**RESIDENCY MANUAL**

**January 2018**

**Postgraduate Residency Program**

**Department of Obstetrics & Gynaecology**

**The Aga Khan University – East Africa**

***Introduction:***

Welcome to the Residency Program in Obstetrics & Gynaecology. This is a competency based program that offers Training & Education over a 4 year period. The overall goals of our program are to make you competent so as to function at the level of international standards with an in-depth knowledge of local problems; to develop research capability and undertake research work as well as participate in continuous medical education. It is expected that you will develop skills that will enable you provide leadership and direction on mobilization of resources for effective delivery of quality services in reproductive health.

In keeping with the University’s commitment to excellence in education and health service, the program will be based on the established and evolving scientific basis of reproductive health with an incorporation of bio-medical, clinical and social sciences.

The program lays emphasis on self-directed learning which is beneficial for the acquisition of skills for life long learning as well as a critical approach to ever-evolving medical knowledge. In a world of rapidly changing and expanding knowledge, it is our goal to equip you with the skills that will enable you make sense of emerging information. You will receive support and guidance from faculty that will enable you transform this goal into practice.

You have responsibility for patient care during your period of training and our Residents are the face of the organization in general and the Department and Faculty in particular. Feedback from patients indicates that they appreciate the contribution of the Residents to their care and I expect you to maintain our high reputation. You should also be active in helping patients to navigate the sometimes complex processes of care within our service and be their advocate.

The Aga Khan University Hospital has been accredited by the Joint Commission International (JCIA). Please familiarize yourself with the expected standards and I shall especially appreciate close attention to such matters as signing, dating and stamping of entries in the clinical notes and adherence to the JCIA care standards.

**Dr Johnstone Miheso MRCOG (UK)**

**PD, Department of Obstetrics & Gynaecology**

**Acknowledgements**

This document was originally developed by Dr Alfred Murage (Program Director 2010-12) in collaboration with Aga Khan University faculty based in Karachi.

**Obstetrics & Gynaecology Faculty Members**

* Prof Marleen Temmerman, Chair
* Dr Timona Obura, Assistant Professor, Vice Chair Clinical
* Dr Patricia Muthaura, Assistant Professor (Program Director and Section head, Gynaecology)
* Dr Johnstone Miheso, Assistant Professor
* Dr Wangira Musana, Assistant Professor (Section head, Obstetrics)
* Dr Abraham Mukaindo, Senior Instructor
* Dr Sikolia Wanyonyi, Senior Instructor
* Dr Khadija Warfa, Senior Instructor
* Dr Evan Sequeira, Part Time Senior Lecturer
* Dr Praful S. Patel, Part Time Senior Lecturer
* Dr Maria Carvalho, Part Time Lecturer
* Dr Julius Kiiru, Honorary Lecturer
* Dr Yamal Patel, Honorary Lecturer
* Professor Valentino Lema, Honorary Faculty

**Instructors in Obstetrics & Gynaecology**

* Dr Ingrid Gichere
* Dr Steven Mutiso
* Dr Felix Oindi

**Obstetrics & Gynaecology Residents**

Year IV

* Dr Joan Okemo
* Dr. Stella Njenga

Year III

* Dr Lawrence Sikuku
* Dr Edgar Gulavi
* Dr Herbert Ozelle

Year II

* Dr. Zoya Lalani
* Dr. Elizabeth Ochola
* Dr. Michael Muthoka
* Dr. Maheshwari Andhavarapu

Year I

* Dr. Jackson Njuguna
* Dr. Dorothy Makena
* Dr. Esther Nafula Simiyu
* Dr. Doreen Moraa Osoro

Interns: TBC

**Objectives of Training**

The residency program in Obstetrics & Gynaecology at The Aga Khan University Hospital aims to educate graduands who are competent Obstetricians and Gynaecologists capable of providing comprehensive, co-ordinated care to patients, families and the community. As well as providing clinical care and education in normal and complicated circumstances in obstetrics & gynecology, the AKU graduate will understand and apply the principles of research and may contribute significantly to original enquiry.

***Educational Objectives***

Two levels of knowledge and proficiency are referred to in this document. A ***working level*** indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique. An ***extensive level*** refers to an in-depth understanding of an area, from basic science to clinical application, and possession of skills to manage independently a problem in the area. The following objectives must be achieved by the completion of residency training.

***General Objectives***

***Consultancy Competence:***

At the completion of training, the resident shall be able to demonstrate in-depth knowledge on established and evolving scientific basis of reproductive health. He/she must apply acquired knowledge in the management of reproductive health problems.

***Communication:***

The resident must demonstrate interpersonal communication skills for effective information exchange with patients, families, the wider community and professional associates.

***Manual/ craft skills:***

The resident must demonstrate competence in clinical and surgical procedures based on knowledge of correct instrumentation and selection of surgical materials, application of correct techniques for minimizing complications and prevention of sepsis, fluency of knot tying and effective control of bleeding points. Application of these skills must be demonstrated in the team setting with effective communication with and direction of assistants.

***Health Economics:***

The resident must have a working knowledge of the economic aspects of health care. He/she will understand that interventions should be limited to situations where benefit can be reasonably expected, based on best available evidence. The residents must have the ability to assess the efficacy, costs, risks, benefits and reliability of diagnostic, investigative and therapeutic interventions.

***Teaching:***

The resident will demonstrate ability to impart acquired knowledge, skills and attitudes to medical associates, students, other health care professionals and the community in management of reproductive health problems and issues.

***Violence against Women:***

The resident will learn to identify the characteristics of women at risk and demonstrate an ability to initiate appropriate care and referral.

***Behaviours/Values:***

The residents will demonstrate ethical, empathetic and professional behavior, showing an awareness of personal limitations and seeking consultation appropriately. He/she must demonstrate leadership when appropriate, as well as the ability to work collaboratively with other members of the health care team.

***Fear, Anxiety and Pain*:**

The residents must have an understanding of the impact of fear and anxiety on pain, patient satisfaction and treatment outcome. He/she must have a working knowledge of pharmacologic and non-pharmacologic methods of acute and chronic pain relief and their associated risks and benefits. The application of this knowledge must be demonstrated in clinical settings relevant to the speciality such as the provision of pain relief in labour and effective prevention and control of postoperative pain.

***Critical Appraisal:***

The resident must have an understanding of the basic biostatistical and clinical epidemiological principles necessary for critical evaluation of the medical literature, especially the aspects of causation, prevention, diagnosis, prognosis and therapy.

***Research:***

The resident shall undertake relevant medical research and audit, utilizing appropriate study designs and statistical methods to generate knowledge that has the potential to improve patient care.

***Quality Improvement:***

The resident must understand the value and application of various approaches to Quality Improvement, and have participated in a medical audit process or served on a Quality Assurance Committee.

***Equity:***

The resident must demonstrate the ability to advocate policies on reproductive health rights and quality of life. In the hospital setting the resident must demonstrate effective advocacy for the interests of individual patients.

***Ethics:***

The resident must have knowledge of the fundamental principles of ethics and their application to issues in reproductive health, particularly as they relate to informed consent, substitute decision making, conflict resolution, confidentiality, the doctor-patient relationship, sexual propriety, refusal of treatment, resource allocation, and involving patients in teaching and research.

***Emergency Care:***

The resident must demonstrate effective clinical leadership in obstetrical and gynaecological emergencies, so that very sick patients are rapidly stabilized and rapid transfer for definitive treatment in theatre, delivery room or ICU is achieved. Components underpinning this leadership competency include knowledge of physiology of resuscitation, skills for specific emergency scenarios relevant to the speciality, and ability to lead and support team working.

***Specific Obstetric Objectives***

***Antepartum Care:***

The resident must have an extensive knowledge of maternal physiological changes in pregnancy, fetal development and physiology, antepartum assessment of mother and fetus, and the effects of underlying medical, surgical, social and environmental conditions on pregnancy. The resident must have a working knowledge of genetic screening, testing and preconceptional counseling. The resident must have the extensive knowledge and skills necessary to evaluate the health of mother and fetus, including appropriate history taking and physical examination, provision of comprehensive ongoing antepartum surveillance, ability to identify deviation from normality, and the effective use of laboratory testing, imaging and non-stress testing. He/she will be able to implement appropriate management strategies where deviation from normal is identified.

***Medical and Surgical Complications*:**

The resident must have a broad working knowledge of medical, surgical and psychosocial complications of pregnancy and their appropriate management, including timely consultation or transfer of care.

***Obstetric Complications:***

The resident must have extensive knowledge of the pathophysiology, prevention, investigation, diagnosis and management of common obstetric complications at all stages of pregnancy including second trimester pregnancy loss, preterm labor, premature rupture of membranes, antepartum hemorrhage, pregnancy induced hypertension, eclampsia, multiple gestation, fetal growth restriction, isoimmunisation, dystocia, post-term pregnancy, and fetal death.

***Intrapartum Care:***

The resident must have the extensive knowledge and skills necessary to conduct normal and complicated labor and delivery. He/she will be able to assess maternal and fetal health and progress in labor utilizing history and physical examination, intermittent auscultation, electronic fetal monitoring, basic ultrasound imaging and fetal scalp blood sampling. The resident must have extensive knowledge of techniques of induction and augmentation of labor, including indications, methodology, pharmacology, management and complications. He/she should have an in depth knowledge of obstetric analgesia and anesthesia.

***Delivery:***

The resident must have extensive knowledge and skills with respect to the mechanisms and techniques of spontaneous and assisted vaginal delivery. He/she will have the ability to identify situations requiring assisted delivery, and be able to appropriately perform, under supervision, forceps delivery, vacuum extraction, cesarean section, breech delivery, twin delivery, management of shoulder dystocia, repair of obstetric lacerations and vaginal birth after cesarean delivery.

***Postpartum:***

The resident must have extensive knowledge of the puerperium and the skills necessary to provide postpartum care, including the recognition and management of early and delayed postpartum hemorrhage and sepsis, promotion of breast feeding, family planning, recognition of risk factors for depression and support in psychosocial adjustment.

***Medical Imaging:***

The resident must be able to perform a limited diagnostic obstetric ultrasound scan for the purpose of ascertaining placental localization, fetal number, fetal presentation, and the level of fetal well-being, including viability.

***Neonatal Resuscitation:***

The resident will have the working knowledge and skills necessary to recognize abnormalities of the neonate. He/she must be able to carry out an appropriate physical examination of the newborn and know when to seek the assistance of a pediatrician. He/she must be able to institute initial resuscitation and stabilization of the new-born.

***Planning care for anticipated preterm delivery:***

The resident will demonstrate the use of knowledge of gestation and birth weight specific outcomes and the likely care needs of preterm neonates so as to counsel patients at risk of preterm delivery on the prognosis so as to enable couples to make informed choices about delivery options, in close consultation with neonatology colleagues.

***Specific Gynaecology Objectives***

***Physiological Changes:***

The resident must have an extensive knowledge of the changes in normal reproductive physiology from birth to senescence.

***Pediatric and Adolescent Gynaecology:***

The resident must have a working knowledge of the pathophysiology, investigation, diagnosis, and management of gynaecologic problems in children and adolescents. These problems include developmental abnormalities, precocious and delayed puberty, abnormal vaginal discharge and bleeding, sexual abuse, family planning, teenage pregnancy and the medico legal aspects of consent and confidentiality specific to this age group.

***Reproductive and Endocrine Disorders:***

The resident must have extensive knowledge of normal physiology and pathophysiology, investigation, diagnosis, and treatment in the areas of menstrual irregularity, amenorrhea, dysfunctional uterine bleeding, hormonal under activity and over activity, galactorrhoea, hirsuitism, polycystic ovarian disease and premenstrual syndrome.

***Menopause:***

The resident must have extensive knowledge of the changes associated with menopause and aging, and be able to provide appropriate periodic assessment and management including hormonal and non-hormonal modalities.

***Human Sexuality:***

The resident must have the ability to identify problems related to sexual dysfunction including dyspareunia, vaginismus, inhibited sexual desire and anorgasmia, and be able to initiate management and/or referral.

***Family Planning:***

The resident must have an extensive knowledge of methods of contraception including mechanisms of action, indications, contraindications, and possible complications. He/she must be able to inform women of options available to them and provide any required service (such as counseling in contraception, prescription of oral and injectable contraceptives, insertion of intrauterine device, and sterilization or refer appropriately to meet the patient’s needs.

***Infertility:***

The resident must have an extensive knowledge of factors contributing to infertility, enabling him/her to diagnose, evaluate and manage the major causes. He/she will be able to utilize and interpret the tests and procedures commonly used in diagnosis, such as hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography and endoscopy.

The resident will be aware of the effectiveness, and complications of current standard treatments as well as appropriate indications for subspecialty referral. The resident must have the necessary knowledge for diagnosis and management of ovulatory disorders. He/she must have an extensive knowledge for situations requiring simpler regimens such as clomiphene citrate and progestogens and a working knowledge for more complex regimens utilizing GnRH analogues and gonadotrophins as well as laparoscopic ovarian drilling. The resident must have a working knowledge of the surgical techniques used in treating tubal and pelvic causes of infertility, including pelvic adhesions, endometriosis, tubal obstruction and uterine malformation. The resident must have a working knowledge of the assisted reproductive technologies currently available, including appropriate indications for referral.

***Pregnancy Loss:***

The resident must have extensive knowledge of pathophysiology, investigation, diagnosis, and treatment in spontaneous abortion, ectopic pregnancy and recurrent pregnancy loss.

***Gynaecologic Infections:***

The resident must have extensive knowledge of pathophysiology, investigation, diagnosis, and treatment in vaginal and vulvar infections, sexually transmitted diseases, gynecologic aspects of HIV and pelvic inflammatory disease.

***Breast conditions:***

The resident must have a working knowledge of the pathophysiology, diagnosis, and management of benign breast disease, screening and referral for breast cancer, and the effect of breast cancer and its therapies on the reproductive system.

***Urogynaecology:***

The resident must have extensive knowledge of the underlying physiology, pathophysiology, investigations, diagnosis, medical and surgical treatment in the areas of lower urinary tract and pelvic floor disorders.

***Other Non-Malignant Gynaecologic Conditions:***

The resident must have extensive knowledge of the underlying physiology, pathophysiology, investigations, diagnosis, medical and surgical treatment in the areas of Uterine Fibroids, pelvic support defects, ovarian cysts, acute and chronic pelvic pain, endometriosis, abnormal uterine bleeding, and vulval pain and dermatoses.

***General Gynaecologic Surgery:***

The resident must have extensive knowledge of the indications for and be skilled in the performance of common gynaecological procedures including vulval, vaginal and cervical surgery for benign conditions, hysterectomy (abdominal and vaginal), myomectomy, adnexal surgery, abdominal exploration, omentectomy, identification of operative complications, paracentesis, anterior and posterior colporrhaphy and evacuation of the pregnant uterus. He/she must be able to assist procedures such as pelvic node sampling, retroperitoneal exploration, surgery for urinary incontinence & repair of urinary/rectal fistulae. The resident must be able to discuss with the patient the risks, benefits, and complications of any surgical treatment, as well as non-surgical treatment alternatives.

