

**- QUESTIONNAIRE FOR HEADS OF CENTRE -  
SUBSPECIALIST TRAINING CENTRES IN  
MATERNAL-FETAL AND PERINATAL MEDICINE**

**1. GENERAL INFORMATION**

Department .....

Hospital name and address .....

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Country .....

Centre with undergraduate medical training **YES NO**

EBCOG accreditation for general ObGYN training until .....

Population of the area served by the hospital .....

Total annual births ..... Average number of births in last three years .....

Annual number of outpatient visits ..... in-patient episodes

Annual number of obstetric ultrasound scans .....

Annual number of amniocentesis ..... chorionic villus sampling .....

Annual number cordocentesis ..... intrauterine transfusions .....

Annual number of newborns: < 1500 g ..... < 1000 g .....

Annual number of multiple pregnancies .....

Annual number of pre-eclampsias ..... fetal growth-restrictions .....

Annual number of insulin-dependent diabetes mellitus .....

Annual number of caesarean sections ..... cesarean section rate .....%

Annual number of peripartum hysterectomies .....

Number of annual forceps ..... vacuums ..... vaginal breeches .....

Remarks:.....

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**2. NATIONAL TRAINING PROGRAMME**

Is there a national training programme? **YES NO** (If yes, please send a copy)

**3. NUMBERS OF MEDICAL STAFF (DOCTORS)**

Subspecialists in Maternal-Fetal and Perinatal Medicine .....

Fellows in Maternal-Fetal and Perinatal Medicine .....

Specialists in Obstetrics and Gynecology .....

Trainees in Obstetrics and Gynecology .....

Others ..... Please specify .....

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**4. TUTORING AND ASSESSMENT OF PROGRESS**

*(Tutors are senior staff members supervising training of individuals/groups of fellows)*

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

If **YES**, please indicate name and position .....

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Do fellows have personal tutors during training? **YES NO**

Are there written instructions for tutors? **YES NO** (If yes, please enclose)

Is there a training programme for tutors? **YES NO** (If yes, please enclose)

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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**5. 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.....  
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**6. 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.....  
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Ultrasound and invasive procedures **YES NO**

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

Number of staff in the department with **PhDs**? .....

Number of staff in the department who are **formal PhD students**? .....

Number of fellows who are **formal PhD students**? .....

Number of Medline-indexed **papers** in last 3 years authored by staff members? .....

(please enclose list)

Number of Medline-indexed **papers** in last 3 years authored by fellows? .....

Number of **oral communications** at congresses of international scientific societies in last 3 years presented by fellows? ..... (please enclose list)

Number of **posters** at congresses of international scientific societies in last 3 years presented by fellows? ..... (please enclose list)

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 .....

List of fellows and their areas of research:

Name:.....

Areas of research: .....

Name:.....

Areas of research: .....

Name:.....

Areas of research: .....

How much weekly working time is allotted for Fellows' learning? .....

How much weekly working time is allotted for Fellows' research? .....

## 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**

## 9. 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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**Director/Chairman/Head of Centre** (please encircle appropriate one)

**Name** (Please print) .....

**Date** .... - .... - .....

**Signature**.....