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| uems | EBCOGEuropean Board and College ofObstetrics and Gynaecology | EBCOG |

**EUROPEAN BOARD AND COLLEGE OF**

**OBSTETRICS AND GYNAECOLOGY**

**Questionnaire regarding on-line visit yr 4 – yr 8**

**Trainees**

1. **General Information**
	* Name of trainee and year of training:
	* Name of the hospital:
2. **The departmental training programme in obstetrics & gynaecology**
	1. Were there any changes in the training programme during the last four years?
	2. Are any changes expected in the departmental structure which may affect training in the next two years?

**If yes**, please comment: …………………………………………………………..…………………………………………………………………………………………………..………………………………….

To view the EBCOG basic specialist training programme, please visit our website @ [www.ebcog.eu](http://www.ebcog.eu)

1. **Working conditions of training**
	1. In your view does your department have all the necessary requirements for training? …………………………………………………………….

Do you have access to the following simulation equipment:

Laparoscopic simulator? Yes/No

Hysteroscopy simulator? Yes/No

Adult resuscitation mannequin? Yes/No

Neonatal resuscitation mannequin? Yes/No

Obstetric pelvis mannequin? Yes/No

Simulation suite? Yes/No

Other?

Do you have simulation trainer programmes? Yes/No

Do you have supervised sessions on the simulation equipment? Yes/No

If so, how often do these occur?

* 1. What additional facilities do you feel would be helpful? ……………………………………………………………………………
	2. How often do trainees participate in on-call duties?
	3. What is the length of an on-call duty?
	4. Are the weekly working hours for trainees in compliance with the European Working Time Directive?

If **no**: what are the reasons? ………………………………………….

1. **Tutors for doctors in training**

(Tutors are senior staff member supervising training of an individual trainee and may also have regional training responsibility). A tutor can supervise up to two trainees in a unit.

* 1. Is the tutor assigned for the full period of training or are there new tutors assigned for each trainee for each rotation? …………………………………………………………………….
	2. Is there a designated programme coordinator who is responsible for co-ordinating training?

If **yes**, please indicate his/her name and position:

* 1. How much time/month is spent on tutoring? ………………………….
	2. How much time/week is spent on teaching? ………………………….
	3. Describe the different forms of tutoring ( structured lectures, case histories, presentations etc): ……………………………………………………………………………………
	4. Does the time table allow most trainees to attend?

……………………………………………………………………………………

Is this based on the EBCOG logbook? ………………………………………

* 1. Is there an annual trainees/trainers meeting discussing organisational aspects of training in the department? ……………………………………………
1. **Facilities for practical and/or theoretical training**
	1. Does your unit have facilities for practical and/or theoretical training?

Neonatal resuscitation (such as skills drills) Yes/No

Adult resuscitation (skills drills) Yes/No

Emergency obstetrics and gynaecology Yes/No

Intensive care of high risk patient Yes/No

Fetal monitoring Yes/No

Ultrasound scanning Yes/No

Genetics for prenatal diagnosis Yes/No

Family planning instruction Yes/No

Basic Infertility work-up Yes/No

Laparoscopy (diagnostic and operative) Yes/No

Endometrial ablation techniques Yes/No

Urodynamics Yes/No

Histopathology Yes/No

Breast Disease (where indicated) Yes/No

Colposcopy Yes/No

Psychosocial aspects of obstetrics & gynaecology?
(like domestic violence, rape etc) Yes/No

Psychosomatic disease in obstetrics & gynaecology Yes/No

Psychosexual medicine Yes/No

Medical ethics Yes/No

* 1. Does your department run the following multidisciplinary skills drills?

Maternal resuscitation skills drills Yes/No

Neonatal resuscitation skills drills Yes/No

Eclampsia drills Yes/No

Maternal haemorrhage (APH/PPH) Yes/No

Shoulder dystocia Yes/No

Vaginal breech delivery Yes/No

* 1. Do trainees have sufficient exposure to all relevant aspects of Ob/Gyn practice during their training in this department?