***Laparoscopic and Hysteroscopic Surgery***

***Endoscopic Surgery:***

The resident must have extensive knowledge of the indications for and be skilled in diagnostic laparoscopy, tubal patency test, laparoscopic sterilization and needle aspiration of simple cysts. He/she must be able to assist procedures such as ovarian biopsy, lysis of adhesions, laser or diathermy treatment of endometriosis (stage 1 and 2), linear salpingotomy or salpingectomy for ectopic pregnancy, salpingo-oophorectomy and ovarian cystectomy.

***Hysteroscopic Surgery:***

The resident must have extensive knowledge of the indications for and be highly skilled in hysteroscopy for the purpose of diagnosis and be able to assist simple hysteroscopic procedures such as treatment of intrauterine synechiae, simple polyp removal, removal of IUCD, and endometrial ablation. The resident will require a working knowledge of more advanced laparoscopic and hysteroscopic techniques. He/she should know the indications for and limitations of laparoscopically assisted vaginal hysterectomy in comparison with vaginal and abdominal hysterectomy.

***Pre-operative and Postoperative Patient Care:***

The resident must have the extensive knowledge and skills necessary to provide appropriate preoperative and postoperative care, including recognition and assessment of perioperative risk factors, provision of nutritional support, manage fluid and electrolyte balance, promotion of wound healing and management of medical and surgical complications. He/she will be able to perform Cardio Pulmonary Resuscitation.

***Preinvasive and Malignant Gynaecological Disease:***

***Risk Factors:***

The resident must have extensive knowledge of known risk factors for gynaecologic malignancy and of pre-malignant gynaecologic conditions.

***Screening:***

The resident must have extensive knowledge of the current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the reliability of current screening methods.

***Colposcopy:***

The resident will have a working knowledge of colposcopic technique and interpretation, the indications for and limitations of the procedure, and indications for referral for colposcopic assessment.

***Vulvar/Vaginal Neoplasia:***

The resident will have the working knowledge and skills for diagnosis and staging, and for appropriate referral for treatment.

***Cervical Neoplasia:***

The resident will have the working knowledge and skills for the management of benign and preinvasive lesions of the cervix using techniques such as LEEP, laser, cryotherapy and cone biopsy. He/she will have a working knowledge of diagnosis, staging and appropriate surgical management (simple or radical hysterectomy) for cervical carcinoma. He/she will be able to refer appropriately for radical surgery, radiotherapy and/or adjuvant therapy.

***Endometrial and Uterine Cancer:***

The resident must have the extensive knowledge for diagnosis, staging and appropriate use of simple hysterectomy and bilateral salpingo-oophorectomy in management of endometrial and uterine cancer. He/she will refer appropriately for more extensive surgery, radiation, and systemic therapy.

***Ovarian and Tubal Cancer:***

The resident must have the working knowledge and skills for diagnosis, and for appropriate referral for surgical staging, radiation chemotherapy, and other treatment modalities. He/she must be familiar with the techniques of hysterectomy, salpingo-oophorectomy, omentectomy and debulking in this context.

***Gestational Trophoblastic Disease:***

The resident will have the working knowledge and skills necessary for diagnosis, primary intervention and follow-up. He/she will be able to carry out appropriate metastatic work-up and distinguish low and high risk disease with appropriate referral for further assessment and treatment.

***Adjuvant Cancer Therapies:***

The resident will have a working knowledge of the principles and complications of adjuvant therapy, including an understanding of the indications for consultation with appropriate specialists. This will be achieved by attendance at multidisciplinary Tumor Boards and by observing external beam and Brachytherapy treatment.

***Palliative Care:***

The resident will have a working knowledge of palliation in incurable gynecologic disease, including the social and ethical implications of the various options.

***Medical and Surgical Disease:***

The resident will have a working knowledge of the important medical and surgical disorders which may have an effect on or be affected by the female reproductive system.

**Guidelines for Residents - Department of Obstetrics & Gynaecology**

**The Aga Khan University Hospital**

**Ward and Clinics**

Our wards and clinics are all teaching units – planned to maximize your learning opportunities. Patient care is a team responsibility. The team consists of intern, resident, instructor and consultant. Each member of the team is responsible and is accountable for his or her actions. The level of responsibility will differ depending upon the status of the member within the team. The resident has the first responsibility for patient care, the consultant ultimate responsibility. The resident should follow department policies and always keep the consultant informed as well as observe instructions. This two-way experience results in the best learning for you. The patient is assigned to a primary consultant but if he/she is not available the consultant “on call” becomes responsible for any patient decision.

Responsibilities of resident:

* Official timing is 0800 to 1700 hours every day. A resident may have to report earlier on days when he or she may have operating or learning activities scheduled before 0800
* Conduct patient care rounds to check on progress and of course to re-assure the patient. Always check reports from Lab, CTG, X-ray, Ultrasound etc. as soon as available (phone if necessary) and be sure results are documented in progress notes. Check carefully before ordering more tests. Any orders that need to be carried out should be outlined clearly in the physician orders. Before going off to Clinics/Operating room/Clinical Meeting etc. ensure that the resident/intern on floor cover is aware of any patient problems or special instruction that need to be carried out.
* On weekends, the on call team will do the round of all the patients.
* Elective admissions during daytime are to be clerked by the resident covering the floor.
* Procedures such as intra cervical Foley catheter for induction of labor are to be done by the resident and not by the intern.

Before going off duty, be sure the resident on call is thoroughly familiar with problems of your patients. Sign out ROUNDS is an essential communication to safeguard patient care. Before commencing duty the next day, be sure you have been informed about all patients, by the on call team.

**Charts**

You are responsible for completing the patient’s chart on admission and discharge. This includes writing a residents’ admission note and overseeing the intern’s notes. Do this promptly. Enter all diagnoses, describe complications and list consultations – make sure the discharge summary is brief but accurate and include the plan for follow up and future care. All chart entries must include date, time and a legible signature. If your normal signature is not legible, sign and also print a legible name. When preparing for and guiding consultant rounds, record the actual time of the patient’s assessment by the consultant on the round, not the time when the files are prepared. On discharge, ensure that our quality monitoring documentation such as morbidity forms are complete. Pay particular attention to documentation and follow up arrangements for patients who have suffered complications or perinatal loss.

**Guidelines/ Protocols for care**

The Department has a number of guidelines and protocols and these are constantly being added to and updated. There is a current effort under way to standardize the format as part of the JCIA standards. Take care to familiarize yourself with available versions, check for updates and where appropriate take the initiative to create or update material where a need is identified or new information becomes available.

**Prescribing**

Use the hospital formulary and the available online access to the British National Formulary when prescribing. Take particular care to use correct doses and intervals and check if unsure of particular trade names. As a general rule where high quality generic products are provided through the pharmacy these are preferred as a means of reducing the costs to patients. In complex sepsis cases seek guidance from the consultant microbiologist who is happy to advise on appropriate regimens in the light of the pattern of organisms and resistance profiles detected in the lab.

**Interns**

• Interns are responsible to you and need direction, supervision and teaching. When you teach them, you also learn! Their histories, progress notes and orders need to be checked and countersigned by you.

• You should assign them patients in a reasonable sequence and with them perform the appropriate (especially pelvic) exam on admission. Urge them to make their own problem list, diagnosis and treatment plan – before they know yours. Insist on economy and have them justify their requests for lab and special tests.

**Medical Students**

We have East African and international medical students with us for elective attachments from time to time. Make a point of involving them in your work and help to ensure they meet their learning objectives. They are authorized to write in case notes where appropriate but their entries must be carefully checked and countersigned by you.

**Nurses and midwives**

You have a great deal of contact with your nursing and midwifery colleagues. Develop a good collaborating relationship. You will find they have much to offer you in the way of information and patients concerns. You in turn can help them by explaining clearly what you have found and what you plan. The orders and instructions should be clear and concise. Always take time to listen to them, and explain clearly so there will be no misunderstanding or mistake. You collaborate to give the patient the best care possible. Our maternity unit runs with a major emphasis on woman centred care and an important aspect of that is a high standard of midwifery within a team approach.

**Instructors**

Instructors are qualified Obstetrician-Gynaecologists who provide emergency cover as second on call and are involved in all departmental clinical duties. You are expected to consult the Instructor on call before undertaking any major clinical or emergency room decision. Instructors will therefore directly supervise you and will contribute immensely towards your learning. All residents are answerable to them and are expected to execute Instructor instructions without fail. A lot of your learning will be championed by this key cadre of faculty. Instructors will be involved in providing feedback regarding your performance.

**Clinics**

These are your major “ambulatory care” experience and of course are critical for your learning. Learn to work carefully, quickly. Be precise in your instructions and document your findings as well as any procedure done. Your consultant will help you assess all new and difficult cases and you in turn will supervise and teach your juniors and interns and check their findings and notes.

• Clinic timings are usually 0830-1300 hours and 1400 to 1700 hours. Check these timings in the departmental schedule of activities. The clinic to which you have been assigned may have different timings.

• Residents are expected to be punctual in their attendance.

• Residents with their consultant see new as well as follow up cases.

• If a patient has been asked to come to clinic for a special procedure ensure this information has been communicated to the unit clerk in the clinic and to the patient and make a note in the confidential file and in your diary.

• Patients scheduled for elective surgery from the clinic should be entered on the operative list, informed consent taken and patient guided to visit the anesthesia clinic for assessment where necessary. Any relevant investigations asked for by the consultant should be ordered preoperatively.

We have some challenges with availability of rooms for Gynaecology clinic consultations: please alert the receptionist or clinic nurse on arrival so that efforts can be made to locate available rooms.

In antenatal clinics, our aim is to provide high quality and consistent care by our team of doctors and midwives while minimizing the number of visits especially for ‘low risk’ patients. Avoid unnecessary repeat visits, for example by giving patients a blood test form or scan request card in advance so that the test can be done before the next visit, rather than a request being made at the visit then another visit needed to look at the result. Make use of the telephone to advise patients of results where appropriate, to save a visit solely for that purpose: patients really appreciate that aspect of ‘customer service’. Make full use of the information materials provided in each antenatal consulting room and note in the file when a leaflet has been provided.

**Resident on Emergency cover**

The resident on floor coverage shall attend to the emergency room calls as well as consults given from other disciplines. Go promptly when requested but if delay is inevitable let the ER know or get a substitute or inform your senior. As a standard, patients should be seen within 30 minutes of referral and backup should be sought if the interval is likely to be longer than this. The intern may accompany you during an emergency room call. Junior residents should check with seniors before discharging a patient from the emergency room. Interns should be closely supervised on ER call. The emergency room represents the public face of the University Hospital as the point of first contact, and it is imperative that patients seeking care are treated courteously, promptly and efficiently.

**Interactions with private admitting consultants**

If asked to attend a private patient on behalf of a private practitioner in an emergency situation, such as a PPH, problem in theatre or a postoperative collapse, respond immediately. Where necessary ask for backup from the Instructor or on call consultant either for the emergency itself or to cover other ward work while the emergency is in progress.

Residents should assist private practitioners in theatre during the working day Monday-Friday. This represents a useful learning opportunity through exposure to a wider case mix. It is recognized that residents cannot provide assistance for elective cases during teaching sessions and when on call, and there is provision for nurse assistants in theatre because of this.

There is a requirement in the Medical Bylaws of the hospital that all patients admitted must have initial assessment done by the junior medical staff. This responsibility has been delegated to Midwives for obstetric admissions and arrangements for clerking of Gynaecology patients admitted under private practitioners are under discussion with the hospital management. On occasion you may be asked to undertake this task. For Faculty gynaecology patients admitted, there is a need for them to be clerked. The ‘Gynaecology Admission Assessment’ folder is being printed, meanwhile we can use the Surgery folder although bear in mind the level of detail of organ system review is more than we require.

**Interventions without medical indication**

Clinicians are sometimes asked by patients to undertake procedures that are not medically indicated, the most common of these being Caesarean section. In our Faculty practice, the policy is that the background to such requests should be gone into (for example CS request due to fear of pain of labour) and every effort made to find a clinically appropriate way forward that does not involve inappropriate intervention but is acceptable to the patient. There are occasions where it is necessary to decline the patient’s request and consultant input should be sought in these circumstances.

**Patients with Financial Constraints**

As a private hospital service we are frequently asked to advise in circumstances where a patient is unable to fund their care. In emergency situations, life threatening conditions should always be treated immediately irrespective of financial status. Examples are patients presenting with ruptured ectopic pregnancy or eclampsia. When the patient’s condition has been stabilized, suitability for transfer may be considered. The hospital has a substantial Patient Welfare Program that can be used to subsidize care especially for elective surgery. We have primarily used this as a resource for Fistula Surgery and cancer care although it can be considered for other indications such as extreme menorrhagia due to fibroids. The Chair of the Department should be consulted for authorization or in his absence the Program Administrator. The process always includes an individual financial assessment by the Patient Welfare Officer whose office is in the Casualty waiting area.

As obtaining autopsy information is a high priority, in cases of perinatal loss or maternal death the Department is able to cover the cost of Post Mortem examination in situations where the patient or family is unable or unwilling to cover the cost.

**Labour Ward**

When assigned to this area it is your responsibility to be fully familiar with all the patients, their progress and any risks or needs. Watch the partograms and institute action, medication, sedation, when indicated under supervision of a senior and in consultation with the midwives. Keep in touch with the consultant. In the delivery room, you are the obstetrician on the spot. An Instructor and/or Consultant are always on Labour Ward cover for guidance & supervision. You should circulate among the patients, checking, documenting, encouraging and planning the on-going course of labour. Make regular notes. Be sure the partogram and labour record is carefully maintained. The senior resident must supervise the junior resident and intern. The need for anesthesia, laboratory tests, fetal cord blood PH etc. should be anticipated and planned. Likewise operative delivery by vacuum extraction or caesarean should be anticipated as much as possible and appropriate personnel informed to avoid last minute crisis. Obtain copies (eg on a flash disk) of all current clinical management guidelines and protocols in place, for easy reference. When booking an emergency CS, be sure to state clearly the category of urgency according to our guideline, and document this clearly with times in the file.

Maternity patients value our ‘woman centred’ approach and you should make every effort to ensure that they feel their medical and especially their information needs are fully met during their stay. We sometimes experience gaps in communication between ourselves and the Paediatricians regarding the status of newborns: when doing the postnatal rounds be sure to find out what is happening to the baby as well as the mother, and document that in the file. Where necessary, check with your Paediatric colleagues to ensure that the mother and her partner are fully informed and involved in care discussions.

We use Umbilical Cord blood gases as a means of feedback following emergency CS or other complicated delivery. Be sure not only to request but also get the results of these and ensure they are written in the file (e.g. in the operation notes) and passed on to the Paediatricians to assist in the early newborn care.

**Operating Room**

Elective patients should not leave the ward to go to theatre without a fully completed and signed Consent Form and Anaesthesia review. When booking admissions for elective surgery, make use of the Anaesthesia Clinic that runs each weekday afternoon in the Surgery clinic suite. No patient (except in dire emergency) shall be taken to the operating room without the approval of a consultant. By assisting in the procedure, you become familiar with techniques and learn how to develop surgical judgment and skills. As you develop these, you will be encouraged to perform, at first part of, and eventually total procedures. Ask for help if you have any difficulties with technique.

