Training Abroad in Obstetrics and Gynaecology Report.

My name is Elaine Camilleri and I am in my third year of training in Obstetrics and Gynaecology in Malta. First and foremost I would like to thank ENTOG-EBCOG for the opportunity to participate in this fellowship. I spent my three months at the **Coombe Hospital in Dublin Ireland**. In these three months I have been able to do so many things and got the opportunity to learn new skills and meet different professionals.

I am very grateful to be given this opportunity to help me achieve some of my career targets. Would highly recommend any trainee to apply for such fellowship as it is a transformative experience, both professionally and personally. Thank you again!

Hospital:

The Coombe Hospital in Dublin stands as one of the foremost institutions in the Republic of Ireland dedicated to the provision of women and infant healthcare. Annually, it serves as the birthing centre for over 8,000 mothers.

Duration of training: 3 months

Delivery Suite Sessions

The Delivery Suite at The Coombe Hospital also contains 13 rooms, two of which are s High dependency Unit (HDU). The HDU caters for both obstetric and gynaecological patients.

New skills I am learning:

- Labour ward Prioritisation Skills
- High risk and complex LSCS
- Foetal Blood Sampling
- Forceps and Kiwi Instrumental Delivery
- Vaginal Twin Delivery
- Management of Patients in High Dependency Unit

Emergency Assessment Unit

The Emergency Assessment Unit caters for all obstetric (at all gestations) and gynaecological emergencies. Working at this unit, I am improving my skills in diagnosing and managing these emergencies, communicating with colleagues and scanning.

Antenatal and Gynaecology Outpatient Clinic

I have had the opportunity to review a lot of patients coming in for their antenatal booking visit and follow-up appointments. This has helped me improve my risk assessment and management skills in pregnancy. An ultrasound machine is found in every clinic room and therefore this gives me the opportunity to scan all patients. I have also attended two sessions of antenatal clinic in Naas Private Clinic.

The gynaecology outpatients' clinic gives me the opportunity to assess and manage common gynae issues such as HMB, dysmenorrhea, IMB, PCB, dyspareunia, PMB and chronic pelvic pain. I also

attend urogynaeology clinic and gynae-oncology follow-up clinics. All these clinics are dictated and sent to GP ensuring continuity of care and moreover ensures my documentation is up to standard.

Specialised Clinics

So far, I have been assigned to the following specialised clinics. Apart from the clinics mentioned in my previous report, in these past 3 months I had the opportunity to work in these clinics for the first time;

Obstetric specialised clinics:

- Diabetes Clinic I have been assigned to this clinic twice. This is a specialised clinic for women with medical issues are now pregnant. Conditions dealt with included heart murmurs, atrial fibrillation, Chron's disease, previous provoked PEs and idiopathic intracranial hypertension.
- HyCoSy and infertility clinic in this clinic women are referred from the infertility clinic for HyCoSy. After taking a history, reviewing bloods and semen analysis results, this test is performed and further management planned depending on the HyCoSy result. I have been assigned to this clinic three times and did 2 HyCoSy's so far
- The Epilepsy Clinic I have been assigned to this clinic once. In this clinic women who are epileptic and on treatment are seen. A specialised epilepsy nurse is also present to follow-up antiepileptic drug dosage and consults with neurologists in St. James' Hospital.

Gynaecology specialised clinics

- Colposcopy Clinic: I have been assigned to this clinic three times. Conditions I dealt with included follow up post abnormal smears, follow-up post cancer surgery.
- Urogynaecology Clinic: I have been assigned to this clinic eight times. This clinic deals with urinary incontinence and pelvic organ prolapse. I have learnt a lot in this clinic particularly proper history taking, POP-Q examination for pelvic organ prolapse and the management options (surgical and medical). Different types of pessaries are used here. I have seen cystoscopies, Botox administration and Urethral bulking agents administration being done.
- Leaf Clinic (Recurrent Miscarriage clinic and Second Trimester losses): I have been attended to this clinic once. In this clinic, patients with two or more recurrent early miscarriages or one second trimester miscarriage are managed.
- Endometriosis Clinic: I have been assigned to this clinic once. Management of patients with endometriosis or chronic pelvic pain.
- Adolescent Clinic: I have been assigned once to this clinic. Young women are referred to this clinic. Common complains would be dysmenorrhea and amenorrhoea.

Operating Theatre

There are three theatres running at the same time. Sometimes 4th theatre in DS will be running as well. I am usually assigned to one of the three theatres. Each theatre list routinely has one ERPC, around four Elective C-sections and this is then followed by benign gynaecological procedures (both minor and major procedures) as well as urogynaecology lists.

Teaching

Monday: Weekly Teaching Session by Consultant from different specialities. Various obstetric and gynaecology topics are discussed.

Tuesday: Weekly CTG Meeting during which one or two CTGs are presented and the management of the patients is discussed.

Wednesday: Weekly Perinatal Meeting. Weekly delivery suite statistics by Robson Group are presented during this meeting. Moreover, cases of perinatal bad outcome from the previous week are also discussed.

Thursday:

- Monthly Perinatal Morbidity and Mortality Meeting during which results of investigations done post- intrauterine deaths, stillbirths or cases of neonatal hypoxic ischaemic encephalopathy are presented and discussed.
- Labour ward teaching sessions: Skills are practiced on mannequins. Sessions so far: Performing fetal blood sampling, vaginal examinations, assessment of caput, moulding and station, performing an ARM.

Friday:

- Weekly Journal Club were we discuss new trials, interesting studies or topics of importance.
- Weekly Handover Meeting at 13:30 during which registrars of each team handover to the weekend team on-call regarding any concerning inpatients. .