

**TANZANIAN TRAINING CENTRE FOR INTERNATIONAL
HEALTH IN COLLABORATION WITH IHI**

**COMPETENCY BASED CURRICULUM FOR THE TRAINING
AND PRACTICE OF ASSISTANT MEDICAL OFFICERS IN
EMERGENCY OBSTETRIC CARE AND CLINICAL LEADERSHIP**

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1 INTRODUCTION AND BACKGROUND

This curriculum has been developed by the Tanzanian Training Centre for International Health, Ifakara Tanzania (TTCIH) to address the area of emergency obstetric care. The curriculum is presented as a framework of characteristics and competencies, designed to guide and support the refresher training of Assistant Medical Officers (AMOs) to handle and manage all emergency obstetric cases at the health facility level.

The objective of the curriculum is to equip the AMOs with the knowledge, skills and professional qualities appropriate to the health care needs of pregnant women. The curriculum is a response to the human resources for health crisis that is facing the Tanzanian health care system that although has a strong political will to expand primary health care services to the entire country is facing an acute shortage of human resources to provide quality medical and surgical services at the its health facilities.

The curriculum encompasses an educational plan designed to bring about change in the way services are provided. Educational objectives are specified to provide clear information of the knowledge and aspects of practice where competency acquired by the trainee will be assessed. Assessment of competencies is structured to reflect the pathway of learning required throughout training. Competency will be achieved through an incremental process of learning and development, so the curriculum indicates ways in which learning will be attained in the key areas of clinical expertise and professional qualities.

In implementing this curriculum Consultants/doctors who supervise this training are crucial to this process in guiding the day-to-day learning and ensuring robust growth of the profession. This curriculum also specifies the assessment formats selected to test the articulated objectives so as to ensure that all learning outcomes are seen as being valuable achievements.

1.1 EXISTING CAPACITY AT TTCIH AND SFDDH

The TTCIH as a lead organization is a non profit semi-autonomous institution that offers short international courses in health and a long course for AMOs. The primary mission of TTCIH is to strengthen the human capacity for health sector in Tanzania and beyond. The institution works in integration as a triangular cluster with *Ifakara Health Institute (IHI)* and *St Francis Designated District Hospital (SFDDH)*. While TTCIH is experienced in health related training SFDDH is experienced in a wide range of health care services delivery. The course will be built on the existing framework of human resources and pedagogical materials on the ground at TTCIH and SFDDH to implement the course. The key teaching staff will include obstetricians, registrars and Senior AMO in Obstetrics

2 RATIONALE

There is a serious shortage of Medical Specialists and General Medical Officers in Tanzania, including those in the area of obstetrics. In obstetrics for example, there are only approximately 100 Obstetricians for a population of 38.7 million. It is acknowledged worldwide that the quality of health services depends on health workers skills, motivation, performance team work, dedication etc. Upgrading of skills of middle level cadres that are currently providing services is therefore needed for quality service delivery in our Health facilities. There is enough evidence that AMOs are more likely to work in rural areas to perform various functions such as: provision of diagnostic and case management services, performing emergency surgery, managing other complications referred by lower levels as well as providing Family Planning services. It is for this reason that a curriculum to upgrade the skills of AMO in obstetric emergencies, Family Planning and clinical leadership has been developed. This will in turn contribute significantly to the improvement of maternal health services in the country.

3 ROLES AND FUNCTIONS OF AMOs

The graduates of this programme are Assistant Medical Officers. The Assistant Medical Officer (AMO) is a health personnel who has undergone an advanced course in the provision of health care. He/she is an intermediate between the Clinical officer and the Medical officer capable of promoting and providing curative as well as preventive services at district level.

The AMO is not simply a triage officer who transfers the patient on to the most appropriate doctor/specialist, but is the Clinician who continues to coordinate the care for all patients and involves other health workers as required. The AMO is also a counsellor, educator, leader and manager and the object of training is to develop the necessary competencies to perform these roles.

The principal areas of competence for the AMO are:

- Clinical expertise and judgement
- Ability to establish effective relationships with patients and other health workers.
- Leadership and personal management skills
- Education and mentoring abilities
- Quality standards, research and development skills

4 PROGRAMME GOALS AND OBJECTIVES

The goal of the programme is to instil into the AMO the knowledge, skills and attitudes to function effectively as a Clinician especially in the area of obstetrics.

4.1 MAIN OBJECTIVES

The objectives identify the knowledge, abilities, attitudes and professional qualities that the TTCIH considers, by consensus, to be essential for management of obstetric emergencies by the Assistant Medical Officer. Assessment in the programme is based on these objectives, which, in turn determine the essential guiding roles for AMOs which are: medical expert, manager/supervisor, health advocate, communicator, researcher/scholar, educator, collaborator and professional that need to be performed by the AMO after completion of the training programme.

This curriculum clarifies for trainees exactly what it means to be, and to practise as an Assistant Medical Officer with respect to emergency obstetrics care and family planning. It specifies the knowledge and understanding which the Assistant Medical Officers needs to possess, the skills and abilities that need to be acquired, and the professional qualities they need to internalize and demonstrate in their daily work.