• Operating theatre commences at 0745 hours every day.

• All patients to be operated on elective operating list are scheduled either in outpatient clinics or in the wards.

• O.R. needs to be informed of the following information by 1400 hours the day before surgery.

* Patient’s name
* Medical Record number
* Diagnosis
* Procedure to be undertaken
* Type of anaesthesia
* Duration of surgery
* Name of consultant
* Any special equipment required
* Any liaison with Pathology Department (e.g for frozen section) should be done at least one day prior to the planned procedure

• At the end of each procedure ensure the following documentation is complete:

* Operation notes
* Physician’s orders
* Medication and I/V fluid orders
* Histopathology form
* If any other sample collected during procedure e.g. urine, cytology, tissue for culture & sensitivity etc. separate slip to be filled out.
* For Day Care patients take particular care to ensure that all paper work is complete in theatre so that the patient can be discharged in good time, including the discharge summary, take home medication prescription, outpatient appointment request, sick off and insurance form.

• The O.R. records/operation notes should include patient’s identification, date and names of surgeons, diagnosis, name of the procedure and well as an accurate description. Note what packs and drains are present etc. and when they are to be removed. Drawings are often useful.

• The patient’s condition when transferred to recovery room should be noted

• At times, patients need to change over to a different ward from the operating room. In such cases, inform the respective ward and nurse in-charge e.g. patient admitted for D&C as day case needing inpatient care.

**Responsibilities of Resident on Floor cover**

Each resident has a 2-3 sessions per week on floor/ward cover. The prime responsibility is to deal with ward problems as they may arise.

**Duties of ward resident**

• Clerk elective admissions & carry on necessary orders. Inform primary team for further plan of

management

• Attend to the ward problems

• Send investigations

• Enter medications/ take home medications

• Assist consultant for ward rounds and carry on orders

• Follow consults asked for by the primary team and communicate to the team. When a consult is requested, ensure that a Consultant sees the patient.

• Prepare preoperative patients if need be

**Being on call**

While this is demanding, it is also your chance to develop decision making skills and to solve problems. At first you will often be unsure, so do not fail to talk to your senior on call. As you gain experience you will have less need to do so, but do not take chances because help and advice is available and patient care is of course our first obligation.

While you are on call, you are the first contact physician and carry a major responsibility to see things done right – you are rewarded by learning and seeing the results of your skill and judgment. On weekends and holidays you are responsible for all the patients.

On call residents have to conduct ward rounds, and manage patients in Labour Ward and Emergency Room. Ensure that the resident taking over from you is aware of problems on the ward and special instructions, which need to be carried out. Timing for handing over and being relieved while on call on weekends is subject to mutual agreement. On weekdays time for handing over is 0830 and 1700 hours. On call residents must stay within the hospital premises throughout the call hours. Food and accommodation is provided during this period. Before going to theatre when on call, check the status of patients in the labour ward and inform the midwives of the likely duration of your absence in theatre. If a case is likely to need obstetric input during that time, make appropriate backup cover arrangements via the on call Instructor or Consultant.

Obstetric patients should normally be seen in Labour Ward rather than in Casualty unless in a dire emergency. If called from Casualty about an obstetric patient ask for them to be transferred immediately to Labour Ward: even if you are busy the initial assessment can be done by a midwife to avoid any delay: CTG and/ or a portable scan are immediately available.

**Administrative Duties**

Residents are given certain responsibilities because they are intimately involved in patient care and need to become proficient in planning and managing both diagnostic and treatment programs. Some of these duties are:

• Arranging for patient admission and discharge

• Assigning patients to interns, checking their write-ups and orders and counter signing. Also checking their physical findings and teaching abdominal and pelvic examination

• Ensuring logical, efficient and cost effective investigations. You must be able to justify all of these.

• Book operations and arrange consultations

• Follow ward and Labor Room protocols but if an alternative is appropriate check with the duty consultant

• Monthly statistics, morbidity and mortality data and some research will be your responsibility (with your colleagues). Therefore follow all the procedures to ensure accurate data at minimum efforts. That means up to date documentation.

**Insurance documentation and Medical Reports**

It is essential for the reputation and smooth functioning of the hospital that insurance documentation is completed in a timely and accurate manner. If asked for a Medical Report wherever possible dictate a concise but complete letter using the dictation service and ensure that a signed and stamped copy on hospital letterhead is provided: this enhances the professional image of the Faculty Practice. In ANC the printed card should suffice as a record for patients transferring elsewhere. Insurance forms should always be medically accurate as a matter of professional standards: also note these are often checked by care managers and discrepancies followed up. The use of the term ‘Planned Caesarean Section’ rather than ‘Elective Caesarean Section’ is recommended to avoid misunderstanding: insurance companies often take ‘elective’ to mean ‘maternal request’ rather than the medically understood meaning.

**Research**

In our University Hospital a number of research studies are under way and it is considered a departmental responsibility for all staff to contribute to recruitment and retention of participants into research studies. Residents should familiarize themselves with the protocols of ongoing studies and make every effort to support these studies. There is increasing scope for ‘spin off’ resident research projects using the infrastructure of funded studies.

**EXTERNAL ROTATIONS YEAR III RESIDENTS**

**1. NEONATOLOGY**

**Site of Rotation**:

Aga Khan University Department of Paediatrics and Child Health

**Purpose/Rationale:**

The purpose of this rotation is to enable the M.Med resident to acquire basic knowledge and skills in resuscitation and ICU management in order to participate in management of normal and high risk neonates.

**Objectives of the rotation:**

At the end of the rotation, the resident will be able to:

1. Resuscitate and examine the newborn baby
2. Manage high-risk neonates – premature babies, small for gestation babies, infants of diabetic mothers, rhesus incompatibility and birth asphyxia
3. Understand basics of ICU care for neonates
4. Gain basic knowledge of management of neonates with congenital anomalies such as spina bifida, hydrocephalus and gastrointestinal abnormalities.
5. Demonstrate empathic and accurate counseling of parents about the progress of sick newborns in the context of preterm birth, specific organ disorders and congenital anomalies.

**Duration of Rotation:**

A total of 8 weeks.

**Supervisors of Residents:**

AKU Neonatology team.

**Evaluation of Residents:**

The Residents learning log shall be maintained and will guide formal feedback as well as in-depth sharing of learning experiences between faculty and each individual resident. End of rotation shall be evaluated using the resident interim summative assessment format that is in place.

**Evaluation of Rotation by Resident:**

Residents will be required to make a formal write-up based on the objectives of the rotation that summarises there experience at the end of each rotation.

**2. REPRODUCTIVE HEALTH IMAGING**

**Site of Rotation**:

Aga Khan University Department of Imaging and Diagnostic Radiology

**Purpose/Rationale:**

The purpose of this course is to enable the M.Med resident to acquire working knowledge and basic skills of imaging in reproductive health in order to enable them to perform, interpret and use the results in patient management.

**Objectives of the rotation:**

1. Use ultrasound to diagnose viability and gestational age in early pregnancy, localize placental site, recognize gross fetal abnormality, confirm presentation, uterine wall abnormalities, and tubo-ovarian tumours.

2. Carry out and interpret hysterosalpingogram

3. Describe the principles and use of X-ray, MRI, CT scanners, sonohysterosalpingogram, image intensifier and Doppler ultrasound in reproductive health

**Duration of Rotation:** 8 weeks

**Supervisors of Residents:**

AKU Radiology faculty

**Evaluation of Residents:**

The Residents learning log shall be maintained and will guide formal feedback as well as in-depth sharing of learning experiences between faculty and each individual resident. End of rotation shall be evaluated using the resident interim summative assessment format that is in place at AKU.

**Evaluation of Rotation by Resident:**

Residents will be required to make a formal write-up based on the objectives of the rotation that summarises there experience at the end of each rotation.

**3. CRITICAL CARE**

**Site of Rotation**:

Aga Khan University Department of Anaesthesia

**Purpose/Rationale:**

The purpose of this course is to enable the M.Med resident to recognize, admit and carry out investigations in order to manage effectively critically ill patients.

**Objectives of the rotation:**

At the end of this course the resident will be able to

1. Recognize, identify and admit patients who need critical care.

2. Provide respiratory, cardiovascular support and electrolyte balance.

3. Provide drug therapy, alimentation, waste management and body care.

**Duration of Rotation:** 8 weeks

**Supervisors of Residents:**

Department of Anaesthesia faculty.

**Evaluation of Residents:**

Residents will maintain a log-book of critical care procedures that will be rated and signed off by the supervisors. The Residents learning log shall be maintained and will guide formal feedback as well as in-depth sharing of learning experiences between faculty and each individual resident. End of rotation shall be evaluated using the resident interim summative assessment format that is in place.

**Evaluation of Rotation by Resident:**

Residents will be required to make a formal write-up based on the objectives of the rotation that summarises there experience at the end of each rotation.

**4. ABDOMINAL SURGERY AND UROLOGY**

**Site of Rotation**:

MTRH

**Purpose/Rationale:**

This external rotation is designed to enable the M.Med resident acquire advanced knowledge and skills in urology and abdominal surgery.

**Objectives of the rotation:**

1. Diagnose and manage intraoperative complications such as bladder, ureteric and bowel injuries.

2. Perform appendicectomy, reverse colostomy, resect and anastomose small and large intestine.

3. Diagnose and manage acute intraabdominal surgical conditions in a pregnant woman.

**Duration of Rotation:** 8 weeks

**Supervisors of Residents:**

**Evaluation of Residents:**

The Residents’ learning log shall be maintained and will guide formal feedback as well as in-depth sharing of learning experiences between faculty and each individual resident. MTRH faculty shall evaluate the resident using the resident interim summative assessment format in place at AKU.

**Evaluation of Rotation by Resident:**

Residents will be required to make a formal write-up based on the objectives of the rotation that summarises there experience at the end of each rotation.

**5. PUBLIC SECTOR GYNAECOLOGY/ GYNAE ONCOLOGY ROTATION**

**Site of Rotation**:

MTRH

**Purpose/Rationale:**

Delivery of health care services in Kenya is organized in a hierarchical manner from the community to the dispensary, health centre, district, provincial and tertiary referral hospitals. The resident will have experience in delivery of health care services through an established public framework. The resident will undertake training at the hospital and get exposed to patterns of reproductive health morbidities and mortality prevalent in most developing countries.

**Objectives of the rotation:**

During the rotation the resident will be able to:-

1. Identify the Gynaecology case mix in a public sector referral hospital
2. Participate in the assessment, surgical management and follow up of patients with gynaecological malignancies and benign gynaecological disease
3. Undertake a situation analysis that includes health information systems, logistic and personnel management, quality of care and corporate governance.

**Duration of Rotation:** 8 weeks.

**Supervisors of Residents:**

***Tbc***

**Evaluation of Residents:**

The Residents learning log shall be maintained and will guide formal feedback as well as in-depth sharing of learning experiences between faculty and each individual resident. End of rotation shall be evaluated using the resident interim summative assessment format that is in place.

**Evaluation of Rotation by Resident:**

Residents will be required to issue a comprehensive report on critical issues observed, experiences and lessons learnt.

**Leave Policy**

All residents are entitled to 22 working days annual leave. In order to ensure that learning is not disrupted over a prolonged period of time, resident are encouraged to take leave in bits that do not exceed 2 weeks. Only one resident shall be permitted to go on leave at any given point in time. The leave rota shall be organized by the resident representative on the department residency training committee.

**Concerns:** If you perceive problems, have suggestions or questions, or if you have personal concerns – do come and speak to the primary consultant, your Chief Resident or Program Director or Departmental Head. Problems are best solved by open discussion and if left alone, tend to grow!

**Formal Learning Schedule**

Monday: 0730 - 0830 - Journal Club every 1st Monday

13.30 - Tumour Board meeting every Monday (in Rad Onc seminar room)

- Morbidity Meeting every 3rd Monday

- DRTC every 4th Monday

1230-1330 - Departmental meeting every second Monday of the month

Tuesday: 0730 - 0830 - Case-Based Learning Seminar

11:00 - Monthly Gynae Tumor Board with Karachi (in Rad Onc seminar room)

Wednesday: 0730 - 0830 - Case-Based Learning Seminar

Thursday: 0800 – 0900 - Interdisciplinary Case-Based Learning & Journal Club every 4th Thursday of

the month

Friday: 0800- 0900 - Resident-led labour ward skills sessions

Common courses: Information & Communication technology, Epidemiology & Biostatistics, Bioethics & Jurisprudence, Research Methods, Health Management, Introduction to Medical Education. (see appendix schedule); 1600 – 1700 hours

Additional activities – time to be allocated on feasibility basis

* Workshops and Seminars
* Interdisciplinary presentations
* Evidence appraisal seminars

These activities are designed to help you learn – over a year cycle almost all of the important Ob/Gyn topics will be covered. Faculty members will facilitate your presentation and will contribute imparting their experiences during the teaching sessions. Regular study is essential and it works! Always prepare for the discussion topic whether or not you are presenting. Journal club will give you a chance to critically assess the literature as well as to learn what is new. By sharing the load it is possible to widely cover the literature. When it’s your turn, prepare carefully, present clearly and concisely! Always ask for assistance if you have difficulty finding or assessing articles. Do not leave this to the last week but prepare well in advance.

**List of recommended reading**

Various text books and journals present in the University Library may be useful for your reading (see appendix). Most of the books are referenced to make it easier for you to search for them with the help of the Librarian. In addition to these hard copy texts and journals, you can access several electronic copies of texts & journals via the AKU intranet. The Cochrane and UpTo Date Databases are accessible on specific Library computers. In addition to this list of recommended reading, you are encouraged to read widely on various topics of interest from several text books and journals that are available in the library. Ensure you obtain the AKU login and password for HINARI: this can be accessed from any internet connection but must only be used within Kenya. It provides access to a very wider range of full text journals and databases.

**Process of Assessment and Feedback**

Assessment is an individual process that aims at identifying the presence or absence of learning in the learner arising from educational input. The Obstetrics and Gynaecology residency training program is tailored towards criteria that are set in the curriculum. The curriculum precisely states the knowledge, skills and attitudes than an individual should have acquired at the completion of each course. These criteria are set standards towards which an individual can be measured.

Assessment is concerned with obtaining information about the individual learner’s progression and attainment. It examines the strengths and weaknesses of the learner and can include factors that influence learning. The program’s assessment is built along two broad categories; formative and summative.

Formative assessment is also referred to as continuous in-training assessment. Its purpose is to give continual feedback on performance and identify through feedback further educational needs and areas that may require improvement. The feedback process is a constructive positive interaction between the learner and a member of faculty. This process of feedback will occur on a monthly basis between the resident and a designated supervisor. In keeping with the University philosophy of self-directed learning, a number of tools have been designed to help you guide and regulate your own learning. These tools are the **Residents Learning Log**, the **Reflective Learning Diary**, the **Personal Significant Event Recording** and the **Mutually Agreed Statement of Training** (MAST). You will be introduced to these tools during the orientation week. In addition, a **surgical skills rating scale** will be completed by faculty and theatre staff who observe you perform surgical procedures immediately after the procedure. The ratings will be shared with your supervisor in order to assess for evidence of progress in various surgical skills on quarterly basis.

