

**- QUESTIONNAIRE FOR FELLOWS -
SUBSPECIALIST TRAINING CENTRES IN
MATERNAL-FETAL AND PERINATAL MEDICINE**

1. GENERAL INFORMATION

Department

Hospital name and address

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Country

2. TUTORING AND ASSESSMENT OF PROGRESS

(Tutors are senior staff members supervising training of individual or groups of fellows)

Is there a designated doctor responsible for coordinating the fellowship? **YES / NO**

Do fellows have personal tutorship during training? **YES / NO**

Is there dedicated time officially scheduled for tutoring? **YES / NO**

Is there a written syllabus for fellows? **YES / NO** (If yes, please enclose)

Is there a log book for fellows? **YES / NO** (If yes, please enclose)

Is there regular review of progress? **YES / NO** (please specify how often)

Is there regular formal assessment? **YES / NO** (please specify how often)

If **YES**, how is it carried out and who is the principal assessor?

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Which training components are assessed?

Theoretical knowledge **YES / NO** (please specify how often)

Clinical skills **YES / NO** (please specify how often)

Attitudes towards patients/staff **YES / NO** (please specify how often)

Is additional training offered when deficiencies are identified? **YES / NO**

Please specify

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3. FORMAL COURSES OR SEMINARS

Does the department/hospital organise formal courses or seminars on the following?

- Maternal physiology and endocrinology **YES NO** (please specify duration)
- Fetal and placental physiology **YES NO** (please specify duration)
- Pharmacology and teratology **YES NO** (please specify duration)
- Medical complications of pregnancy **YES NO** (please specify duration)
- Infectious diseases in pregnancy **YES NO** (please specify duration)
- Surgical complications of pregnancy **YES NO** (please specify duration)
- Ultrasound and invasive procedures **YES NO** (please specify duration)
- Genetics **YES NO** (please specify duration)
- Intrapartum management **YES NO** (please specify duration)
- Obstetric emergencies **YES NO** (please specify duration)
- Anaesthesia and intensive care **YES NO** (please specify duration)
- Newborn resuscitation **YES NO** (please specify duration)
- Neonatal intensive care **YES NO** (please specify duration)
- Bereavement counselling **YES NO** (please specify duration)
- Placental histology and autopsy **YES NO** (please specify duration)
- Legal and ethical issues **YES NO** (please specify duration)
- Epidemiology and statistics **YES NO** (please specify duration)
- Research and audit **YES NO** (please specify duration)

If these courses or seminars are not available in the department/ hospital, are fellows able to attend them in other centres? **YES NO SOMETIMES**

Please specify.....

4. OBLIGATORY PRACTICAL TRAINING

Is there obligatory practical training on the following?

Medical and surgical complications of pregnancy **YES NO**

If **YES**, where is it carried out and what is the duration.....

Ultrasound and invasive procedures **YES NO**

If **YES**, where is it carried out and what is the duration.....

Genetics **YES NO**

If **YES**, where is it carried out and what is the duration.....

Intrapartum care **YES NO**

If **YES**, where is it carried out and what is the duration.....

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Perinatal pathology **YES NO**

If **YES**, where is it carried out and what is the duration.....

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Anaesthesia and intensive care **YES NO**

If **YES**, where is it carried out and what is the duration.....

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Neonatology **YES NO**

If **YES**, where is it carried out and what is the duration.....

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Administration and management (organisation of care, duty rotations, laws) **YES NO**

If **YES**, where is it carried out and what is the duration.....

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How often do fellows participate in on-call duties?

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5. RESEARCH

Are you involved in research? **YES NO**

Are you a formal PhD student? **YES NO**

Please list your areas of research:.....

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How many Medline-indexed papers have you **published** in the last 3 years?

How many congresses organised by International Scientific Societies have you **attended** in the last 3 years?

How many **oral communications** have you presented in congresses organised by International Scientific Societies in the last 3 years?

How many **posters** have you presented in congresses organised by International Scientific Societies in the last 3 years?

How much weekly working time do you have allotted for learning?

Is this similar to the other Fellows? **YES / NO**

How much weekly working time do you have allotted for research?

Is this similar to the other Fellows? **YES / NO**

How many annual days do Fellows have for attending courses or congresses?

Does the hospital/department subsidise attendance of courses?

Registration fees? **YES / NO** Travel? **YES / NO** Accommodation? **YES / NO**

Does the hospital/department subsidise attendance of congresses? **YES / NO**

Registration fees? **YES / NO** Travel? **YES / NO** Accommodation? **YES / NO**

Comments

7. GENERAL WORKING CONDITIONS

Does the Department have the following?

Lecture rooms **YES / NO** (capacity)

Staff meeting rooms **YES / NO** capacity)

Dedicated Fellows' working room **SHARED / INDIVIDUAL**

Desk for Fellow? **SHARED / INDIVIDUAL**

Computer for Fellow? **SHARED / INDIVIDUAL**

Access to scientific journals in computer? **YES / NO**

Access to electronic patient records in computer? **YES / NO**

Does the Hospital have the following?

Scientific library with professional librarian? **YES / NO** (capacity)

Access to medical journals? **YES / NO**

NEJM **YES / NO**

Lancet **YES / NO**

BMJ **YES / NO**

JAMA **YES / NO**

Obstet Gynecol **YES / NO**

AJOG **YES / NO**

BJOG **YES / NO**

AOGS **YES / NO**

EJGORB **YES / NO**

8. OVERALL REQUIREMENTS FOR TRAINING

Does the centre have all the necessary requirements for training **YES / NO**

What additional requirements do you feel that would be helpful?

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Are there components of training available outside your main hospital **YES NO**

If **YES**, please specify

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What are the three best aspects of your centre for Fellows?

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What are the three most important changes you would like to see introduced?

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Comments (please comment on any other aspects of training in your centre)

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Name (Please print)

Number of years of fellowship training

Date - -

Signature.....