4.2 OBJECTIVES

The following table describes the learning outcomes for the AMOs following the three months course:

All AMOs must be competent to independently perform/display by completion of training the following objectives:
1. Identify by history, physical exam and laboratory investigation, common complications of pregnancy such as anemia, UTI, PIH, diabetes, malaria, HIV, PPRM/PROM, twin pregnancy, and hyperemesis gravidarum and implement necessary treatment(s)
2. Determine appropriate circumstances for delivery to facilitate management of potential complications of high risk pregnancies including induction and elective cesarean section and their indications and contraindications
3. Perform basic maneuvers to allow the fetus to enter the birth canal in the best position for successful delivery and perform safe breech deliveries when indicated
4. Distinguish abnormal from normal labour using a partogram, physical exam and

available investigations (fetal monitoring) and implement the appropriate interventions to ensure maternal and fetal well being given local capabilities
5. Intervene during obstructed labour using episiotomy and vacuum extraction appropriately
6. Manage preeclampsia in prenatal period and initial treatment of eclamptic seizures
7. Repair perineal tears and episiotomies including 3 rd degree tears
8. Provide appropriate treatment for cases of antepartum hemorrhage(1 st vs. 3 rd trimester) or abortion
9. Identify and manage cases of PPH failing initial treatment by packing, repairing cervical tears, manually extracting placenta, uterine retroversion
10. Demonstrate set up of equipment required to and procedures done in basic neonatal resuscitation, management of neonatal seizures and sepsis, special requirements of preterm infants and treatment of jaundice
11. Appreciate pathophysiology of and implements basic management of post-operative complications - infection, pain, ileus, urinary retention, thrombosis, hemorrhage, bowel obstruction
12. Apply various Family planning methods safely and educate patients about the benefits of contraceptives and family planning and the costs and benefits of available options
13. Keep reproductive and child health records and utilize this information to identify those in need of more comprehensive care or intervention
14. Maintain appropriate professional boundaries, personal limits, ethics, accountability to regulatory bodies and appropriately manage conflicts of interest
15. Demonstrate effective leadership qualities and skills in improving maternal health services

The programme provides graded responsibility so that there is an appropriate balance between supervised training, autonomy and individual responsibility.

The AMO will function within the context of a team approach to patient care through interacting effectively with other health professionals from other disciplines, nurses, unit receptionists, pharmacists, physiotherapists, and other personnel.

AMOs will develop the ability to manage patients humanely and there will be emphasis on other aspects of life with special emphasis on the pregnant women.

Adequate opportunities will be provided to gain skills in a variety of procedures necessary for functioning as a Clinician in the area of obstetrical emergencies.

5 ADMISSION CRITERIA

5.1 ELIGIBILITY

The criteria for eligibility into the programme include:

- Applicants must hold an Advanced Diploma in Clinical Medicine or equivalent qualification that is acceptable by the MOHSW.
- They must be licensed or registrable with the Tanganyika Medical Council
- They must have worked in a district for not less than two years

5.2 SELECTION PROCESS

The TTCIH selection committee will select the candidates based on predetermined criteria

6 DESIGN OF THE PROGRAMME

6.1 DESIGN

The programme incorporates the principles of problem-based learning, integration and monitored/graded clinical responsibility.

Integration of the teaching of clinical obstetrics will occur as a result of the commencement of clinical rotations from the outset of the programme and the deliberate inclusion of medical principles during the clinical teaching.

[i] Lectures

From the first month to the third month lecture courses will be given covering the essential core knowledge in major areas of obstetrics

[ii] Clinical Rotations

Monitored clinical responsibility will be promoted by incorporating the AMO trainee into the team structure at the hospital. AMO trainees will be attached to Obstetrics Department throughout the 3 months, but will undertake a series of rotations into each of the units as well as rotations to other departments and areas including emergency and ICU.

6.2 DURATION

The duration of the program will normally be four (4) months.

6.3 AWARD OF CERTIFICATE

A certificate will be awarded by the TTCIH for those AMOS who successfully complete the programme.

7.0 FRAMEWORK OF LEARNING CONTENTS

7.1 PRINCIPAL OUTCOMES, ENABLING OUTCOMES AND SUB-ENABLING OUTCOMES

SN	Principle Outcomes	Enabling Outcomes
1.	Apply principles of management in Obstetrics for safe motherhood	1.1 Take history and perform physical examination to reach proper diagnosis in obstetrics.
		1.2 Provide care for obstetric conditions
2.	Apply principles of reproductive health to promote health	2.1 Comprehend the concept of safe motherhood
		2.2 Provide Focused Antenatal Care services
		2.3 Perform various family planning services
3.	Apply principles of management in child health	3.1 Take history and perform physical examination to reach proper diagnosis in child health
		3.2 Provide care for paediatric conditions
4.	Apply principles of management in newborn care	4.1 Take history and perform physical examination to reach proper diagnosis in newborn conditions
		4.2 Provide care for newborn/Neonatal condition
5	Apply principles and practices of leadership in improving maternal health services	5.1 Provide leadership in key areas of maternal health services
		5.2 Conduct organisational capacity assessment
		5.3 Manage change in the health facility/organisation
		5.4 Improve quality of services