Formal feedback will entail in-depth sharing of learning experiences between faculty and each individual resident as documented in the **Learning Log**. Feedback will also entail a discussion on performance in written tests. The **MAST** form will be filled up by the resident on quarterly basis and submitted to the educational supervisor. The supervisor will in-turn make remarks on every item in the MAST form. The resident shall then meet with the supervisor and reach an agreement on every item in this form which will be documented. A copy of this record will be submitted to the office of the residency training program director and the resident will retain a copy. The departmental residency training committee will on a quarterly basis meet and rate each individual resident’s knowledge, skills and attitude using evidence derived from these feedback tools. A copy of this rating shall be submitted to the office of the Director of Postgraduate Medical Education.

Learning to reflect on and learn from difficult clinical situations in which you have been directly involved is a vital part of being a good doctor. Recognising that a clinical situation is a significant event and then either merely discussing it with a colleague or, worse, ignoring it will lead to a high probability that it will happen again. Reflecting on what actually happened and how it affected the patient, you, the team and the practice of Obstetrics and Gynaecology will help you identify learning and development needs. This is the hallmark of the **Personal Significant Event Recording tool.** Reflective practice allows you to describe what happened and why, what you have learned and, most importantly, what you would do differently next time. Reflection based on such analysis will help you add personal insight which will lead to changes and improvement in your clinical practice. This process of reflection is not about apportioning blame but rather lays emphasis on recognition and learning from clinical or professional practice that is less than optimal or circumstances that were particularly challenging.

The **Reflective Learning Diary** is a guideline to facilitate your personal and professional development. This tool should be utilised at education meetings such as clinical meetings, cased based learning sessions, journal clubs and tutorials. The tool is designed to help you identify gaps in knowledge, and be able to seek information that can close these knowledge gaps. For this to be a meaningful process, you will need to examine previously held beliefs about your practice and also learn to accept that you may have been wrong. Only by continuously evaluating previously held beliefs and assumptions will you be able to learn and move forward.

The Personal Significant Event Recording and the Reflective Learning Diary fully belong to you. Feel free to write honestly and openly in these diaries because the faculty will not demand to see them. You may choose to share information in these two reflective tools with your colleague, education supervisor or mentor. However, during the feedback process, the faculty will seek to elicit evidence of your learning experience in order to foster reflective practice. Reflective practice therefore will demonstrate your attitude towards maintaining good medical practice by regularly taking up learning opportunities and demonstrating the ability to be a reflective self-directed learner.

Interim assessment will be conducted quarterly. The assessment will be based on competencies touching on medical expertise, communication skills, management and leadership skills, health advocacy, professionalism and scholarly activity. Formal feedback will be given to residents after information touching on these areas is entered into the Interim Assessment In-Training Evaluation Report Form. A copy of this form will be submitted to central PGME academic administration office.

Formative assessment reaches towards an end-point which is summative assessment Summative assessment is essentially a hurdle test that seeks to establish whether a minimum level of competence has been attained before progression to the next stage. It has established pass/fail criteria. Summative assessment in this program will take place towards the end of the second academic year (Part I examinations) and towards the end of the fourth academic year (Part II examinations). No resident will be allowed to proceed to summative assessment if the continuous in-training assessment is unsatisfactory, so to that extent there is a summative element in the formative process discussed above.

**Feedback from Residents regarding Faculty**

Feedback is a two way process and its main purpose is to identify areas for improvement. In recognizing this, the residents have an opportunity to express themselves regarding each individual faculty. Residents’ feedback on Registrars & faculty shall be forwarded to the residency training program director. Each resident will be issued with faculty evaluation forms which will be completed electronically and anonymously. The forms shall be submitted to the program director. Residents are encouraged to be honest and will not be victimized for expressing negative opinions. The program director will compile and submit this information to the Chair who will disseminate the feedback to faculty.

**Resident Representative on Departmental Residency Training Committee**

The department residency training committee sits on a monthly basis and has a designated mandate. The committee is chaired by the Program Director and membership includes all full time and part-time faculty as well as one resident representative. The resident representative will be nominated by the program director. The resident tenure will be for 6 months and will change on January 1st and July 1st every year. The chosen resident will have specific time to present resident views on teaching, training and service related issues. The resident representative will be free to discuss logistical issues, issues related to their wellbeing or any other matters pertaining to their performance and functioning. The meeting agenda will include an open session to which the resident representative is invited and a closed session for discussion of individual resident matters for which participation of the representative is not appropriate.

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| **Aga Khan University** |  |  |  |  |  |  |  |
| **Postgraduate Medical Education - East Africa** |  |  |  |  |  |  |  |
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| **Formative Assessments, Interim Summative Assessments and Summative ITER Form** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |  |
| Period covered: |  |  |  |  |  |  |  |
| Rotations completed during this period:(Rotation, Site and Dates) | PGY: | | | |  |  |  |
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|  |  |  |  |  |  |  |  |
| **Competency - expectations for rotation and/or level of training** | Does not apply | Could not evaluate | Rarely meets | Inconsistently meets | Regularly meets | Frequently exceeds | Consistently exceeds |
|  |  |  | **1** | **2** | **3** | **4** | **5** |
| **1. MEDICAL EXPERT** |  |  |  |  |  |  |  |
| a) basic science knowledge |  |  |  |  |  |  |  |
| b) clinical knowledge |  |  |  |  |  |  |  |
| c) history taking and physical examination - complete, accurate, organised |  |  |  |  |  |  |  |
| d) clinical decision making e.g. data interpretation and diagnostic skills |  |  |  |  |  |  |  |
| e) recognition and management of emergencies |  |  |  |  |  |  |  |
| f) technical and procedural skills |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **2. COMMUNICATOR** |  |  |  |  |  |  |  |
| a) communicates effectively with patients, families |  |  |  |  |  |  |  |
| b) communicates effectively with other health professionals |  |  |  |  |  |  |  |
| c) written medical records - timely and accurate |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **3. TEAM PLAYER** |  |  |  |  |  |  |  |
| a) recognizes roles of, and interacts effectively |  |  |  |  |  |  |  |
| with other health professionals |  |  |  |  |  |  |  |
| b) consults and delegates effectively |  |  |  |  |  |  |  |
| c) works well with non-medical staff |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **4. MANAGER/LEADER** |  |  |  |  |  |  |  |
| a) uses information technology effectively |  |  |  |  |  |  |  |
| b) allocates finite healthcare resources wisely |  |  |  |  |  |  |  |
| c) manages time effectively |  |  |  |  |  |  |  |
| d) demonstrates good interpersonal skills |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **5. HEALTH ADVOCATE** |  |  |  |  |  |  |  |
| a) identifies socio-economic determinants of health |  |  |  |  |  |  |  |
| of patient and communities |  |  |  |  |  |  |  |
| b) understands when and how to advocate |  |  |  |  |  |  |  |
| appropriately on behalf of patients and communities |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **6. SCHOLAR** |  |  |  |  |  |  |  |
| a) maintains learning log consistently |  |  |  |  |  |  |  |
| b) actively addresses learning needs identified in learning log |  |  |  |  |  |  |  |
| c) critical appraisal - literature, feedback from supervisors, own practice |  |  |  |  |  |  |  |
| d) undertakes further training or study where necessary |  |  |  |  |  |  |  |
| e) contributes to development of new knowledge |  |  |  |  |  |  |  |
| f) provides feedback to peers constructively |  |  |  |  |  |  |  |
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| **7. PROFESSIONAL** |  |  |  |  |  |  |  |
| a) demonstrates integrity, honesty, compassion and respect for diversity |  |  |  |  |  |  |  |
| b) applies ethical principles apprpriately |  |  |  |  |  |  |  |
| c) seeks and accepts advice, demonstrates awareness of personal limitations |  |  |  |  |  |  |  |
| d) meets deadlines, is punctual / meets commitments made |  |  |  |  |  |  |  |
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| **Written Test Score(s) - CATs** |  |  |  |  |  |  |  |
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| **Tool(s) and Marks obtained:** | | | | | | | |
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| **Summary of Feedback (Strengths, Weaknesses, Recommendations)** |  |  |  |  |  |  |  |
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| **REPORT** |  |  |  |  |  |  |  |
| a) Proceeds to the next rotation | [ ] | (within the year) | | |  |  |  |
| b) Promoted to the next academic year | [ ] | (end of academic year) | | | | |  |
| c) Successfully completed training program | [ ] | (final year resident) | | | |  |  |
| d) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |
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| **Resident:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I have been informed about this feedback |  |  |  |  |  |  |  |
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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
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| **Program Director:** |  |  |  |  |  |  |  |
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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
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**DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY AGA KHAN UNIVERSITY, NAIROBI**

**MUTUALLY AGREED STATEMENT OF TRAINING**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEVEL OF RESIDENCY: \_\_\_\_\_\_\_**

**PERIOD: FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATEMENT** | **RESIDENT COMMENTS** | **ASSESSMENT COMMENTS** | **AGREED STATEMENT** |
| Patient problem solving ability:  Clinical judgment and decision making |  |  |  |
| Note keeping: Adequate documentation |  |  |  |
| Surgical techniques and manual skills related to specialty (Refer to Global Surgical Skills Rating Scale) |  |  |  |
| Performance at teaching rounds (Refer to Learning Log for reflective practice) |  |  |  |
| Involvement in tutorials, case presentations, morbidity & mortality meetings, seminars and workshops |  |  |  |
| Professional values including doctor-patient relationship, relationship with colleagues, and other staff |  |  |  |

**Resident: Signature: Date:**

**Preceptor**: **Signature:**

**Learning Log**

Fill in each column for consecutive consultations and review after around 50 consultations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Patient or meeting** | **Issue** | **Idea for learning** |
|  |  |  |  |

**REFLECTIVE LEARNING DIARY**

This is a guideline to facilitate recording your response to educational meetings, ward rounds, case based learning, tutorials, etc. The reflective diary is a record of your own personal and professional development. You can choose to share some of the contents with another colleague, your appraiser, supervisor or mentor, but you should feel that you have ownership of this record and that you can write honestly and openly. Don’t’ write pages and pages – enough lines to record your response to the event at that time. The objective of a learning diary is to help you monitor your own professional development, identify further learning needs, and give evidence of your learning experience

**Event: Date:**

**Overall feeling response to session**

*(do not evaluate the session – this should be a more personal and individual response. You might write something like, for example: ‘nothing I did not already know but interested in the discussion afterwards’ less interested that my colleagues seem to be ….. so what does that say about me?’ Try to be thoughtful about your response).*

**How did it inform my practice as a clinician?**

*You could write here about the ideas you might have picked up from sharing the work, or perhaps the reassurance you have gained from knowing that other colleagues struggle with similar issues)*

**Will it change my practice? (If so how)**

**Gaps in knowledge/skills for development?**

*(record areas you need to know more about, say how you intend to follow these up)*

**Contribution to the group work?**

*(what was your interaction with others? Do you tend to hold back and see what others are thinking – or go out front? Is your interaction helpful to others? How did your contribution help others learn?)*

**Intended action?**

*(what do you intend to do as a result of this session)*

**How will you know you’ve got there?**

*(how make sure that you follow through your intentions)*

**Personal significant event recording**

Use a separate form of each even

|  |  |
| --- | --- |
| Date |  |

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| **Describe what happened – did something go wrong?** |
| This is an event which was important to you, either at the time it happened or as a result of something happening at a later date, e.g. was a patient given the wrong test result? |

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| **How did it affect the patient** |
| How did the patient react How did this affect the patient’s treatment? Were they called in urgently for a result that was in fact normal? |

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| **How did it affect you?** |
| How has it affected your confidence? What anxiety or concern did this cause you? |

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| **How did it affect the practice?** |
| What problem did it create for other people in the practice? E.g. Patient needing to be given an urgent appointment on an already busy day. Then someone else having to explain the error. |

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| **Could it have been avoided** |
| With hindsight could you have reacted differently or double checked before giving the results to the patients? |

|  |
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| **Can it be stopped from happening again** |
| What action needs to be taken? Do you need to revise the practice guidelines for giving results? |

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| **What learning or development needs has this highlighted for you personally?** |
| Was this a gap in your knowledge? Do you need more training? Do you need further training on normal values? |

|  |
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| **What learning or development needs has it highlighted for others?** |
| Was this something that could have happened to anyone giving the result? Has this shown that some of the systems and procedures in the practice need to be reviewed |

Surgical Skills Rating Scale

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | |  | **Rating** | | | | |  |  |  |  | | **Variable** | **1** | **2** | **3** | **4** | **5** |  |  |  |  | | Respect for tissue | Often used unnecessary force on tissue or caused damage by inappropriate use of instruments |  | Careful handling of tissue but occasionally caused inadvertent damage |  | Consistently handled tissues appropriately, with minimal damage |  |  |  |  | | Time and motion | Many unnecessary moves |  | Efficient time and motion, but some unnecessary moves |  | Economy of movement and maximum efficiency |  |  |  |  | | Instrument handling | Repeatedly makes tentative or awkward moves with instruments |  | Competent use of instruments, although occasionally appeared stiff or awkward |  | Fluid moves with instruments and no awkwardness |  |  |  |  | | Knowledge of instruments | Frequently asked for the wrong instrument or used an inappropriate instrument |  | Knew the names of most instruments and used appropriate instrument for the task |  | Obviously familiar with the instruments required and their names |  |  |  |  | | Use of assistants | Consistently placed assistants poorly or failed to use assistants |  | Good use of assistants most of the time |  | Strategically used assistant to the best advantage at all times |  |  |  |  | | Flow of operation and forward planning | Frequently stopped operating or needed to discuss next move |  | Demonstrated ability for forward planning with steady progression of operative procedure |  | Obviously planned course of operation with effortless flow from one move to the next |  |  |  |  | | Knowledge of specific procedure | Deficient knowledge. Needed specific instruction at most operative steps |  | Knew all important aspects of the operation |  | Demonstrated familiarity with all aspects of the operation |  |  |  |  | |

Postgraduate Medical Education – AKU (EA)

Faculty Appraisal by Residents

**Please answer these questions as fully as you can, giving examples where possible. Your answers will help greatly with the development** **of good and effective teachers in AKU (N) – not only to help you get the most from your learning but for those who follow you.**

Name of rotation: …………………………………………………………………………………..

Period of rotation: ………………………………………………………………………………….

Name of faculty: …………………………………………………………………………………...

Clinical Knowledge

1. **Did you feel this teacher has a good knowledge base for their teaching?**

**………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Do they answer questions clearly and encourage enquiry and discussion when teaching residents?**

**………………………………………………………………………………………………………………………………………………………………………………………………**

Teaching Academic Material: the theory behind clinical practice

1. **Does this teacher explain the theory behind clinical conditions and help you to understand the ideas underpinning practice?**

**………………………………………………………………………………………………………………………………………………………………………………………………**

1. **How effective and useful are the teaching materials or visual aids used assist you in learning?**

**………………………………………………………………………………………………………………………………………………………………………………**

**3. Could the teacher improve on any of the areas above – if so, how?**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**4. Would you say that your teacher has a positive attitude towards their teaching – are they enthusiastic and interested?**

………………………………………………………………………………...………………………………………………………………………………...

