

Summary of obstetric experience during training I

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into Higher Training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
General obstetrics clinics (hours/week)															
Specialty obstetrics clinics (hours/week)															
# Ventouse w/o rotation (vagina delivery)															
# Forceps (vaginal delivery)															
# Ventouse with rotation															
# Caesarean section															
# Classical CS															
# Breech: vaginal delivery															
# Twins: vaginal delivery															
# MROP (after vaginal delivery)															

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of obstetric experience during training II

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date	
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into Higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>	
# Severe genital tract trauma (e.g. third or fourth degree perineal tear)																
# External cephalic version																
# Scalp blood sampling																
# Shoulder Dystocia																
# Eclampsia/ Severe PE																
# Cord prolapse																
# Major APH / PPH																
Others; specify																

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of gynaecology experience during training I

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
General gynaecology clinics (hours/week)															
Subspecialty clinics (hours/week)															
# D&C (+/- hysteroscopy)															
# Diagnostic hysteroscopy															
# Hysteroscopic procedures															
# Surgical TOP or evacuation of uterus															
# Medical TOP															
# Abdominal hysterectomy															
# Open operations on ovarian tumour															
# Radical surgery (assist)															
# Other laparotomy procedures															

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Summary of gynaecology experience during training II

Precise numbers required

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No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date	
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>	
# Vaginal hysterectomy +/- PFR																
# Continence surgery e.g. sling procedures (assist)																
# Laparoscopic procedures, level I, II																
# Laparoscopic procedures, level III																
# Major vulval / vaginal operations																
# Radiotherapy clinic / sessions																
# Chemotherapy procedures																
# Colposcopy																
# ART procedures																
Others; specify																

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of extended experience during training (hours of activity)

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
lectures/meetings/conference/workshops															
<i>Local</i>															
<i>Overseas</i>															
Teaching sessions (students, nurses)															
Departmental academic activities															
Administration															
Quality assurance															
Others; specify															
Research (as distinct from QA)															

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____