7.2 ENABLING OUTCOMES AND SUB-ENABLING OUTCOMES

SN	Enabling Outcomes	Sub Enabling Outcomes
1.1	Take history and perform physical examination to reach proper diagnosis in obstetrics.	Take comprehensive obstetric history and interpret clinical features
		Perform physical examination on a pregnant woman and interpret clinical findings
		Perform/order appropriate investigations
1.2	Provide care for obstetric conditions	Provide care for common obstetric conditions
		Provide care for emergency obstetric conditions
		Provide care for medical conditions during pregnancy
2.1	Comprehend the concept of safe motherhood	Provide health education on the Safe Motherhood Initiative
		Assess health facility EmOC signal functions
		Evaluate the health facility performance using EmOC process indicators
2.2	Provide Focused Antenatal and postnatal Care services	Provide Focused Antenatal Care services
		Provide health education on Birth Preparedness and Complication Readiness
		Provide postnatal care services
2.3	Perform various family planning services	Determine FP needs and services
		Provide various family planning methods
		Provide contraceptives for non-family planning indications
3.1	Take history and perform physical examination to reach proper diagnosis in child health	Take a comprehensive paediatric history and interpret clinical features
		Perform physical examination in paediatric and interpret clinical findings
		Perform appropriate investigations for paediatric conditions
		Take a comprehensive neonatal history and interpret clinical features
3.2	Provide care for paediatric conditions	Provide care for neonatal conditions
		Provide care for emergency newborn conditions
		Provide care for common surgical conditions in newborn
		Provide care for neonatal conditions
4.1	Take history and perform physical	Take a comprehensive neonatal history and interpret clinical features

	examination to reach proper diagnosis in newborn conditions	Perform physical examination on a neonate and interpret clinical findings
		Perform appropriate investigations for neonatal conditions
4.2	Provide care for neonatal/newborn conditions	Provide care for neonatal conditions
		Provide care for emergency newborn conditions
		Provide care for common surgical conditions in newborn
5.1	Provide leadership in key areas of maternal health services	Utilise leadership qualities and skills within the facility
		Facilitate organisation of maternal services
		Facilitate organisational development
5.2	Conduct organisational capacity assessment	Plan for capacity assessment
		Conduct capacity assessment
		Build capacity of the organisation
5.3	Manage change in the health facility/organisation	Set priorities
		Manage change and projects
		Set performance targets
5.4	Improve quality of services	Design tools for quality improvement and recognition
		Conduct quality improvement activities
		Manage quality

7.3 SUB-ENABLING OUTCOMES AND ASSESSMENT

Related Tasks, Assessment Criteria and Assessment Instruments

SUB ENABLING OUTCOMES (SO)	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
1.1.1. Take comprehensive obstetric history and interpret clinical features	Create rapport,	<ul style="list-style-type: none"> ■ Good attitude demonstrated. ■ Communication skills applied ■ Patients' history comprehensively taken. ■ Clinical findings well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list
	Determine main complaint of the patient			
	Determine urgency of the problem			
	Document Obstetrical findings			
1.1.2. Perform physical examination on a pregnant woman and interpret clinical findings	Prepare examination tools,	<ul style="list-style-type: none"> ■ Good attitude demonstrated. ■ Communication skills applied ■ Procedures for patients' physical examination are well demonstrated. ■ Clinical findings well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list
	Conduct systemic examination			
	Perform pelvic assessment in a pregnant woman			
	Perform obstetric examination			
Document and present findings systematically				
1.1.3. Perform/order appropriate investigations	Collect specimens	<ul style="list-style-type: none"> ■ Communication skills applied ■ Skills for specimen collection well demonstrated. ■ Appropriate investigations ordered ■ Investigation results well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme
	Perform relevant investigations			
	Interpret and analyse results			
1.2.1. Provide care for common obstetric conditions (The bony pelvis, Physiology of pregnancy, Normal labour, Partogram, Emesis)	Take patient's history systematically	Obstetric conditions managed according to national or World Health Organization guidelines.	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Perform relevant physical examination			