Teaching Clinical Skills

1. **When teaching clinical skills with patients, does your teacher allow you time and space to understand their practical demonstration?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Do they provide opportunities for you yourself to perform procedures/ undertake patient consultations / report films and give you appropriate supervision?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Do they encourage you to make your own independent decisions about the patients you see in clinical practice?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **How would you rate your teacher in their ability to encourage you to critically analyse an event before making a decision?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………**

Does this teacher offer a good role model to you?

1. **Specifically, how would you score them in the following dimensions?**

**a). Communication with patients and colleagues;**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**b). empathy with patients;**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

1. **concern for good outcomes**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**Overall, what did this teacher**

**(a) do really well**

**………………………………………………………………………………...…….……………………………………**

**(b) need to improve upon?**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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| Department of Obstetrics and Gynecology OSATs |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  | **UTERINE EVACUATION** | | |  |  |  |  | |
|  |  |  |  |  |  |  | |  |  |  |  |
| Trainee name: | | | | PGY: | | Date: | | | | | |
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| Assessor: | | | |  |  |  | |  |  |  |  |
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| Details of case complexity:  Indication: | | | | | | | | | | | |
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| Item under observation | | |  |  |  | Level of competency (as per PGY of training) | | | | | |
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| Familiarization with the surgical instruments to be used | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Vaginal examination for assessment of uterine size, direction,and cervical dilatation | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Careful dilatation of cervix if appropriate | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Appropriate choice of instrument for evacuation | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Safe introduction of instrument into the uterine cavity | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Ensure cavity is empty | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Ensure adequate uterine contractions | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Ensure haemostasis is achieved and check blood loss | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Careful removal of volsellum | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Post-op instructions/precautions | | | | | |  | |  |  |  |  |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | |  | |  |  |  |  |
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| Department of Obstetrics and Gynecology OSATs |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  | **Caesarean Section** | | |  |  |  |  | |
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| Trainee name: | | | | PGY: | | Date: | | | | | |
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| Assessor: | | | |  |  |  | |  |  |  |  |
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| Details of case complexity:  Indication: | | | | | | | | | | | |
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| Item under observation | | |  |  |  | Level of competency (as per PGY of training) | | | | | |
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|  |  |  |  |  |  | 1 | | 2 | 3 | 4 | 5 |
| Appropriate skin incision (level, length etc) | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Safe entry into peritoneal cavity | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Careful bladder reflection | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Appropriate uterine incision (level, length etc) | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Safe and systematic delivery of baby | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Appropriate placental delivery | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Uterine cavity check | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Safe uterine closure | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Check ovarian pathology | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Appropriate abdominal closure | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Neatness of skin closure | | | | | |  | |  |  |  |  |
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| Comments: | | | | | | | | | | | |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | |  | |  |  |  |  |
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| Department of Obstetrics and Gynecology OSATs |  |  |  | |  | |  |  | |  |  |  |  |
|  |  |  |  | **Diagnostic laparoscopy** | | | | |  |  |  |  | |
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| Trainee name: | | | | | PGY: | | | Date: | | | | | |
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| Details of case complexity:  Indication: | | | | | | | | | | | | | |
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| Item under observation | | |  | | |  |  | Level of competency (as per PGY of training) | | | | | |
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|  |  |  |  | | |  |  | 1 | | 2 | 3 | 4 | 5 |
| Ensures correct positioning of the patient | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Checked or observed catheterisation, pelvic examination and insertion of uterine manipulator where appropriate | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Demonstrates knowledge of instruments, correct incision, checks Veres patency if used | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Insufflation to at least 15 - 20 mmHg | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Controlled insertion of primary port, and secondary ports under direct vision | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Correct position of optics, inspection of pelvic and abdominal structures | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Fluid movements, use of assistants appropriately | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Correct interpretation of operative findings | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Removal of ports under direct vision, deflation of pneumperitoneum | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Appropriate skin closure | | | | | | | |  | |  |  |  |  |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | | | |  | |  |  |  |  |
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|  | Signed (assesor): | | | | | | |  | |  |  |  |  |
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| Department of Obstetrics and Gynecology OSATs |  |  |  | |  | |  |  | |  |  |  |  |
|  |  |  |  | Generic Gyn ops – MAS | | | | |  |  |  |  | |
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| Trainee name: | | | | | PGY: | | | Date: | | | | | |
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| Details of case and complexity:  Indication: | | | | | | | | | | | | | |
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| Item under observation | | |  | | |  |  | Level of competency (as per PGY of training) | | | | | |
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|  |  |  |  | | |  |  | 1 | | 2 | 3 | 4 | 5 |
| Ensures correct positioning/prep of the patient | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Ensures empty bladder, pre-op abd-pelvic findings | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Demonstrates knowledge of instruments, forward planning for instrumentation and monitor positioning etc | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Safe creation of pneumoperitoneum: location, technique etc | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Safe insertion of primary port, and secondary ports under direct vision. Correct orientation of optics | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Appropriate assessment of intra-op pathology, forward planning for surgical approaches | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Appropriate and safe MAS techniques: energy sources, hemostasis, dissection, knotting etc | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Anticipation and corrective actions of intra-op complications | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Appropriate closure port sites, post-op instructions/precautions | | | | | | | |  | |  |  |  |  |
|  | | | | | | | |  | |  |  |  |  |
| Other ratable observations (please state) | | | | | | | |  | |  |  |  |  |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | | | |  | |  |  |  |  |
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| Department of Obstetrics and Gynecology OSATs |  |  |  | |  |  |  | |  |  |  |  |
|  |  |  |  | Generic Gyn ops – Open Surgery | | | |  |  |  |  | |
|  |  |  |  | |  |  |  | |  |  |  |  |
| Trainee name: | | | | | PGY: | | Date: | | | | | |
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| Details of case and complexity:  Indication: | | | | | | | | | | | | |
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| Item under observation | | |  | |  |  | Level of competency (as per PGY of training) | | | | | |
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| Appropriate prep, skin incision (level, length etc) | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Safe entry into peritoneal cavity | | | | | | |  | |  |  |  |  |
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| Correct delineation of pathology and intra-op planning | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Appropriate identification/dissection surgical planes | | | | | | |  | |  |  |  |  |
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| Safe surgical techniques: secure knots, needle handling, hemostasis etc | | | | | | |  | |  |  |  |  |
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| Careful other visceral organs separation/dissection (eg bladder) | | | | | | |  | |  |  |  |  |
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| Anticipation and corrective actions to potential complications | | | | | | |  | |  |  |  |  |
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| Intra-op communication with assistants, anesthetist and critical decision making | | | | | | |  | |  |  |  |  |
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| Appropriate closure (abdomen, vaginal vault) | | | | | | |  | |  |  |  |  |
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| Appropriate post-op instructions/precautions | | | | | | |  | |  |  |  |  |
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| Other ratable observations (please state) | | | | | | |  | |  |  |  |  |
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| Comments: | | | | | | | | | | | | |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | | |  | |  |  |  |  |
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|  |  |  |  | Generic Gyn ops – Pelvic Surgery | | | |  |  |  |  | |
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| Trainee name: | | | | | PGY: | | Date: | | | | | |
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| Details of case and complexity:  Indication: | | | | | | | | | | | | |
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| Item under observation | | |  | |  |  | Level of competency (as per PGY of training) | | | | | |
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| Appropriate prep/positioning, pelvic pathology assessment | | | | | | |  | |  |  |  |  |
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| Appropriate vaginal incisions, anatomical considerations | | | | | | |  | |  |  |  |  |
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| Appropriate identification/dissection surgical planes, pedicle securing | | | | | | |  | |  |  |  |  |
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| Safe bladder and/or rectal reflection, and safe peritoneal entry (if indicated) | | | | | | |  | |  |  |  |  |
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| Safe surgical techniques: secure knots, needle handling, hemostasis etc | | | | | | |  | |  |  |  |  |
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| Anticipation and corrective actions to potential complications | | | | | | |  | |  |  |  |  |
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| Intra-op communication with assistants, anesthetist and critical decision making | | | | | | |  | |  |  |  |  |
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| Appropriate closure (vaginal vault, ant/post vaginal walls, perineum) | | | | | | |  | |  |  |  |  |
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| Appropriate post-op instructions/precautions | | | | | | |  | |  |  |  |  |
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| Other ratable observations (please state) | | | | | | |  | |  |  |  |  |
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| Other ratable observations (please state) | | | | | | |  | |  |  |  |  |
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| Comments: | | | | | | | | | | | | |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | | |  | |  |  |  |  |
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| Department of Obstetrics and Gynaecology, Aga Khan University Hospital Nairobi | | | | | | | | | | | | | | | | | | |
| Mini-Clinical Evaluation Exercise-CEX | | | | | | | | | | | | | | | | | | |
| Trainee Name: | | | | | | | PGY: | | | | Date: | | | | | | | |
| Assesor: | | | | | | | | | | | | | | | | | | |
| Designation: | | | | | | | | | | | | | | | | | | |
| Clinical setting: | | | | | | | | | | | | | | | | | | |
| A&E | Gyn Clinic | | Gyn ward | | Labour & delivery | | | Antenatal | | | | Postnatal | | | | | Other (Specify) | |
| Clinical problem (eg severe PET, acute gynecology eg ectopic pregnancy) | | | | | | | |  | | | | | | | | | | |
| Focus of clinical encounter:   * History * Diagnosis * Management * Explanation * Other (specify) | | | | | | | | | | | | | | | | | | |
| Case complexity: | | Simple | | Average | | Complex | | | New patient | | | Follow up patient | | |  | | | |
| Workplace-based assessment core attributes | | | | | | | | | Expected minimal competency level (use key below) | | | | | | | | | |
| 1 | 2 | | | 3 | 4 | | 5 | | UC\* |
| 1. History taking | | | | | | | | |  |  | | |  |  | |  | |
| 2. Physical examination skills | | | | | | | | |  |  | | |  |  | |  | |
| 3. Communication skills | | | | | | | | |  |  | | |  |  | |  | |
| 4. Clinical decision making process | | | | | | | | |  |  | | |  |  | |  | |
| 5. Professionalism | | | | | | | | |  |  | | |  |  | |  | |
| 6. Organization and efficiency | | | | | | | | |  |  | | |  |  | |  | |
| Comments: | | | | | | | | | | | | | | | | | | |
| Agreed action: | | | | | | | | | | | | | | | | | | |
| Assesors signature:  Trainee signature: | | | | | | | | | | | | | | | | | | |
| Time taken for discussion and feedback (mins): | | | | | | | | | | | | | | | | | | |

Expected minimal competency levels (judged according to year of training):

1 Below expectation

2 Borderline

3 Meets expectation

4 Commendably meets expectation

5 Above expectation

UC\* - please mark this if you have not observed the attribute and feel unable to comment

**O&G Multi-source feedback**

|  |  |
| --- | --- |
| Resident’s name: |  |
| PGY: |  |

Please tick the appropriate columns. If you have had no opportunity to observe, tick the ‘unable to comment’ column. Please feel free to add descriptions of positive or negative behaviour. If any of the ticks are in the unsatisfactory column, you **must** give further details in the comments area.

|  |  |  |  |  |  |  |  |
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|  | | Unable to comment | Unsatisfactory | Improvement needed | Satisfactory | | Outstanding |
| **Empathy and Respect**  Treats patients politely and  considerately. Involves them in decisions about their care. Respects their privacy, dignity and confidentiality. | |  |  |  |  | |  |
| **Team working**  Works well as a member of a team.  Liaises with colleagues. Accepts criticism and responds constructively. | |  |  |  |  | |  |
| **Verbal communication skills**  Gives understandable information.  Speaks good English, at the  appropriate level for the patient. | |  |  |  |  | |  |
| **Accessibility and**  **conscientiousness**  Accessible. Responds when called.  Only delegates appropriately. | |  |  |  |  | |  |
| **Record keeping**  Keeps records of good quality | |  |  |  |  | |  |
| **Organisation and thoroughness**  Keeps up-to-date with administrative tasks. Manages time efficiently.  Remembers to complete tasks. | |  |  |  |  | |  |
| **Insight**  Acts within own capability. Seeks advice appropriately. | |  |  |  |  | |  |
| **Clinical judgement**  If you are clearly in a position to comment, do you have any concerns about this doctor’s clinical judgement? | |  |  |  |  | |  |
| Comments | | | | | | | |
| Name of assessor (optional) |  | | | Position | |  | |
| Signature |  | | | Date | |  | |

**O&G MSF summary**

The educational supervisor collates the information from the MSF1 forms and summarises feedback on this form. The number in the columns indicates the number of forms received containing a tick in that column.

**Total number of forms received: \_\_\_\_\_**

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|  | **Unable to comment** | **Unsatisfactory** | **Improvement needed** | **Satisfactory** | **Outstanding** |
| **Empathy and Respect** |  |  |  |  |  |
| **Team working** |  |  |  |  |  |
| **Verbal communication skills** |  |  |  |  |  |
| **Accessibility and conscientiousness** |  |  |  |  |  |
| **Record keeping** |  |  |  |  |  |
| **Organisation and thoroughness** |  |  |  |  |  |
| **Insight** |  |  |  |  |  |
| **Clinical judgement** |  |  |  |  |  |
| Comments | | | | | |
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|  |  |  | Department of Obstetrics and Gynecology OSATs | |  |  |  | |  |  |  |  |
|  |  |  |  | **OPERATIVE VAGINAL DELIVERY** | | | |  |  |  |  | |
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| Trainee name: | | | | | PGY: | | Date: | | | | | |
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| Details of case complexity:  Indication: | | | | | | | | | | | | |
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| Item under observation | | |  | |  |  | Level of competency (as per PGY of training) | | | | | |
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| Ensure patient and accompanying partner understand procedure | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Appropriate preoperative preparation: adequate analgesia, bladder empty | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Examination: engagement, position, station, caput, moulding, descent with contraction, pelvic size and shape | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Decision making: choice of instrument, assembly, function check | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Correct application, plane of pull, force and timing. Ensures descent with pulls | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Appropriate alteration of pull with head delivery, and perineal assessment for episiotomy | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Checks for cord. Correct delivery of shoulders and body; and placenta | | | | | | |  | |  |  |  |  |
|  | | | | | | |  | |  |  |  |  |
| Checks for uterine laxity and vaginal trauma | | | | | | |  | |  |  |  |  |
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| Appropriate use of team | | | | | | |  | |  |  |  |  |
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| Documentation and debriefing | | | | | | |  | |  |  |  |  |
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|  | Levels of minimal expected competencies for each year of training | | | | | | | | |  |  |  |
|  | PGY1: 1-2/5 (Observes/assists) | | | |  |  |  | |  |  |  |  |
|  | PGY2: 2-3/5 (Assists/direct supervision) | | | | | |  | |  |  |  |  |
|  | PGY3: 3-4/5 (direct/indirect supervision) | | | | |  |  | |  |  |  |  |
|  | PGY4: 4-5/5 (Indirect supervision/independent) | | | | | |  | |  |  |  |  |
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| **Broad Curriculum themes** | | |  | **Expected minimal competencies/yr of training** | | | | |  |  | **Attributes** |  |  |  |
|  |  |  |  | **PGY1** | **PGY2** | **PGY3** | **PGY4** | **Med expert** | **Communicator** | **Team player** | **Manager/leader** | **Health advocate** | **Scholar** | **Professional** |
| **Safe Motherhood** | |  |  | **1-2/5** | **2-3/5** | **4/5** | **5/5** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Family Planning and Contraception** | | | | **2-3/5** | **4/5** | **4-5/5** | **5/5** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Infectious diseases in Rep Health** | | | | **2-3/5** | **3-4/5** | **5/5** | **5/5** |  |  |  |  |  |  |  |
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| **Early Pregnancy disorders** | | |  | **1/5** | **2-3/5** | **4/5** | **5/5** |  |  |  |  |  |  |  |
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| **Benign Gyn conditions** | | |  | **1-2/5** | **2-3/5** | **4/5** | **5/5** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sexual health, Gender and Rep rights** | | | | **1/5** | **2-3/5** | **3-4/5** | **4-5/5** |  |  |  |  |  |  |  |
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| **Paed and adolescent Gyn** | | |  | **1/5** | **2/5** | **3/5** | **4/5** |  |  |  |  |  |  |  |
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| **Infertility** |  |  |  | **1/5** | **2-3/5** | **3-4/5** | **4-5/5** |  |  |  |  |  |  |  |
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| **Gyn endoscopy** | |  |  | **1/5** | **2-3/5** | **3/5** | **4-5/5** |  |  |  |  |  |  |  |
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| **Gyn malignancy and palliative care** | | | | **1/5** | **2/5** | **3/5** | **3-4/5** |  |  |  |  |  |  |  |
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| **Urogyn and ageing** | |  |  | **1/5** | **2-3/5** | **4/5** | **5/5** |  |  |  |  |  |  |  |
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| **External Rotations:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Neonatology** | |  |  |  | **2-3/5** |  |  |  |  |  |  |  |  |
|  | **Rep health imaging** | |  |  |  | **2-3/5** |  |  |  |  |  |  |  |  |
|  | **Critical care** | |  |  |  | **2-3/5** |  |  |  |  |  |  |  |  |
|  | **Gen abd surgery and urology** | | |  |  | **2-3/5** |  |  |  |  |  |  |  |  |
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| **Notes:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Levels of competency: 1/5 - Observes; 2/5 - Assists; 3/5 - Direct supervision; 4/5 - Indirect supervision; 5/5 - Independent** | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Each broad curriculum is further deconstructed to specific detailed competencies as captured by WPBA tools eg as captured next sheet** | | | | | | | | | | |  |  |  |  |

