MCAI Maternal & Childhealth Advocacy International

Improving maternal & child healthcare worldwide

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NAME OF OBSTETRIC CLINICIAN TRAINEE INTERN: **D5**
PLACEMENTS SO FAR: ……Martha Tubman and Fish Town Hospital HOSPITAL…Fish Town Hospital ……

NAME OF SUPERVISOR Dr MM
…… DATE… August 27th 2018……

1. In the box below please provide your assessment of his/her performance in leading the clinical management of a patient with a life threatening massive obstetric haemorrhage, including areas which have been done well and areas that need further improvement.

Though quiet but he is able to mobilize his colleagues especially when it comes to Obstetric emergency such as the one stated above. During my time of supervision, I found
My OB Clinician very calm and in control of the situation. He is always in command. He distributes task and allow each one to carry his / her function effectively. He is appreciative of his staff/ colleague/s efforts
His orders are always in place. He has been able to assess and identified nd stop life threatening hemorrhage effectively as a team leader.
I think it is the system that needs to improve to meet with advance training our OB Clinician are go through.

2. In the box below please provide your assessment of his/her performance in leading the clinical management of a patient with severe pre-eclampsia or eclampsia, including areas which have been done well and areas that need further improvement.

The OB Clinician has been able to manage several cases of pre-eclampsia and eclampsia very effectively infact as a team leader he was able to Organized the OB ward so much so that most of the items used in the OB ward during emergency are arranged so that are easily found.
He has been able to solicit good obstetric history and identified pre-eclampsia and eclampsia and manage it effectively while watching out for all 0f the complication of eclampsia and side effects of the Drugs use in the treatment of eclampsia.

3. In the box below please provide your assessment of his/her performance in deciding whether a patient needs a caesarean section, including areas which have been done well and areas that need further improvement.

The decision to carry someone for a caesarean section is usually the last option and he has been doing exactly just that though there are some conditions for which caesarean
Is absolutely indicated but the advance assessment by the clinician has help prevented a couple of caeserean thereby deferring long hospital stay and economic cost
He has been very effective and accurate in his decision and has help us prevented maternal death.
Again, I thank it is the system that need Improved to meet up with knowledge of our OB Clinician/

4. In the box below please provide your assessment of his/her safety in undertaking a caesarean section independently in an emergency when a doctor is not directly available, including areas which have been done well and areas that need further improvement.

1. Where the CS is likely to be uncomplicated, From the last day he was allowed to take the scalpel under my watchful eyes, he performed so excellently and confidently that I was amazed at his scales. He has been given the theater to perform surgery even when I am not in the county This means he can independently perform a caesarean section even under extreme emergency.

2. Where the CS is likely to be complicated (for examples following previous CS, with complete placenta previa), yes, He has been able to handle such a case. The only problem has been making available some important items such as blood. Especially in the case of placenta previa or difficult caesarean. Generally, Yes, he has been swift in handling such cases independently and correctly.

5. In the box below please provide your assessment of his/her safety in undertaking a vacuum delivery independently in an emergency when a doctor is not directly available, including areas which have been done well and areas that need further improvement.

Vacuum deliveries and other minor procedures are usually carried out routinely with confidence and accuracy. Vacuum extraction has help us prevent unnecessary scars on our patients and even saved much needed anesthetic drugs etc. Though Vacuum is carried use in cases where the fetus is already in the vulva and the mother is somehow exhausted and unable to push and or the fetus is in distress etc. It is also used in the case of dead large fetuses He has actually been excellent at his practice.

6. In the box below please provide your assessment of his/her safety in undertaking independently in an emergency when a doctor is not directly available 1. a vaginal breech delivery, 2. Managing a miscarriage complicated by heavy bleeding 3. Managing a shoulder dystocia 4. Managing a retained placenta. As before, please include areas which have been done well and areas that need further improvement.