<p>gravidarum, normal puerperium, Fluid therapy in obstetrics, Puerperal pyrexia, PROM/PPROM, puerperal mental disorders, malpresentations/ malpositions (breech, transverse lie), Multiple pregnancies, Elective deliveries, Operative deliveries, Isoimmunizations, Adolescent sexual and reproductive health, Female genital mutilation)</p>	Determine provisional and differential diagnoses			
	Perform selected relevant investigations			
	Interpret and analyse results			
	Formulate final diagnoses			
	Manage the condition using appropriate tools (partogram)			
	Perform Caesarean section where indicated			
<p>1.2.2. Provide care for emergency obstetric conditions (Anaemia in pregnancy, Pre-eclampsia, Obstructed labour, Obstetric haemorrhages (placenta praevia, abruption, ruptured uterus, postpartum haemorrhage), Abortions, Ectopic pregnancy, Coagulation disorders in pregnancy).</p>	Perform quick assessment	<p>Emergency obstetric conditions managed according to national or World Health Organization guidelines.</p>	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Determine provisional and differential diagnosis			
	Perform life saving management			
	Perform selected relevant investigations			
	Interpret and analyse results			
	Formulate final diagnoses			
	Perform definitive management			
<p>1.2.3. Provide care for medical conditions during pregnancy (malaria, HIV, UTI, genital tract infections, diabetes, peripartum cardiomyopathy, sickle cell disease, cardiac diseases)</p>	Take patient's history systematically	<p>Patient's history systematically taken</p> <p>Medical conditions during pregnancy managed according to national or World Health Organization guidelines.</p>	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme
	Perform relevant physical examination			
	Determine provisional and differential diagnoses			
	Perform selected relevant investigations			
	Interpret and analyse results			
	Formulate final diagnoses			
	Manage the condition			

2.1.1 Provide health education on the Safe Motherhood Initiative	Define safe motherhood	The concept of safe motherhood comprehended	<ul style="list-style-type: none"> ■ Assignments ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme
	Describe the concept of making pregnancy safe			
	Describe causes of maternal and infant morbidity and mortality			
	Describe the concept of gender mainstreaming for safe motherhood			
2.1.2 Assess health facility EmOC signal functions	Classify health facilities based on EmOC signal functions	Health facilities assessed using EmOC signal functions	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports
	Describe basic and comprehensive EmOC signal functions			
2.1.3 Assess, monitor and evaluate the availability, use and quality of EmOC services using standard indicators	Describe six EmOC indicators and the minimum acceptable level	Availability, use and quality of EmOC services in the district are well assessed and evaluated using EmOC indicators	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports
	Assess the availability of EmOC services using UN process indicators within the district			
	Assess the use of EmOC services using EmOC indicators within the district.			
	Assess the quality of EmOC services using EmOC indicators within the district.			

2.1.4 Conduct clinical audits in obstetrics	Describe the objectives and benefits of clinical audit in obstetrics Describe clinical parameters audit in obstetrics Describe categories of preventable factors for maternal and perinatal deaths Conduct maternal/perinatal mortality following a cycle of an effective audit	Skills for conducting clinical audits in obstetrics well demonstrated	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports
2.2.1 Provide Focused Antenatal Care (FANC) services	Describe FANC and its components Take obstetric history of a pregnant woman according to antenatal card Perform physical examination of pregnant woman Perform laboratory investigations recommended in pregnancy Identify and manage obstetrical ailments	Focused Antenatal Care services provided	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports
2.2.2 Prepare a pregnant woman and a health facility for Birth Preparedness and Complication Readiness	Describe danger signs of pregnancy complications Advise a pregnant woman on elements for Birth Preparedness and Complication Readiness Prepare a facility ready for Obstetric complication	Pregnant women and health facility prepared well for Birth Preparedness and Complication Readiness	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports

2.2.3 Provide postnatal care services	Take short history of woman post delivery	Postnatal care provided according to the national guidelines	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme ■ Survey and research reports
	Conduct post delivery examination			
	Manage postpartum conditions			
	Instruct the mother on the importance of breast feeding, child immunization and growth monitoring			
2.3.1 Determine Family planning needs and services	Discuss the problem of post partum and post abortion Family Panning unmet needs and ways to maximize access to, and quality of, FP services	Family planning needs and unmet needs well discussed	<ul style="list-style-type: none"> ■ Assignments ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report
	Describe the rationale for family planning	Rationale for FP well described	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report
	Demonstrate ability to use the medical eligibility criteria for contraceptive use	Eligibility criteria for contraceptive use correctly demonstrated	<ul style="list-style-type: none"> ■ Assignments ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme
2.3.1 Provide various family planning methods	Demonstrate ability to use long acting and permanent methods of FP as well as	Long acting and permanent methods correctly demonstrated	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE ■ Survey and 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme

	use of implants		research	
	Apply intrauterine contraceptive devices safely	Intrauterine contraceptive devices safely applied	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list
	Apply short acting methods of contraceptives	Short acting methods of contraception well applied	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE 	<ul style="list-style-type: none"> ■ Check list
	Apply emergency contraceptive pills in health women and in HIV positive women	Emergency contraceptive pills in health and HIV positive women correctly applied	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Marking scheme
	Demonstrate ability to use voluntary surgical contraceptive family planning methods and their sterilization	Voluntary surgical contraceptive methods well demonstrated	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ OSCE ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report
	Demonstrate how Family Planning contributes to achieving health related MDG 4, 5 and 6	Contributions of FP IN achieving MDG 4,5, and 6 well demonstrated	<ul style="list-style-type: none"> ■ Assignments ■ Written examination ■ Survey and research 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■ Survey and research reports
2.3.2 Provide contraceptives for non-family planning indications	Describe non-family planning indications for contraceptives	Contraceptives for non-family planning indications are appropriately provided	<ul style="list-style-type: none"> ■ Assignments ■ Written 	<ul style="list-style-type: none"> ■ Assignment report