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| **AGA KHAN UNIVERSITY** | | | | | | | | |
| **POSTGRADUATE MEDICAL EDUCATION - EAST AFRICA** | | | | | | | | |
| **COMMON COURSES' TEACHING SCHEDULE FOR 2013/14** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **VENUE - 2nd FLOOR SURGICAL WARD SEMINAR ROOM** | | | | | | | | |
| **No formal sessions on Thursdays and weekends** | | | | | | | | |
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|  | **2014** | | | |  |  |  |  |
| **Date** | **JAN** | **FEB** | **MAR** | **APR** | **JUL** | **AUG** | **OCT** | **Date** |
| **Introduction to Medical Education** | **Information & Communication Technology** | **Bioethics & Jurisprudence** | **Health Management** | **Research Methods, Epidemiology & Biostatistics** | **Introduction to Medical Education** | **Research Methods, Epidemiology & Biostatistics** |
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|  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  | Biomedical Responsible Conduct of Research - Online (July to March of succeeding year). WORKSHOPS: PGY2 2014 (March 24th - 26th, 2014); PGY1 2014 (March 23rd - 25th, 2015) |  |  | **1** |
| **2** |  |  |  |  |  |  | **2** |
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| **11** |  |  |  |  |  |  | **11** |
| **12** |  |  |  |  |  |  | **12** |
| **13** |  | Thurs |  |  |  |  | **13** |
| **14** |  |  |  |  |  |  | **14** |
| **15** |  | Weekend |  |  |  |  | **15** |
| **16** |  | Weekend |  |  |  |  | **16** |
| **17** |  |  |  |  |  |  | **17** |
| **18** |  |  |  |  |  |  | **18** |
| **19** |  |  |  |  |  |  | **19** |
| **20** |  | Thurs |  |  |  |  | **20** |
| **21** |  |  |  |  |  |  | **21** |
| **22** |  | Weekend |  |  |  |  | **22** |
| **23** |  | Weekend |  |  |  | Half-day introductory session | **23** |
| **24** |  |  | Introductory sessions followed by year-round online discussions |  |  |  | **24** |
| **25** |  |  |  |  |  | **25** |
| **26** |  |  |  |  |  |  | **26** |
| **27** |  |  |  |  | Feedback on Mentorship |  | **27** |
| **28** |  |  |  | Field trip |  |  | **28** |
| **29** |  |  |  | Lecture Sessions |  |  | **29** |
| **30** |  |  |  |  |  | **30** |
| **31** |  |  |  |  |  |  | **31** |
|  |  |  |  |  |  |  |  |  |
| **N/B** |  |  |  |  |  |  |  |  |
| 1. Introduction to Medical Education - Part of orientation plus half-day follow-up in August | | | | | | | |  |
| 2. ICT Course - To run for the usual 10 session from 4:00 to 5:00 pm | | | | | |  |  |  |
| 3. Bioethics & Jurisprudence - 2 Introductory sessions (4:00 to 5:00 pm) plus year-round online discussions in Moodle | | | | | | | | |
| 4. Health Management - Field trip plus 2 days lecture sessions. | | | | | |  |  |  |
| 5. Merged Research Methods and Epidemiology & Biostatistics - Online Biomedical Responsible Conduct of Research for 9 months and 3-day workshop in 2nd year of study in March. | | | | | | | | |

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**AGA KHAN UNIVERSITY**

**Faculty of Health Sciences**

**Postgraduate Medical Education – East Africa**

**Master of Medicine (MMed) Part I and Part II, 2016**

**Examination Time Table**

|  |  |  |
| --- | --- | --- |
| **Day/Date** | **Morning** | **Afternoon** |
| **Thursday**  **03/11/2016** | **MCQs - PI & PII**  **(All departments)**  **(3Hrs, N/B – Surgery 3½ Hrs**  **Lecture Theatre & PGME Room for Dar)** | **Medicine SPOT - PII**  **(2 Hrs – 2nd Floor Seminar Room 1** |
| **Friday**  **04/11/2016** | **EMQs / MEQs / SAQs - PI & PII**  **N/B - Anaesthesiology & Anatomic Pathology PII Paper 1) (3Hrs, N/B – Surgery 3½ Hrs; Anaesthesiology PI, 3Hrs 4o mins; - Lecture Theatre & PGME Room)** | **MEQs/SAQs - PII (Anaesthesiology & Anatomic**  **Pathology PII Paper 2**  **3Hrs – 2nd Floor Seminar Room 1, 2 & 3)** |
| **Saturday**  **05/11/2016** | **-** | **Family Medicine OSCE – PI & PII (3Hrs – AKH Dar Clinics )** |
| **Monday**  **07/11/2016** | **Microbiology OSPE – PI (2Hrs – CP Room, Lab) Haematology OSPE – PII (2 Hrs - Lab)** | **Microbiology OSPE – PII (2Hrs – CP Room, Lab)** |
| **Anatomic Pathology OSPE I – PI & PII**  **(3½ Hrs – AP Room, Lab: Surgical Pathology)** | **Anatomic Pathology OSPE II – PI**  **(2Hrs – AP Room, Lab: Gross/Forensic Pathology)** |
| **Paediatrics OSCE – PI & PII**  **(3Hrs – Out Patient Department, 5th floor Doctors’ Plaza)** | **-** |
| **Obstetrics & Gynaecology OSCE – PI & PII**  **(3 Hrs – ETB, 1st Floor )** | **Family Medicine (Nbi) OSCE – P1 (3 Hrs – ETB, 1st Floor** |
| **Surgery OSCE – PI**  **(3Hrs – Surgical Clinics)** | **Surgery OSCE – PII**  **(3Hrs – Surgical Clinics)** |
| **Radiology SIRE - PII**  **(3Hrs -Radiology Seminar Room II)** | **Radiology SIRE - PI**  **(1Hr – Radiology Seminar Room II)** |
| **Tuesday**  **08/11/2016** | **Chemical Pathology OSPE – PII (2Hrs – CP Room, Lab) Haematology OSPE – PI**  **(2 Hrs - Lab)** | **Chemical Pathology OSPE – PI (2Hrs - CP Room, Lab)** |
| **Anatomic Pathology OSPE III – PI & PII**  **(2Hrs – AP Room, Lab: Cytopathology)** | **Anatomic Pathology OSPE II – PII**  **(2Hrs – AP Room, Lab: Gross/Forensic Pathology)** |
| **Surgery Long case – PII (3Hrs - Surgical Ward)** | **-** |
| **Medicine OSCE – PI & PII**  **(3Hrs – ETB, 1st Floor )** | **-** |
| **Anaesthesiology OSCE - PI**  **(3Hrs – Out Patient Department, 5th floor Doctors’ Plaza)** | **Anaesthesiology OSCE - PII**  **(3Hrs – Out Patient Department, 5th floor Doctors’ Plaza)** |
| **Wednesday**  **09/11/2016** | **Faculty Board of Examiners Meeting**  **10.30 am**  **AKHS Board Room** | **-** |
| **Thursday**  **10/11/2016** | **East Africa Academic Committee Meeting from 11:00 am**  **AKHS / 7th Floor Board Room & Teleconference** |  |

**N/B**

**Morning Papers begin at 9.00 a.m. Afternoon papers begin at 2.00 p.m.**

**KEY**

MCQs Multiple Choice Questions MEQs Modified Essay Questions SAQs Short Answer Questions

EMQs Extended Matching Questions

OSCE Objective Structured Clinical Examination OSPE Objective Structured Practical Examination SIRE Structured Image Reporting Examination

PI Part I Examination

PII Part II Examination

**Aga Khan University**

**Postgraduate Medical Education**

**2018 Schedule of Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONTH** | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **JANUARY** | **New academic year begins (2nd )**  **Orientation of New Intake**   * **General** * **Registration of new intake of residents and interns – morning** * **Introduction to Medical College leadership & Dean’s Welcome address - afternoon**   **(8th)**   * **Moodle Platform (3rd)** * **PGME Educational paradigm, Library, Pharmacy (4th)** * **Introduction to Medical Education Common Course**   **(8th – whole day)**   * **HR (5th)** * **Departmental orientation & integration into weekly schedule of academic & clinical activities**   **(From 9th)** | | **Formative Assessment Feedback Sessions & Central Documentation (All Programmes in Nbi and Dar)**  **(1st Week)**  **Dar – Educational development for trainees and faculty (5th - 7th)**  **Curriculum Review Hands-on Workshop (Curriculum Committees)- 19th & 20th**    **Curriculum Planning Workshop for Common Courses facilitators(24 Half-day )**  **Curriculum Committees Finalize Review Plan with tasks and resources identified (1st - 30th)** | **Recommendation and appointment of external examiners**  **DBEs develop exam blue prints (TOSs) based on approved programme curricula in readiness for Departmental exam development sessions**  **4th year of study:**  **Draft dissertation** |
| M**ONTH** | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **FEBRUARY** | **Convocation Ceremony**   * **Dar es Salaam – 7th** * **Nairobi – 14th**   **Information & Communication Technology (Nairobi & Dar)**  **(5th to 20th)**  **Turnitin Training (PGY3 & PGY4)**  **(TBC)** | | **Exam Bank Training for PDs (Speedwell)**  **One45 Software Training for PGME Directorate (26th & 27th)**  **Curriculum Committee Conference- Progress Reports- Curriculum Review and Stakeholder Survey (12th)** | **Recommendation and appointment of external examiners**  **Collaborative Question Development Sessions (Nairobi & Dar) Medicine, Surgery & FM**  **DBEs develop questions – Liaison with External Examiners recommended.** |
| **MARCH** | **Bioethics & Jurisprudence – Introductory sessions (Dar via WebEx)**  **(19th & 20th)**  **Research Methods/EpiBio**  **3 full-day workshops - Year 2 of study (26th to 28th)** | | ***Faculty Induction Programme-***  ***Exam setting workshop***   * **Improving Summative Assessment - Blueprinting, Standard Setting & Skills assessment**   **(16th & 17th )** | **Collaborative Question Development Sessions (Nairobi & Dar) Medicine, Surgery & FM**  **DBEs develop questions – Liaison with External Examiners recommended.** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **APRIL** | | **Health Management (Dar):**  **Field trip & 2-day lecture sessions**  **(17th to 19th )**  **Health Management (Nairobi):**  **Field trip & 2-day lecture sessions**  **(23rd to 25th)** | **Peer Review and Finalization of Reviewed curricula Retreat (12th)**  **Exam Bank Training for Faculty**  **(3 Depts. at a time)**  **Formative Assessment Feedback Sessions & Central Documentation (All Programmes in Nbi and Dar)**  **(1st Week)**  **Dar – Educational development for Residents (20th)**  **Dar – Educational development for faculty (21st)**  **Submission of Final Curricula to the Dean (30th )**  **Collaborative Question Development Sessions for Residency Intake (Nairobi & Dar; 2nd Thursday 12:30 -3:00pm)** | | **DBEs develop questions – Liaison with External Examiners recommended.** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **MAY** | | **Turnitin Training (PGY1 & PGY2)**  **(TBC)**  **One45 Training for All residents (TBA)** | **Turnitin Training (Faculty) (TBC)**  **One45 Training for PDs and Faculty (TBA)**  **Collaborative Question Development Sessions for Residency Intake (Nairobi & Dar; 2nd Thursday 12:30 -3:00pm)** | | **Exam retreats to finalise 2018 examination papers**  **Exam questions submitted for review & moderation**  **(Deadline – 31st)**  **4th year of study: (31st)**  **Dissertation submitted for marking** |
| **JUNE** | | **PGME Programmes Open Week (Nairobi & Dar)**  **(4 to 8)** | **Collaborative Question Development Sessions for Residency Intake (Nairobi & Dar; 2nd Thursday 12:30 -3:00pm)**  **Common OSCEs - PDs & Running mates; conceptualizing & writing up scenarios**  **(14)**  **Supplementary Examinations**  **(11th - 13th )** | | **4th year of study:**  **Marking of dissertations** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **JULY** | | **Ad for residency out**  **(6th)** | **Formative Assessment Feedback Sessions & Central Documentation (All Programmes in Nbi and Dar)**  **(1st Week)**  **Collaborative Question Development Sessions for Residency Intake (Nairobi & Dar; 2nd Thursday 12:30 -3:00pm)**  **Exam Bank Training for Faculty**  **(3 Depts. at a time)**  **Training of Programme Assistants on Examination Editing and Formatting (13th & 20th ) – To be done in two batches** | | **External examiners moderate exam questions**  **4th year of study:**  **Marking of dissertations**  **Fully banked questions reviewed & moderated by external examiners**  **( 31st )**  **Mock Examinations** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **AUGUST** | | **Residency Applications Close (3rd)**  **Introduction to Medical Education**  **– Learning Styles.**   * How discovering your learning style strengthens your study skills   **Half-day session (1st)**  **Selection interviews**  **- Residents**  **( 13 - 17)** | **Dar – Educational development for trainees and faculty**  **(9th – 11th)**  **Faculty Induction Programme –**   * ***Using Formative Assessment Effectively*** * ***Giving Real Feedback to Residents***   **(15 - Whole day)**  **(23 – Whole day)** | | **4th year of study: 4th week**  **Final dissertation submitted for binding (Library) and soft copy presented (Academic Office)**  **(31st)**  **Fully banked questions reviewed & moderated by external examiners**  **(31st )** |
| **SEPTEMBER** | | **Approval of selection and confirmations** | **Common OSCE Rehearsal**  **(All Wednesdays – 5th 12th 19th & 26th )**  **Exam Bank Training for Faculty**  **(3 Depts. at a time)** | | **CIEs submit comprehensive reports on eligibility to sit Part I and II exams (6th)**  **Special MCFC to discuss eligibility of candidates for MMed exams (13th)**  **Decision on eligibility communicated to candidates (24th)**  **Proofreading and production of M Med Examinations** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **OCTOBER** | | **Introduction to Research Methods/EpiBio**   * Critical literature review/ systematic reviews/forming research questions   **Half-day workshop (26th)** | **Formative Assessment Feedback Sessions & Central Documentation (All Programmes in Nbi and Dar)**  **(1st Week)**  **Final Common OSCE Rehearsal**  **(1st week)**  **Common OSCE – Eligibility for promotion (PGY 1 & PGY3)**  **(11th & 12th)** | |  |
| **NOVEMBER** | | **Introduction to Research Methods/EpiBio**  **Ad for internship out**  **(1st)**  **Closing date for internship applications (31st)** | **Dar – Educational development for trainees and faculty**  **(TBC)** | | **Part I and Part II exams (1st to 6th)**  **FBE Dar and Nairobi – (7th morning)** |
| **MONTH** | | **RECRUITMENT, SELECTION, INDUCTION, COMMON COURSES & CONVOCATION** | **FORMATIVE ASSESSMENTS, CURRICULAR & EDUCATIONAL DEVELOPMENT PROJECTS** | | **DISSERTATIONS & SUMMATIVE ASSESSMENTS:**  **MMed EXAMINATIONS** |
| **DECEMBER** | | **Selection interviews**  **- Interns**  **( 3rd) - TBC** | **Progression of residents to the next level of training – Letters to the Directorate & HR** | | **3rd year of study:**  **Completed data collection (eligibility criterion for promotion to 4th year of study)**  **Planning for 2019 and Recess** |
| **2019**  **JAN** | | **Induction of new residents and interns**  **(2nd Jan. 2019 )**  **Introduction to Research Methods/EpiBio (For PGY2)**  **TBC** |  | |  |
| **FEBRUARY** | | **Convocation**   * **Nairobi – (TBC)** * **Dar es Salaam – (TBC)** |  | |  |

