Summary of Obstetric Clinical Experience

Dates : from _____ to _____

Precise numbers required

Others: reasonable estimate based on duty roster

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

Experience	Number
General obstetric clinics (hours/week)	
Special obstetric clinics (hours/week)	
Normal deliveries (Supervision and management)	
Malpresentation	
Multiple pregnancies	
Premature labour (before 32 weeks)	
Ultrasound scan (hours) [both obstetrics and gynaecology scan]	
Diabetes, thyroid diseases, hypertension, cardiac disease	
Other medical disorders	
# Ventouse w/o rotation (vaginal delivery)	
# Low & mid-cavity forceps (vaginal delivery)	
# Ventouse with rotation	
# Caesarean Section	
# Classical Caesarean Section	
# Breech vaginal delivery	
# Twins: vaginal delivery	
# Manual removal of placenta (after vaginal deliveries)	
# Severe genital tract trauma	
# External cephalic version	
# Scalp blood sampling	
# Shoulder Dystocia	
# Eclampsia / severe pre-eclampsia	
# Cord prolapse	
# Major APH/PPH	

Signature of Supervisor: _____

Name of Supervisor:

Date:

Summary of Gynaecological Clinical Experience

Date : from _____ to _____

Precise numbers required

Others: reasonable estimate based on duty roster

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

Experience	Number
General gynaecology clinics (hours/week)	
Subspecialty gynaecology clinics (hours / week)	
EPAC	
Urogynaecology study	
Hormonal replacement therapy	
Hyperprolactinaemia / amenorrhoea	
Premenarchial gynaecological disorders	
Chronic pelvic pain / dysmenorrhea / dyspareunia	
# 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	
# Vaginal Hysterectomy / Pelvic Floor Repair	
# Continence procedures including sling operations (assist or do)	
# Laparoscopy / Laparoscopic procedures, level I & II	
# Laparoscopy / Laparoscopic procedures, level III	
# Major vulval / vaginal operations	
# Radiotherapy clinic / sessions	
# Chemotherapy procedures	
# Colposcopy	
# ART procedures	

Signature of Supervisor:

Name of Supervisor:

Date:_____

August 2012

Summary of Extended Experience

Date : from _____ to _____

Experience	Hours
Attendances at local lectures / meetings / conference / workshop	
Overseas conference / workshop	
Teaching sessions (subordinates / students / nurses, etc)	
Departmental academic activities	
Administrative work	
QA activities	
Research	

Signature of Superviso	r:

Name of Supervisor:

Date: _____