	Provide contraceptives for non-family planning indications		<ul style="list-style-type: none"> ■ examination ■ OSCE 	<ul style="list-style-type: none"> ■ Check list ■ Marking scheme
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3.1 Take comprehensive newborn/neonatal history and interpret clinical features	Establish good rapport	<ul style="list-style-type: none"> ■ Good attitude demonstrated. ■ Communication skills applied ■ Patients' history comprehensively taken. ■ Clinical findings well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list
	Determine core complaints			
	Obtain detailed history accurately			
	Document anthropometric parameters			

3.2 Perform physical examination on a neonate and interpret clinical findings	Prepare examination tools	<ul style="list-style-type: none"> ■ Good attitude demonstrated. ■ Communication skills applied ■ Procedures for patients' physical examination are well demonstrated. ■ Clinical findings well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list
	Conduct systemic examination			
	Perform thorough examination in a sick child			
	Perform anthropometric measurements			
	Document and present findings systematically			
3.3 Perform/ order appropriate investigations for the neonate	collect specimen	<ul style="list-style-type: none"> ■ Communication skills applied ■ Skills for specimen collection well demonstrated. ■ Appropriate investigations ordered ■ Investigation results well interpreted 	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report ■ Check list ■ Marking scheme
	Perform relevant investigations			
	Interpret and analyse results			
3.4 Provide care for common conditions of newborn (asphyxia, prematurity, sepsis, HDN (haemolytic disease of newborn), jaundice)	Take patient's history systematically	Neonatal conditions managed according to national or World Health Organization guidelines.	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Perform relevant physical examination			
	Determine provisional and differential diagnoses			
	Perform selected relevant investigations			
	Interpret and analyse results			
	Formulate final diagnoses			
	Manage the condition using appropriate tools like RCH cards, WH/HT			
	Perform clinical procedures where indicated			

4 Provide care for emergency neonatal conditions (resuscitation, umbilical administration of fluids and drugs, fluid therapy apnoea, hypoglycaemia, hypothermia,)	Perform quick assessment	Emergency children's conditions managed according to national or World Health Organization guidelines.	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Determine provisional and differential diagnosis	Provisional and differential diagnosis correctly determined	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Perform life saving management	Life saving management correctly performed	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Perform selected relevant investigations	Relevant investigations correctly performed	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Interpret and analyse results	Results correctly interpreted	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Formulate final diagnoses	Final diagnosis correctly formulated	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme

			<ul style="list-style-type: none"> ■ OSCE Written examination 	
	Perform definitive management	Definitive management correctly performed	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Manage the condition	Conditions well managed	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Describe contents of quality of care for children in health facilities	Quality of care for children in health facilities well described	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
	Conduct quality of care for children in health facility	Quality of care for children in health facilities correctly conducted	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme
5.1 Utilise leadership qualities and skills within the facility	Identify leadership qualities	Leadership qualities correctly identified	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Describe leadership skills	Leadership skills correctly described		
	Use leadership principles	Principles of leadership well applied		
5.2 Facilitate organisation of maternal services	Describe the term organisation	Organisation as a term well described	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/prac 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list

	Identify organisation issues	Organisation issues correctly identified	tical examinations	■ Marking scheme
	Implement organisation process	Implementation of organisation process well executed	■ OSCE ■ Written examination	■
5.3:Facilitate organisational development	Create vision and mission	Vision and mission well developed	■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination	■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Develop strategies	Strategies correctly developed		
	Implement strategies to develop organisation	Implementation of strategies well executed		
5.4 Plan for capacity assessment	Describe capacity assessment	Capacity assessment correctly described	■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination	■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Set objectives for the assessment	Objectives well set		
	Design tools for the assessment	Tools for assessment well designed		
5.5 Conduct capacity assessment	Mobilise resources for capacity assessment	Resources adequately mobilised	■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination	■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Collect data	Data correctly collected		
	Analyse data to determine capacity gaps	Data well analysed		
5.6 Build capacity of the organisation	Identify options for capacity building	Options for capacity building correctly identified	■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination	■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Identify resources required	Resources correctly identified		
	Implement plan for capacity building	Implementation of plan well executed		
5.7 Set priorities	Conduct needs assessment	Needs assessment correctly done	■ Assignments ■ Clinical/practical examinations	■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Identify potential priorities	Potential priorities well identified		