**AGA KHAN UNIVERSITY, PGME (EA)**

**ELIGIBILITY FOR PROMOTION FROM ONE LEVEL OF TRAINING TO THE NEXT A**

**ND ELIGIBILITY TO SIT THE MASTER OF MEDICINE (MMed) EXAMINATIONS**

|  |  |
| --- | --- |
| **SNo.** | **Criteria** |
| **1(a)** | **Fulfilling scheduled clinical rotations and registered attendance of not less than 80%**: |
| **(b)** | **Fulfilling attendance and participation at core curriculum lectures and tutorials with no less than 80% attendance:** |
| **(c)** | **Fulfilling attendance and participation at common courses with no less than 80% attendance:** |
| **2** | **Interim summative assessments and summary of feedback: At least 3 appraisals per year required. This will include written Continuous Assessment Tests (CATs) as well as relevant skills assessment.** |
| **3** | **Satisfactory performance in MOCK** **Examinations** |
| **4** | **Fulfillment of dissertation timelines at different stages and passed dissertation by year 4 of training** |

**Aga Khan University**

**Guidelines, Policies and Procedures**

|  |  |
| --- | --- |
| **Policy Name** | Student Academic Integrity Policy |
| **Policy Number** | 017 |
| **Approved by** | Academic Council |
| **Date of Original Approval** | July 22, 2010 |
| **Date of Revision** | NA |
| **Contact Office** | Registrar’s Office |

1. **Overview**

1.1 The main purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. The attainment of this purpose requires the individual integrity of all members of the University community, including all undergraduate, graduate and postgraduate students.

1.2 The mission, vision, values, policies and practices of the Aga Khan University declare unequivocally that academic integrity is considered to be an integral component of professional and ethical behaviour.

1.3 It is the responsibility of all Aga Khan University students to ensure that all academic work (formative, summative, certifying, papers, theses, dissertations, professional examinations, midterms, finals, projects, group work assignment etc.) submitted as part of their course work and / or programme of study, in whole or in part, meets the University’s test for academic integrity.

**2.0 Students**

2.1 *Definition:* for the purposes of this Policy, a student shall mean and include any individual admitted to and enrolled at the University for a course of studies leading to an undergraduate, graduate or postgraduate certificate, diploma or degree or any individual registered with any other university or institution who has been accepted for an approved programme of study or training at the University.

2.1.1 For the purposes of the Student Academic Integrity Policy, Postgraduate Medical Education (PGME) Interns, Residents and Fellows shall be deemed to be students of the University.

2.2 Students are responsible for being aware of and demonstrating behaviour that is honest and ethical in their academic work, including but not limited to:

2.2.1 Following faculty member’s instructions related to referencing sources of information, the proper methods for collaborating on academic work and / or engaging in group work.

2.2.2 Asking for clarification of the instructions where necessary.

2.2.3 Ensuring that their academic work is not accessible to or being used by others. This includes protecting and / or denying access to computer files.

2.2.4 Adhering to the principles of academic integrity when conducting and reporting research.

2.3 Graduate students are responsible for familiarizing themselves with the definitions of breaches of academic integrity in the University’s research related policies (cf. Item 7.0, “Related University Documents”).

2.4 Students are responsible for their behaviour and may face penalties under this Policy, if found to be guilty of academic misconduct.

**3.0 Academic Dishonesty**

It shall be deemed a breach of the University’s Student Academic Integrity Policy to:

3.1 Collaborate improperly on academic work. (cf. Appendix A)

3.2 **Submit the same or substantially the same academic work for two or more courses, without prior written approval of the member(s) of faculty.**

3.3 Plagiarise (cf. Appendix A).

3.4 Cheat on examinations, including the use of unauthorized aids during the writing of the examination.

3.5 Submit false or altered documents.

3.6 Submit false information or false medical documentation to gain a postponement, advantage or leave from mandatory session(s).

3.7 Provide a false signature for attendance at any class or assessment procedure or on any document related to attendance or the submission of material where the signature is used as proof of authenticity or participation in the academic assessment.

3.8 Misrepresent academic credentials from other institutions or to submit false information for the purpose of gaining admission or credits.

3.9 Misrepresent registration / participation in a conference, seminar, symposium, etc.

3.10 Submit or present work as one’s own that has been purchased or acquired from another source.

3.11 Receive and / or distribute test or course materials that are in the process of being prepared or have been stored.

3.12 Alter a grade or using altered course materials to have a course grade changed.

3.13 Steal, destroy or tamper with another student’s work.

3.14 Forge, alter or fabricate Aga Khan University documents, including but not limited to transcripts, letters of reference or other official documents.

3.15 Impersonate another student either in person or electronically for the purpose of academic assessment.

3.16 Assist another student in the commission of academic misconduct.

3.17 A breach of the University’s *Policy on Research Misconduct*. (cf. Appendix A)

**4.0 Disciplinary Proceedings: Academic Dishonesty**

4.1 Academic misconduct is a serious disciplinary matter and, in addition to and notwithstanding the regulations provided herein, students charged with academic misconduct will be subject to the definitions and disciplinary procedures of the University’s *Student Code of Conduct and Disciplinary Procedures.*

4.2 Notwithstanding the University’s *Student Code of Conduct and Disciplinary Procedures,* when a student is found to have breached the University’s Student Academic Integrity Policy, items 3.1 – 3.2, the following penalties may be applied independently or in combination for any single violation.

4.2.1 A letter reporting the academic dishonesty offence sent to the student and copied to the student’s Dean / Director, the Registrar, the student’s parents and / or a student’s sponsoring agent.

4.2.2 A reduction of the mark on the piece(s) of academic work.

4.2.3 A mark of zero for the piece(s) of academic work.

4.2.4 A reduction of the overall course grade.

4.2.5 A failing mark for the course with a transcript notation.

4.2.6 Cancellation of admission to the University and /or enrollment at the University.

4.2.7 Suspension.

4.2.8 Expulsion.

4.2.9 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student’s degree.

4.2.10 Any other penalties as may be deemed appropriate for the circumstances.

4.3 Notwithstanding the University’s *Student Code of Conduct and Disciplinary Procedures*, when a student is found to have breached the University’s Student Academic Integrity Policy, items 3.3 – 3.17, the following penalties may be applied independently or in combination for any single violation.

4.3.1 Cancellation of admission to and / or enrollment at the University.

4.3.2 Suspension.

4.3.3 Expulsion.

4.3.4 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student’s degree.

4.3.5 Any other penalties as may be deemed appropriate for the circumstances.

**5.0 Use of Plagiarism-Detection Software**

5.1 Preamble

5.1.1 In an effort to ensure the highest academic standards, the University supports academic integrity through academic policies that define academic dishonesty.

5.1.2 The University and its faculty expect that all students will be evaluated and graded on their own individual work.

5.1.3 The University recognises that students often have to use the ideas of others as expressed in written, published or unpublished works in the preparation of essays, papers, reports, theses, dissertations and publications.

5.1.4 The University expects that both the data and ideas obtained from any and all published or unpublished material will be properly acknowledged and sources disclosed including proper citations when work is copied or paraphrased. (cf. Appendix A)

5.1.5 Failure to follow this practice constitutes plagiarism.

5.1.6 The University, through the availability of plagiarism-detection software (e.g., Turnitin.com, iTheniticate, Plagiarism.org), desires to encourage responsible student behaviour, deter plagiarism, improve student learning and ensure greater accountability amongst students.

5.1.7 Plagiarism-detection software uses proprietary search technology to check assignments against Internet resources, proprietary databases and previously submitted student assignments.

5.2 Policy

5.2.1 The University’s Policy on the Use of Plagiarism-Detection Software will be published in all undergraduate and graduate programme Student Handbooks (or equivalent).

5.2.2 Faculty who wish to use plagiarism-detection software in their course(s) must comply with the requirements set out in this Policy.

5.2.2.1 “Use” is defined as member of faculty submitting students’ assignments to plagiarism-detection software themselves and/or faculty members requiring students to submit their papers to plagiarism-detection software before papers are graded.

5.2.3 In the courses in which members of faculty intend to use plagiarism-detection software they must communicate this to the students in the course syllabus. The course syllabus should include:

5.2.3.1 A notice that plagiarism-detection software will or may be used for all student papers in the course:

Sample Statement

In this course you will be required to submit some material in electronic form. When this is required, it will be noted. The electronic material will be submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_, a plagiarism-detection service to which AKU subscribes. This is a service that checks textual material for originality. It is increasingly used in universities around the world. A page describing the plagiarism-detection software the University’s reasons for using it are attached.

5.2.3.2 A notice to students that the work they submit to plagiarism-detection software will become part of the plagiarism-detection software database;

5.2.3.3 A statement that if the student objects to having his or her paper(s) submitted to the student papers database of plagiarism-detection software, that objection must be communicated in writing to the instructor at the beginning of the course. The paper(s) will then be run through plagiarism-detection software excluding the student papers database, thus omitting the depositing of the paper(s) into that database.

5.2.4 Students who are advised of the use of plagiarism-detection software in a particular course, as set out above, are deemed to agree, by taking the course, to submit their papers to plagiarism-detection software for “textual similarity review.”

5.2.5 Students at all times retain the copyright in their work. Moreover, plagiarism-detection software protects students’ privacy because it does not make students’ papers available to outside third parties. Students should be advised of this.

5.2.6 In the courses in which plagiarism-detection software will or may be used, students should be provided with instruction and/or resources about what plagiarism is and how to avoid it.

5.2.7 Where the results of a plagiarism-detection software originality report may be used to charge a student with academic misconduct, the student must be notified of the result of the report, and the student must be given an opportunity to respond before any disciplinary penalty is imposed. The date, time, and results of such a meeting should be documented. A hard copy of the original plagiarism-detection software originality report must be retained.

**6.0 Office of the Registrar**

6.1 The Office of the Registrar shall be responsible for developing policies and procedures to detect misrepresentation of credentials during the admissions process and to provide support in maintaining academic integrity during the writing of examinations.

6.2 The Office of the Registrar is responsible for the procurement of plagiarism detection software.

6.3 The University Registrar, or his representative, will act as the secretary to academic misconduct-related disciplinary proceedings.

**7.0 Related University Documents**

7.1 Student Code of Conduct and Disciplinary Procedures

7.2 University Policy on Research Misconduct

7.3 Guidelines for Authorship

7.4 Policy on Code of Good Research Practice and Access to Patient Data

**Appendix A**

**1.0 Definitions**

1.1 Plagiarism

Plagiarism is defined as the submission or presentation of another person's thoughts or words or software, in whole or in part, as though they were your own. Any quotation from the published or unpublished works of other persons must, therefore, be clearly identified as such by being placed inside quotation marks, and students should identify their sources as accurately and fully as possible.

1.1.1 What does this mean?

* When writing an assignment, you must use your own words and thoughts.
* When you use another person’s exact phrasing, you must distinguish the text or material taken from that source from your own (i.e. through the use of quotation marks or an indentation).
* When you use another person’s thoughts or ideas, though you may not be directly quoting them, you must both acknowledge that these are not your own and reference the original source (i.e. through a footnote or other appropriate form of reference).
* If you are paraphrasing what another person has stated, you must use completely different language, essentially re-writing it.  Altering a sentence or paragraph slightly is neither appropriate nor adequate. And remember, paraphrases still require a reference notation.
* Each instructor has specific expectations for how students are to acknowledge sources in their courses. These are often explained in the course outline or in class.  You are encouraged to ask questions if you do not understand what your instructor expects of you when it comes to acknowledging sources used in course work or assignments.
* The work you do for a course must be unique to that course.  Submitting an assignment that has already been graded in another course constitutes plagiarism unless you have sought and obtained the permission of the instructor in whose course you are currently enrolled.
* If you are unsure whether or not to reference a source, err on the side of caution and do so anyway, as the sanctions for plagiarism may be quite severe.

1.1.2 Why is this important?

The main purpose of a university is the pursuit of knowledge and scholarship.  This requires the integrity of all members of the University community.  As a student at the Aga Khan University, you are expected to practice intellectual honesty and to fully acknowledge the work of others by providing appropriate references in your scholarly work.  Scholars do not take credit that is not earned.  Academic dishonesty is destructive to the values of the University, not to mention unfair to students who pursue their studies honestly.

1.2 Collaboration

Inappropriate collaboration occurs when students work together on an assignment that was intended as an individual assignment or when students work together in groups beyond the degree of permissible collaboration.