If no, please describe: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* 1. Please provide the number of major surgical procedures (e.g. hysterectomies, laparoscopies) you have performed during your training so far:
		1. as a first assistant :
		2. as a surgeon :
	2. Please provide the number of vaginal instrumental deliveries (vacuum, forceps) you have performed during your training so far:
1. **Courses etc. for trainees**
	1. Do trainees participate regularly in seminars and conferences in the department, e.g. clinico-pathological meetings, perinatal meeting, journal clubs etc.? ………….

If **yes**, please list: ……………………………………………………………………………………………………………………………………………………………………………………

* 1. Do trainees attend seminars, conferences etc. at regional or (inter)national level? ……………………………………………………………………………..

If **yes**, please list: …………………………………………………………………………………………………………………………………………………………………………………….

* 1. Is attendance of trainees at courses and national/international seminars/conferences financed by the department? ……………………………….
1. **Patient Safety**

Does the Department provide a teaching programme for trainees about patient safety measures? ……………… Yes/No

If **Yes**, please list:

Obstetric drills Yes/No

CTG training Yes/No

Clinical governance Yes/No

Maternal mortality Yes/No

Infection control Yes/No

Other Yes/No

1. **Assessment of the trainee’s progress**
	1. Is there a regular, scheduled assessment of the trainee’s progress? Yes/No

If **yes**: describe:

* 1. Do trainees have an (bi) annual formal progress assessment? Yes/No

If **yes**, who is the principal assessor (Head of Department/Tutor) ?

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* 1. Which training components are assessed: clinical skills – Yes/No; theoretical knowledge – Yes/No; attitudes towards patients/ auxillary staff/ colleagues – Yes/No
	2. Are additional training moments offered when deficiencies in a trainee’s performance are identified? ……………………………………………………..
	3. How is the assessment of the trainee’s progress organised? …………………………………………………………………………………………………………………………………………………………………………………..
1. **Research and audit:**

**Are you involved in research activities ? Yes/No**

If yes, please describe:

**……………………………………………………………………………………………………………………………………………………………………………………………**

**Describe the departmental programme for supporting clinical audit activity led by trainees:** …………………………………………………………………………………………………………………………………………………………………………………………………….

Are you involved in clinical audit? Yes/No

If **yes**, please provide a list of completed clinical audits: ……………………………………………………………………………………………………………………………………………………………………………………………………..

1. **Recommendations from the previous visit (date):**

**The following recommendations were made at the last EBCOG Audit to your department:**

**Are you satisfied with the way your department has addressed the issues identified in the above?**

 **Please respond to the individual recommendations in a numerical fashion and describe (if possible) how the recommendations were addressed:**

1. **Please, rate the following components of your training according to the following scale:
1 – poor, 2 – fair, 3 – sufficient, 4 – good, 5 – excellent.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Point in the report** |  | **Not present** | **1** | **2** | **3** | **4** | **5** |
| 3 | General working conditions |  |  |  |  |  |  |
| 3 | Simulation training facilities |  |  |  |  |  |  |
| 3 | Supervised simulation training |  |  |  |  |  |  |
| 4 | Organization of the clinical rotations |  |  |  |  |  |  |
|  | Adherence to the national training curriculum  |  |  |  |  |  |  |
| 4 | Tutorship |  |  |  |  |  |  |
| 4.5 | Different forms of teaching (structured lectures, case histories, presentations) |  |  |  |  |  |  |
| 5 | Exposure to all relevant aspects of Ob/Gyn |  |  |  |  |  |  |
| 5 | Access to surgery, surgical training |  |  |  |  |  |  |
| 5.1 | Access to the facilities listed in point 5.1 |  |  |  |  |  |  |
| 5.2 | Multidisciplinary skills drills training |  |  |  |  |  |  |
| 8 | Assessment of the trainee progress |  |  |  |  |  |  |
| 9 | Research opportunities |  |  |  |  |  |  |
|  | **Overall experience** |  |  |  |  |  |  |

1. **What are the three best aspects of your posts?**

a)

b)

c)

1. **What are the three most important aspects of your training that need improvement? What changes you would like to see introduced?**

a)

b)

c)

1. **Miscellaneous. Please comment on any other aspects of training in your department:**

**Date:**

**Signature:**