	Select top priorities	Priorities correctly selected	<ul style="list-style-type: none"> ■ OSCE ■ Written examination 	
5.8 Manage change and projects	Identify issues for change	Issues for change correctly identified	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Implement change	Change well implemented		
	Develop projects	Projects well developed		
5.9 Set performance targets	Describe performance and performance targets	Performance and performance targets well described	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Develop targets	Targets well developed		
	Assess performance of targets	Performance targets correctly assessed		
5,10 Design tools for quality improvement and recognition	Describe QIR	QIR correctly described	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Develop tools for quality assessment	Tools well developed		
	Analyse data	Data correctly analysed		
5.11 Conduct quality improvement activities	Administer tools for quality improvement	Tools for quality improvement correctly administered	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Analyse data	Data correctly analysed		
	Interpret results	Results correctly interpreted		
5.12 Manage quality	Disseminate quality assessment results	Results well disseminated	<ul style="list-style-type: none"> ■ Assignments ■ Clinical/practical examinations ■ OSCE ■ Written examination 	<ul style="list-style-type: none"> ■ Assignment report/ logbook ■ Check list ■ Marking scheme ■
	Reward achievement of quality	Rewarding system well designed		
	Institutionalise quality	Quality assurance fully institutionalised		

8 PROGRAMME CONTENT

8.1 GENERAL CORE COMPETENCIES: KNOWLEDGE, UNDERSTANDING AND CLINICAL SKILLS

This section details the building blocks required for the development of expertise of the AMOs in emergency obstetric care. The purpose is to grasp the underlying principles on which emergency obstetric care is based. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise

8.2 SCIENTIFIC KNOWLEDGE AND UNDERSTANDING

8.2.1 Anatomy of the female reproductive organs

Describe the anatomy of: Female bony pelvis, musculature of the anterior and lateral abdominal wall, viscera of the pelvis, vascularisation and innervation of pelvic floor, external genitalia and perineum

8.2.2 Physiological changes occurring during pregnancy, labour and the puerperium/lactation

Describe: the changes to cardiovascular, respiratory, haematological, skin, metabolic and endocrine (especially adrenal and thyroid), alimentary, renal and urinary, and the genital system during pregnancy, labour and the puerperium/lactation

8.3 CLINICAL KNOWLEDGE, UNDERSTANDING AND SKILLS

8.3.1 Diagnosis and management of labour

Describe stages and phases of the normal labour, abnormal from normal labour, supportive care during labour and childbirth.

Demonstrate competencies in the assessment of a woman in labour; perform and interpret foetal maternal monitoring parameters; implement appropriate clinical interventions for foetal heart rate abnormalities;

Assess and manage normal labour and delivery, assess and manage abnormal labour and delivery. Assess and manage labour following a previous caesarean section.

Recognise and manage maternal and foetal complications, which may develop during labour, including preeclampsia and foetal distress.

Perform the following procedures in labour: normal delivery, use of appropriate cervical ripening agents, induction of labour, augmentation of labour, breech delivery, twin delivery, manual removal of placenta.

8.3.2 Use of the partogram in management of labour:

Describe the parts of the partogram, the practical value of using the partogram, the parameters used to monitor the progress of labour and the principles of using the partogram for management of labour

Plot the parameters used to monitor the progress of labour on the partogram

8.3.3 Major direct and indirect causes of maternal mortality

Describe the pathophysiology of and demonstrate skills in the management of obstetric haemorrhages, pre-eclampsia and eclampsia, sepsis and prolonged labour and ruptured uterus, as well as anaemia in pregnancy, malaria and HIV and AIDS in pregnancy.

8.4 FLUID THERAPY IN OBSTETRICS

Describe the types of intravenous fluids, therapeutic uses in obstetrics with emphasis to special conditions (PIH & eclampsia, shock, foetal distress, obstruction of labour

and induction of labour. Be able to demonstrate skills in establishment of an intravenous line and appropriate estimation of required fluids.

8.5 OPERATIVE VAGINAL AND ABDOMINAL DELIVERIES

Describe the types, indications and be able to perform the episiotomies, vacuum deliveries and Caesarean section and repair of perineal, vaginal and cervical lacerations, including third and fourth degree tears.

Prepare a specific patient for a specific operation, undertake assessment for anaesthesia, ensure:

- correct instruments, equipment and suture material are available,
- obtain specific informed consent

Open and close abdomen, using both vertical and transverse incisions

- Show competence in basic obstetric surgical skills.
- Show consistent competency in technique in regard to instrument, tissue and aseptic management, in major and minor procedures.

Correctly use and care for instruments, equipment and suture materials. Be consistently safe with sharps with respect to self, assistant, scrub nurse and patient. Manage a needle-stick injury.

Manage fluid and electrolyte balance. Manage intravenous therapy, including use of blood and blood products.

Recognise injuries to the ureter, including those, which become apparent postoperatively. Recognise bladder and bowel trauma and manage under supervision

8.6 MANAGE POSTOPERATIVE PATIENT

Detect and manage postoperative complications, including pain, infection, thrombosis, haemorrhage, obstruction, paralytic ileus and urinary retention.

