**TAGGING**

**O&G HOUSE OFFICER’S LOG BOOK**

**Department of O&G,**

**HOSPITAL ………………………**

# **PREFACE**

Welcome to the O&G department! This log book is created to help you through your tagging period and prepare you to function effectively and safely as a House Officer in the department.

This log book contains information that you will need to get through your tagging period and It also contains various checklists which include a list of basic procedures that you need to complete during your tagging period.

Good luck!

(name)…………………………………….

Head of Department

Department of Obstetrics & Gynaecology

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**1. INTRODUCTION**

* On day 1 of your posting, kindly report to the HOD and the specialist/MO in charge of House Officers
* During your O&G posting, a specialist will be assigned to you as your mentor. Introduce yourself to him/her.
* Your tagging period is for 14 days. You will be assessed by a specialist/MO towards the end of your tagging period for competency to perform your duties. Should you fail this assessment, your tagging period will be extended on weekly basis until you are deemed able to perform your duties & responsibilities safely.
* You are required to complete the checklist and to perform several basic procedures during your tagging period.
* All procedures performed by House Officers should be supervised, graded and signed by a specialist/MO

**2. OBJECTIVES OF TAGGING PERIOD**

* To provide orientation to the various aspects of O&G services
* To prepare you to be able to perform your duties and responsibilities safely
* To acquire essential knowledge to be able to perform clinical duties and procedures;
	+ 1. Able to clerk cases and perform clinical examination adequately
		2. Able to Interpret CTG and diagnose abnormal traces
		3. Able to interpret and plot partograph
		4. Able to prepare IV / IM medications safely with supervision
		5. Able to take blood and set IV lines safely
		6. Knows when to refer cases
		7. Able to identify and respond appropriately to O&G emergencies
		8. To acquire basic knowledge and confidence in managing common O&G cases
* To be familiar and abide by clinical and administrative SOPs
* Inculcate the spirit of teamwork and good working relationship

**3. TAGGING DURATION & SCHEDULE**

1. **Duration of tagging**

|  |  |
| --- | --- |
| **DURATION** | **DETAILS** |
| 14 days | For all new House Officers |
| 7 days (extension) | For those that require a longer tagging period will be extended weekly. Reassessment should ideally be performed by a different assessor.  |

1. **Tagging schedule**

|  |  |
| --- | --- |
| **TAGGING** | **TIME** |
| Day | \_\_\_\_\_ am to \_\_\_\_ pm (12 hours) |
| Night | \_\_\_\_\_ pm to \_\_\_\_ pm (12 hours) |

1. 1 day off per week
2. 12 hours x 6 days = 72 hours / week
3. **ORIENTATION CHECKLIST:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Date** | **Supervisor** | **Signature** |
| 1. | PAC |  |  |  |
| 2. | Labour Ward |  |  |  |
| 3. | Maternity ward |  |  |  |
| 4. | Gynaecology ward |  |  |  |
| 5. | Main OT |  |  |  |
| 6. | Specialist clinic |  |  |  |
| 7. | Orientation by specialist/ MO in charge of HO |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |

1. **TUTORIAL CHECKLIST:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Particulars** | **Date** | **Supervisor** | **Signature** |
| 1. | Clerking & examination |  |  |  |
| 2. | CTG |  |  |  |
| 3. | Labour & partograph |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

Kindly add additional orientations or tutorials that you have attended during your tagging period

1. **LOGGED WORK:**

You are required to perform under supervision and complete the following compulsory list of procedures. If you are competent in performing it then a supervisor can validate that in the space provided.

* + 1. **CLERKING CASES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Date** | **Patient ID** | **Diagnosis** | **Assessor** |
| 1 |  |  | Latent phase  |  |
| 2 |  |  | Latent phase  |  |
| 3 |  |  | Latent phase |  |
| 4 |  |  | APH |  |
| 5 |  |  | APH |  |
| 6 |  |  | APH |  |
| 7 |  |  | Prev scar  |  |
| 8 |  |  | Prev scar  |  |
| 9 |  |  | PROM |  |
| 10 |  |  | PROM |  |
| 11 |  |  | PPROM |  |
| 12 |  |  | PPROM |  |
| 13 |  |  | Reduced FM |  |
| 14 |  |  | Reduced FM |  |
| 15 |  |  | GDM |  |
| 16 |  |  | GDM |  |
| 17 |  |  | GDM |  |
| 18 |  |  | PIH/PE |  |
| 19 |  |  | PIH/PE |  |
| 20 |  |  | PIH/PE |  |
| **Competent / Not competent clerking O&G cases\*:** |  |

\* circle relevant option

**b) SPECULUM EXAMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Competent / Not competent\***  |  |

\* circle relevant option

**c) AMNIOTOMY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

**d) VAGINAL DELIVERIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

**e)** **PERINEAL REPAIRS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

**f) CTG INTERPRETATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

**g) ASSISTING INSTRUMENTAL DELIVERIES (1) AND CAESAREAN SECTIONS (2)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Date** | **ID** | **Diagnosis** | **Supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

**6. PREPARING MEDICATIONS (IV PITOCIN/ IV LABETOLOL/ MGS04 etc)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Date** | **Patient ID** | **Diagnosis** | **Medication prepared** | **Supervised by** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| **Competent / Not competent\*** |  |

\* circle relevant option

* A House officer need to achieve competency in each of the listed assignment or procedure.
* If the House Officer is not competent even after completing the specific number of cases for each procedure then the officer need to perform more until competency is achieved.
* Once competency has been achieved, the officer does not have to continue logging his work for the specific procedure.
1. **TIPS ON WORK CULTURE**

Developing a professional attitude will ensure an enjoyable working & learning environment. This include being punctual and performing your clinical duties safely and responsibly. This includes attending all the planned CME activities. Beside this, here are some tips:

With your superiors;

* Listen to your seniors, observe the way they manage patients. Do not hesitate to ask for an explanation when you are in doubt, or help when you are in trouble.

With your colleagues;

* A lot of give and take is required. The relation with your colleagues should not be a clear demarcation of duty but a mutual cooperation in every aspect to ensure that your duties are carried out smoothly.

With nursing staffs;

* Sisters and senior nursing staff can educate you in many ways, while junior staff can benefit from your knowledge and experience. You should attempt to establish a pleasant working relation while ensuring that work is done.

With your patients;

* Always behave professionally in the presence of your patients. At all times be polite when attending to your patients. Avoid giving contradictory opinions and advice which you may not be knowledgeable in. If unsure, please refer the patients to your supervisors.

**8. ASSESSMENT**

An assessment will be carried out towards the end of your tagging period. This will be carried out by an assigned senior MO or a specialist.

Your assigned assessor will look at this booklet to review the completion of the various components of the logged work and assess the officer’s competency to clerk cases and perform basic procedures. The officer may be asked simple clinical questions relating common clinical scenarios.

Successful officers will join the common House Officer’s rota. Officers who are deemed not ready, will have their tagging period extended by another 7 days before being assessed again by a specialist.

Further extensions may be required until competency is achieved.

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Comments** | **Result** | **Assessor** |
| 1st |  | Pass / Fail |  |
| 2nd |  | Pass / Fail |  |
| 3rd |  | Pass / Fail |  |