism & Integrity (Multisource Feedback/MSF) (5) <ul style="list-style-type: none"> <li>• Soft Skills and Attitude</li> <li>• Team work</li> <li>• Accessibility</li> <li>• Communication</li> </ul>	40	
4. CME Attendance	5	
<b>5. End of Posting Assessment</b> <ul style="list-style-type: none"> <li>• Depatment Specific : OSCE/MEQ</li> </ul>	25	
<b>TOTAL</b>	<b>100</b>	



**CERTIFICATE COMPLETION OF POSTING (CCP)**

**DEPARTMENT:**

**Name :**

**IC Number :**

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**Head of Department : \_\_\_\_\_**

**Signature :**

**Name :**

**Stamp :**

**Date :**

**NOTE: GRADING OF CCP**

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

**DUPLICATE COPY**

### CERTIFICATE COMPLETION OF POSTING (CCP)

## DEPARTMENT:

Name :

IC Number :

**Hospital :**

**Posting/Discipline :**

**Duration of posting : Start (date) :**

**End (date) :**

**Extension (if applicable):**

**Category :**

**Percentage :**

**Grade :**

**Supervisor** : \_\_\_\_\_

**Signature :**

**Name :**

**Stamp :**

Date :

**Head of Department :** \_\_\_\_\_

**Signature :**

**Name :**

Stamp :

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