8.7 FAMILY PLANNING

1. Describe the difference between gender and sex and the ways in which gender influences reproductive health and FP service provision
2. Discuss the problem of post partum and post abortion Family Planning unmet needs and ways to maximize access to, and quality of, FP services
3. Demonstrate ability to use the medical eligibility criteria for contraceptive use
4. Demonstrate ability to use long acting and permanent methods of FP as well as use of implants
5. Discuss the use, safety and side effects of intrauterine contraceptive devices
6. Describe short acting methods of contraceptives and their application
7. Discuss the use of emergency contraceptive pills in health women and in HIV positive women
8. Demonstrate ability to use voluntary surgical contraceptive family planning methods and their sterilization
9. Describe how Family planning contributes to achieving health related MDG 4, 5 and 6

8.8 CARE OF THE NEWBORN

Describe the Pathophysiology and management of the key pathologies of the newborns related to the process of childbirth: Birth asphyxia, prematurity, neonatal sepsis etc

Perform an immediate assessment of the newborn child and determine if resuscitative measures are indicated.

Resuscitate a newborn baby, including rapid clinical assessment of neonate asphyxia, external cardiac compression of neonate and use of bag and mask ventilation. Note: neonatal resuscitation is a logbook requirement.

Recognise neonatal abnormalities requiring paediatric care (for example, congenital dislocation of hips, oesophageal atresia, cardiac murmurs, neonatal jaundice)

8.9 CLINICAL LEADERSHIP

Discuss principles and practices of clinical leadership focussing on the following areas:

- Leadership qualities and skills
- Organisational development
- Organisational capacity assessment and building
- Change management
- Project management
- Priority setting
- Quality management
- Performance targets
- Leading teams to face challenges
- Moving up the leadership ladder
- Leading change for better health

9 TRAINING METHODS

Trainees are required to fully participate in discussion during the clinical ward rounds which are usually conducted three days a week. The rounds involves the labour wards, antenatal and postnatal wards. Trainees are also required to participate in the operation procedures which are usually conducted two days a week. The learning process for operation procedures is expected to follow the following trend: observation, assisting and then perform the required procedures unassisted.

During the course, trainees will also be expected to visit the Reproductive and Child Health (RCH) Clinic for Family Planning practice. Practice will include use of long acting and permanent methods, implants, IUCDs, short acting methods and emergency contraceptive pills.

The emphasis of the course is on hands-on training rather than didactic teaching to ensure trainees get maximum time to practice techniques without any of the time constraints usually present in theatre. In an attempt to maximize the exposure to surgical procedures the trainees will included in the list of doctors on call. In addition, to this the following teaching methods will be used:

- i. **Bedside Teaching** (received, and increasingly imparted as the AMO gains experience)
- ii. **Ambulatory Teaching** (all clinical rotations will include attendance in the outpatient clinic with the consultant, providing the opportunity to interview and examine new patients and to learn about long-term patient management).
- iii. Core Lectures (as above)
- iv. **Seminars/workshops/conferences**
- v. **Small Group Tutorials**
- vi. **Case Presentations**
- vii. **Grand Rounds**_(Department Grand Rounds)
- viii. **Morbidity and Mortality Meetings/ Audits**

- ix. **Morning Report** (Review of patients admitted in the previous 24 hours in the presence of the Consultants)
- x. **Internet based learning**

The main emphasis during training in obstetrics is:

- Understanding of the basic and clinical sciences and the underlying principles in obstetric care.
- Appropriate decision making and clinical reasoning skills.
- Acquisition of clinical management skills

10 LEARNING RESOURCES

10.1 PHYSICAL

The major physical resource is the SFDDH, which is a well-equipped 370-bed hospital dealing with all medical specialties and subspecialties. In addition to the comprehensive in-patient facilities, there are out-patient clinics within the hospital, a busy OPD, a general ICU, excellent laboratories, and X-ray facilities.

TTCIH has a good auditorium, and additional large and small teaching (seminar) rooms and is very close to the hospital wards and clinics. The existing TTCIH library has been upgraded into a Resource Centre and has journals, books and CDs as well as computers for access to the internet.

10.2 HUMAN

There are specialists in all fields at the TTCIH as well as at SFDDH. Clinical Instructors are also available to guide the students in their clinical sessions.

11 ASSESSMENT

The level of competence to be achieved each year at our training program will be specified according to the key, as follows:

0. Observer status
1. Assistant status
2. Performed under supervision
3. Performed independently

11.1 ASSESSMENT OF COMPETENCIES

11.1.1 Expectations of the training program

The educational objectives of this curriculum are an up-front statement of the knowledge and abilities that are seen as essential to competent practice. The assessment methods extend beyond traditional examination formats to include credentialing of surgical skills and rigorous assessment of communication and interpersonal abilities and attitudes, the application of core knowledge in clinical practice, management abilities and professionalism. This assessment is also a key tool to inform learners on progress made and identify what still needs to be achieved. Ongoing, formative assessment is therefore central to the curriculum as a means to guide and motivate learning and achievement. The assessment process in this curriculum is designed to promote the highest possible standards of demonstrable achievement, within and beyond the scope and content of this curriculum.

11.1.2 Assessment Structure

This section outlines the assessment formats adopted in this curriculum. Each format is designed to assess strands of competencies expected in the practice of the AMO in obstetrics. These strands of competencies are assessed over progressive stages of the curriculum ensuring that the framework of objectives presented in this curriculum is comprehensively tested.