1. Breech delivery the clinician has been able to carry out correctly several breech deliveries. He knows exactly when and how to carry out each of the procedures manoeuvred like the Lovset manoeuver used to deliver the hands and shoulders of a breech baby and the mauriceau smellie veit manoeuvre to deliver the head of the breech baby. Although the kind are hard to see, but they came, and we were fortunate to have seen some.

2. Miscarriage/abortion with heavy bleeding the Clinician has been able to diagnose correctly and managed abortion and its complications very well. He knows when to use tocolytic drugs and how to it. Has good skills in history taking and physical examinations.

3. Shoulder dystocia The Clinician has knowledge to deliver Shoulder Dystocia, but I have not observed him do it. My comment is from the back drop of our ward round discussions which carry out every Mondays, Wednesday and Fridays

7. In the box below please provide your assessment of his/her safety in diagnosing and managing a ruptured ectopic pregnancy in an emergency when a doctor is not directly available, including areas which have been done well and areas that need further improvement.

He has been able to safely diagnose Ectopic pregnancy from the obstetric history and physical examinations and other procedures and maneuvers such as culdocentesis and or fine needle aspiration in the left and right liac fossa and the used of ultra sound machine which is available at the Hospital. Again, the system needs to improve (meaning the institutions managing the health systems.)

8. In the box below please provide your assessment of his/her ability to lead the management of a hospital maternity unit, including areas which have been done well and areas that need further improvement.

The Clinician is a good team leader and a team player. He was able to reorganized the entire MCH and OB ward where in most of the frequently used drugs and other items are placed in accessible areas known to everyone. As a team leader he has been able to mobilize his team to work in unison even though each of them was assigned a specific task. As a team member he was able to work with others without discord.
As a leader he appreciates the efforts of all of his team members and he is cheerful.

9. In the box below please provide your assessment of his/her relationships with patients who are experiencing a complication of pregnancy, including areas which have been done well and areas that need further improvement.

The clinician was in good relationship with his patients in fact he was always in the defence of his patients when there were attempts to chastise them when they fail to come on their appointment dates. Moreover, he was very sympathetic to his patients especially in the case of those experiencing complications He was very persuasive and gentle in dealing with his patients

10. In the box below please provide your assessment of his/her understanding of the importance of the well-being of the unborn baby.

The concern of the Clinician during my time with him was to always save the life of the unborn baby while at the same time caring for the mother. He always said we do not know what this unborn baby will do for us tomorrow we have to try our best to get him/her out.

11. In the box below please provide your assessment of his/her safety in undertaking an emergency hysterectomy independently in the rare but real situation where a doctor capable of undertaking such surgery is not directly available.

The clinician has a broad knowledge of hysterectomy and is capable of performing one in a rare situation but need a Doctor nearby for a backup in case of unexpected events. There is a need for this topic to be a part of the training.

12. In the box below please suggest procedures or clinical situations (such as the management of shock) where he/she needs further training before becoming safely qualified as an obstetric clinician.

I would suggest that the training include specific procedure such as hysterectomy (subtotal or total) and the management of shock severe sepsis and postpartum cardio- myopathies
I think in my mind the topics will help make our OB Clinician rounded in their clinical practice.

13. A further 6 months' apprenticeship based training is currently planned before he/she sits the final written examination on advanced obstetrics, which will be set and invigilated by the LMDC. At this stage of the internship, do you have any suggestions of what further measures might be necessary to ensure that he/she is safe to practice advanced obstetrics in a rural public hospital in 6 months' time?

Not really except that all efforts should be made to ensure that all of the health facilities /institution to which OB Clinician will be assigned be equipped with all of the necessary materials and supplies to enhance their performance / work.
I really like to appeal to the sponsors of this program to continue this good endeavor because there is a need for these kind of middle level skill clinician to be in areas where doctor are unlikely to always be available to be able to reduce the already souring maternal mortality and morbidity. To our regulatory authorities I like to appealed for this training program to continue for obvious reasons there will always be the shortage of doctors in the rural areas of Liberia where there are no basic social services such as good roads , network and school If we have one doctor in those kinds of areas he/she will be overwhelmed therefore may need some assistance from such clinician when they are around.