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
Clinical and surgical skills		
Criteria identified on assessment form by the scope and level required for practice by the AMO	<ol style="list-style-type: none"> 1 Regular assessments of the logbook 2 Observation of regular and active participation 	<ol style="list-style-type: none"> 1 Consultants and senior registrars who have supervised and observed practice consistently 2 Senior nursing staff, on appropriate criteria
Possession of knowledge as outlined in 4.0 Knowledge and Understanding	<ol style="list-style-type: none"> 1 Two papers in the middle and at the end of the training. Each with short answer questions and multiple choice questions 2 Passing score set by rigorous standard setting process 	TTCIH consultants
Oral examination		
<ol style="list-style-type: none"> 1 Demonstration of clinical abilities including: <ul style="list-style-type: none"> <input type="checkbox"/> Clinical management <input type="checkbox"/> History taking <input type="checkbox"/> Communication requirements <input type="checkbox"/> Problem solving <input type="checkbox"/> Resource utilisation <input type="checkbox"/> Time management and prioritisation of tasks 2 Possession of knowledge as outlined in 4.0 Knowledge, understanding and clinical skills 	<ol style="list-style-type: none"> 1 Structured oral stations simulating clinical scenarios 2 Pre-set criteria and marking scheme 3 Passing score set by rigorous standard setting process 	TTCIH consultants

12.0 OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

The AMO will have an OSCE exam at the end of the programme. The Objective Structured Clinical Examination is a reliable and practical method for evaluating clinical skills of the trainees. The OSCE exam will have 15 stations.

The main components of the exam will be short cases, history taking, ethics, interpretation of data and common clinical signs. In addition real as well as standardized (simulated) patients will be used at different stations

13.0 LOGBOOK

1. PERFORMED NORMAL DELIVERY

S/N	Date	Name of patient and File No.	Name of Supervisor	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Minimum requirement: Performed 15

2. EPISIOTOMY AND REPAIR CERVICAL/PERINEAL TEAR

S/N	Date	Name of patient and File No.	PROCEDURE		Name of Supervisor	Signature
			Assisted	Performed		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Minimum requirement: Assisted 2 Performed 10

3. MULTIPLE PREGNANCY

S/N	Date	Name of patient and File No.	PROCEDURE		Name of Supervisor	Signature
			Assisted	Performed		
1						
2						
3						
4						

Minimum requirement: Assisted 2 Performed 2

4. BREECH DELIVERY

S/N	Date	Name of patient and File No.	PROCEDURE			Name of Supervisor	Signature
			Observed	Assisted	Performed		
1							
2							
3							
4							
5							

Minimum requirement: Observed 1 Assisted 2 Performed 2

5. VACUUM EXTRACTION

S/N	Date	Name of patient and File No.	PROCEDURE			Name of Supervisor	Signature
			Observed	Assisted	Performed		
1							
2							
3							
4							
5							

Minimum requirement: Assisted 2 Performed 3

6. LAPARATOMY AND RUPTURED UTERUS

S/N	Date	Name of patient and File No.	PROCEDURE			Name of Supervisor	Signature
			Observed	Assisted	Performed		
1							
2							
3							
4							
5							
6							

Minimum requirement: Observed 1 Assisted 1 Performed 3

7. CAESAREAN SECTION

S/N	Date	Name of patient and File No.	PROCEDURE			Name of Supervisor	Signature
			Observed	Assisted	Performed		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Minimum requirement: Observed 2 Assisted 5 Performed 8

8. MANAGEMENT OF OBSTETRIC HAEMORRHAGES

S/N	Date	Name of patient File No.	Name of Supervisor	Signature	S/N
I. PPH					
1					
2					
3					
4					
5					
II. Abruptio placenta					
1					
2					
3					
4					

Minimum requirement: Assisted 2 Performed 2

9. MANUAL REMOVAL OF PLACENTA

S/N	Date	Name of patient and File No.	PROCEDURE			Name of Supervisor	Signature
			Observed	Assisted	Performed		
1							
2							
3							
4							
5							

Minimum requirement: Observed 1 Assisted 1 Performed 3

10. PARTOGRAM CHARTING

S/N	Date	Name of patient File No.	Procedure		Name of Supervisor	Signature
			Assisted	Performed		
1						
2						
3						
4						
5						
6						
7						
8						

Minimum requirement: Assisted 2 Performed 6

11. EVACUATIONS: INCOMPLETE/INEVITABLE ABORTIONS, RETAINED PRODUCTS

S/N	Date	Name of patient: File No.	Assisted	Performed	Name of Supervisor	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						

10						
11						
12						

Minimum requirement: Assisted 2 Performed 10

12. LAPAROTOMY FOR RUPTURED ECTOPIC PREGNANCY

S/N	Date	Name of patient and File No.	Assisted	Performed	Name of Supervisor	Signature
1						
2						
3						
4						
5						
6						
7						

Minimum requirement: Assisted 2 Performed 5