1.3 Research Misconduct

The University’s *Policy on Research Misconduct* states that “Misconduct in research is defined to include any one or more of the following acts:”

1.3.1.Fabrication and / or falsification of research related data or in reporting research outcomes.

1.3.2 Plagiarism in all research related matters including publications, appropriation of another person's ideas, processes, results, outputs or words without giving appropriate credit.

1.3.3 Inappropriate use of others’ intellectual property (without reference or acknowledgment).

1.3.4 Denial of individual rights such as authorship to collaborative partners in research publications.

1.3.5 Non-compliance with Institution’s policies on ‘conflict of interest’, ‘intellectual property rights’ and ‘authorship guidelines’.

1.3.6 Deliberate misuse of institutional or sponsor’s funds for financial gains.

1.3.7 Wilful failure to honour an agreement or contract with the funding agency to perform certain tasks.

1.3.8 Publishing any data or results that are against the internationally accepted general principles of research and scholarly activities.

1.3.9 Deliberate destruction of one’s own or others’ research data or records or research related property.

1.3.10 Making use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application.

**2.0 Useful references**

2.1 *Little Book of Plagiarism*. Leeds Metropolitan University [www.lmu.ac.uk/the\_news/oct03/PlagiarismFinal.doc](http://www.lmu.ac.uk/the_news/oct03/PlagiarismFinal.doc)

2.2 Higher Education Commission, Pakistan

[www.hec.gov.pk/InsideHEC/Divisions/QALI/QualityAssurance/QADivision/Pages/Plagiarism.aspx](http://www.hec.gov.pk/InsideHEC/Divisions/QALI/QualityAssurance/QADivision/Pages/Plagiarism.aspx)

2.3 McMaster University: Academic Integrity Video

[www.mcmaster.ca/academicintegrity/video/video3.html](http://www.mcmaster.ca/academicintegrity/video/video3.html)

**Aga Khan University**

**Guidelines, Policies and Procedures**

|  |  |
| --- | --- |
| **Policy Name** | Student Code of Conduct and Disciplinary Procedures |
| **Policy Number** | 009 |
| **Approved by** | Academic Council |
| **Date of Original Approval** | November 22, 2007 |
| **Date of Revision** | July 22, 2010 |
| **Contact Office** | Office of the Registrar |

**1.0 Introduction**

1.1 The Student Code of Conduct and Disciplinary Procedures is devised with the primary objective of ensuring exemplary behaviour and conduct of students which they can achieve by displaying the highest degree of moral and ethical values.

1.2 Accordingly, the powers for determination of an offence and imposition of penalty thereof in accordance with the provisions of this Code and Procedures shall vest exclusively with the respective academic Dean / Director (cf. Definitions, Section 11) or Provost as the case may be.

1.3 The academic Dean/ Director or Provost is empowered and competent to initiate an inquiry and impose any penalty in cases where an offence as per the provisions of this Code and Procedures has been committed by any student, notwithstanding the fact that the said individual may have been exonerated or acquitted by a court of law under prevailing laws of the land.

1.4 The University expects that the behaviour of its students within and outside the precincts of the University will be in conformity with the highest standards of honesty, morality and discipline. Students will respect the rights and privileges of the members of the University community and society at large at all times. They will conduct themselves in ways that uphold the reputation of the University and its programmes.

1.5 The Student Code of Conduct outlines the expectations of the University of its students in terms of general conduct as well as academic conduct. Where required, individual units of the University or those within a particular country or region, may develop policies appropriate to their legal and cultural context, while remaining within the overall framework contained herein.

1.6 As a condition of enrolment at the University, all students assume responsibility to observe the Code of Conduct. In cases where there are grounds to suspect a breach or any infringement of the Code of Conduct, disciplinary action under the auspices of the Disciplinary Procedures may be initiated for such behaviour committed either within or outside the precincts of the University.

**2.0 General Student Conduct**

2.1 All students will present themselves with dignity befitting their status as mature, law abiding and responsible persons and show tolerance toward religious, ethnic, social and other differences.

2.2 Students will refrain from any activity which is subversive of discipline and/ or brings the University into disrepute.

2.3 Students in all settings on campus are expected to dress in a simple, decent and appropriate manner.

2.4 Students individually or as a group will refrain from engaging in any activity which hinders or prevents the participation of another person or group of persons in any of the activities of the University.

2.5 Students will ensure that their actions do not in any way threaten or endanger the health, safety or security of other persons or imperil the latter’s properties.

2.6 Students will refrain from any behaviour which will cause damage to University property.

2.7 Hostel rules are to be read in conjunction with the Student Code of Conduct and Disciplinary Procedures.

**3.0 General Academic Conduct**

3.1 All students will diligently apply themselves to their registered courses of study.

3.2 Students shall attend lectures, tutorials, seminars, practical sessions, clinics and ward assignments, examinations and other scheduled courses and activities, in accordance with the attendance requirements of the University with regard to each programme, except for reasons acceptable to the University.

3.3 Each student shall be solely responsible for completing his / her scheduled examinations and attending other academic activities, as per his / her programme requirements.

3.4 Students will ensure that any original academic writing, including essays, theses, research projects or assignments in a course or programme of study either represents their own words, ideas, images or data or is appropriately referenced according to academic conventions.

3.5 Students will respect the confidentiality of information pertaining to all clients of the University including patients and their records, and will use it in no other circumstances than for authorized academic and professional purposes.

**4.0** **Requests for Prior Permission**

4.1 Students will be required to obtain prior permission in writing through approved committee structures for the following:

4.1.1 Organizing co-curricular activities on campus.

4.1.2 Making public statements, communication or correspondence with the press or other media for mass communication on behalf of the University or commenting on the internal affairs of the University.

4.1.3 Inviting Government and / or foreign dignitaries, ministers, representatives of foreign governments / agencies or other public personalities in their official capacity on to any University campus.

**5.0 Disciplinary Offences**

5.1 Without prejudice to the generality of the provisions of the Student Code of Conduct, the following conduct by students will constitute a disciplinary offence:

* + 1. Repeated failure to conform to scheduled instruction, practical work, examination, clinical assignments and/or coercing other students to act likewise.
    2. Any form of intimidation, insult, abusive language, assault, molestation or harassment of students, staff, faculty, patients or other clients, within or outside the University.
    3. Any form of unauthorized picketing, rallies, demonstrations or organized obstructions of any student / University / University Hospital function in any manner whatsoever.
    4. Any attempt to conceive, design or affect any plan of whatever nature whose object or consequence is to disrupt academic programmes of the University or its operations.
    5. Malicious acts, theft, wilful damage or misuse of University’s or any third party’s property.
    6. Students residing or availing the hostel and its facilities shall comply with all the hostel rules and will conduct themselves in a manner that respects the rights of other resident students, faculty and staff of the University.
    7. Unauthorized housing of persons in the hostel or other buildings at the University.
    8. Raising funds, accepting donations or engaging in similar activities for and on behalf of the University without a prior written approval of the University.
    9. Smoking, eating, drinking where prohibited in settings of the University.
    10. Cheating, plagiarising and or use of other unfair means in examinations or any other academic setting.
    11. Procurement, possession, use, sale or display of any weapon, including firearms or any other contraband item on campus or at any University-related event.
    12. Procurement, possession, use, sale and consumption of banned drugs, alcohol or other contraband items on campus or at University related events.
    13. Attendance on campus or at University-related events in an intoxicated state or under the influence of banned substances.
    14. Any act of violence causing injury or damage to any person or property at the University.
    15. Providing wrong information, giving false and / or fabricated evidence, deliberately concealing material facts or information to the University in any proceedings and inquiries carried out at any forum by the University.
    16. Committing or involvement in any act of deceit, fraud, forgery with the University, students, staff or faculty.
    17. Abuse, unauthorized or fraudulent use of University computers, network systems or computer files.
    18. Failure to comply with or any act in violation of, contravention of or disregard for published University policies, regulations or failure to comply with the direction of University officials acting in performance of their duties.
    19. Any act prohibited and/ or not permitted under any law of the country where the University is located.
    20. Assisting, supporting, facilitating, encouraging, and provoking any of the offences referred in clauses 5.1.1 to 5.1.19 above.

**6.0 Disciplinary Procedure**

6.1 Any breach of a Disciplinary Offence will be immediately reported to the Dean / Director of the student’s academic entity, or his / her designate.

6.2 Once informed the Dean / Director or his / her designate will:

6.2.1 Convene and refer the matter to the academic entity Disciplinary Committee for investigation.

6.2.2 Inform the University Registrar that a Disciplinary Committee has been convened.

6.3 While the Disciplinary Committee is investigating an offence, the Dean / Director may suspend the student or restrict him / her from specific or all campus based activities until the investigation is completed and a decision reached.

6.4 The Disciplinary Committee:

6.4.1 The academic entity Disciplinary Committee will be a standing committee and shall consist of at least five members of the faculty and senior staff of the University, one of whom shall be the Chairperson.

6.4.2 Members of the academic entity Disciplinary Committee will be appointed by the Dean / Director for a one-year term, which may be extended for a further period of two years.

6.4.3 The Dean / Director will ensure there is continuity of membership on the Committee and will have the discretion to extend the tenure or co-opt members on the Committee whose tenure have expired and who are involved in on-going cases.

6.4.4 There must be a quorum of at least three members of the Committee present for a hearing to proceed.

6.4.5 The academic entity Disciplinary Committee will be entitled to use services of any personnel of the University as the Committee may deem appropriate for the purposes of assisting the Committee in conducting the disciplinary proceedings.

6.5 The Disciplinary Committee’s proceedings:

6.5.1 Will be conducted in a fair and transparent manner.

6.5.2 Will invite the concerned student to present his/her point of view.

6.5.3 May, at its discretion, call other people deemed appropriate for seeking any information or evidence with regard to the offence.

6.5.4 Unless otherwise authorized by the Dean / Director, the Disciplinary Committee will normally complete its proceedings within 15 working days.

6.5.5 The outcome of the Disciplinary Committee’s investigation will be communicated to the Dean / Director in writing.

6.5.6 The Dean / Director may act upon the recommendation(s) of the Disciplinary Committee or in accordance with his / her judgment.

6.5.7 In exercising his / her right of making a decision, the Dean / Director shall not be required to provide a hearing to the student.

6.5.8 A copy of the decision will be sent to the University Registrar.

**7.0 Disciplinary Actions**

7.1 In cases of breaches of Disciplinary Offences 5.1.1 – 5.1.9, the University will impose anyone or more of the disciplinary actions given below, depending on the severity of the offence.

7.1.1 Counselling of the student.

7.1.2 A letter of warning or reprimand to the student.

7.1.3 Probation for a specified period of time with mandatory periodic counselling.

7.1.4 The payment of fine by the offender commensurate with the nature and gravity of the offence committed.

7.1.5 Suspension from the University for a specified period.

7.1.6 Expulsion from the University and / or expulsion from the University residences if so required.

7.1.7 Any other penalty which the relevant authority/ body of the University may deem fit to impose.

7.2 Notwithstanding Section 7.1, in cases of breaches of Disciplinary Offences 5.1.10 – 5.1.20, the University will impose anyone or more of the disciplinary actions given below, depending on the severity of the offence.

7.2.1 Suspension from the University for a specified period.

7.2.2 Expulsion from the University and / or expulsion from the University residences if so required.

7.2.3 Any other penalty which the relevant authority/ body of the University may deem fit to impose.

**8.0 Appeals**

8.1 Any appeal of the Dean’s / Director’s decision must be made within 10 working days of the date of the letter notifying the student of the decision.

8.1.1 Disagreement with the Dean’s / Director’s decision is not a reason for appeal.

8.1.2 Students must clearly state the reason for the appeal.

8.1.3 Students must make their appeal in writing.

8.1.4 An appeal may only be made by the student. Appeals received from parties other than the student will not be considered.

8.2 Appeals should be addressed to the University Registrar who will be responsible for forwarding the matter to the University’s Provost.

8.3 In cases where the Provost is not available to consider an appeal within the prescribed timelines, the Provost will forward the matter to a Dean / Director who will act in his / her place.

8.3.1 The Dean / Director selected by the Provost may not be the Dean / Director of the student’s academic entity.

8.3.2 Once selected the Dean / Director shall become the Provost’s designate.

8.4 Upon the receipt of an appeal, the Provost or his / her designate will convene and refer the matter to an Appeals Committee for investigation and review.

8.5 The Appeals Committee

8.4.1 The Appeals Committee will be an ad hoc committee and shall consist of three members of the faculty and senior staff of the University, one of whom shall be the Chairperson.

8.4.2 The Appeals Committee will be entitled to use services of any personnel of the University as the Committee may deem appropriate for the purposes of assisting the Committee in conducting the disciplinary proceedings.

8.5 The Appeals Committee’s proceedings:

8.5.1 Will be conducted in a fair and transparent manner.

8.5.2 Will invite the concerned student to present his/her point of view.

8.5.3 May, at its discretion, call other people deemed appropriate for seeking any information or evidence with regard to the offence.

8.5.4 Unless otherwise authorized by the Provost or his / her designate the Appeals Committee will complete its proceedings within 10 working days.

8.5.6 The outcome of the Appeals Committee’s investigation will be communicated to the Provost or his / her designate in writing.

8.5.7 The Provost or his / her designate may act upon the recommendation(s) of the Appeals Committee or in accordance with his / her judgment.

8.5.8 In exercising his / her right of a making decision, the Provost shall not be required to provide a hearing to the student.

8.5.9 The decision of the Provost or his / her designate shall be final and binding on all parties.

8.5.10 A copy of the decision will be sent to the University Registrar.

**9.0 Sharing of Information**

9.1 Where appropriate, information about a disciplinary offence may be passed on to the student’s parents/ guardians/ sponsors. The student or parent or both may also be required to give written assurances or undertaking to support expected conduct throughout his/ her stay at the University.

**10.0 Confidentiality**

10.1 The disciplinary proceedings held under the provisions of this Code of Conduct shall be of a confidential nature. To ensure the safety and security of all concerned, all information, statement, evidence, material, etc. received and/or presented during the disciplinary proceedings shall be kept strictly confidential and the students will not be entitled to have access to and/or seek copies of any of the record(s) of the disciplinary proceedings.

**11.0 Definitions**

11.1 Student:shall mean and include any person enrolled at the Aga Khan University for a course of studies leading to an undergraduate, graduate or postgraduate certificate, diploma or degree or any person registered with any other university or institution who has been accepted for an approved programme of study or training at the University.

11.1.1 For the purposes of the Student Code of Conduct and Disciplinary Procedures, PGME Interns, Residents and Fellows shall be deemed to be students of the University.

11.2 Provost:The University’s chief academic officer. For the purpose of application of this Code this term shall be deemed to include the Acting Provost or his / her designate.

11.3 Dean / Director:The head of an AKU academic entity, for example, the Medical College, School of Nursing or Institute for Educational Development or the Institute for the Study of Muslim Civilisations. This term shall deem to include Acting Deans / Directors or their designate.

11.4 Academic Entity**:** Unless otherwise indicated, an academic entity shall include the Medical College, the School of Nursing, the Institute for Educational Development, the Institute for the Study of Muslim Civilisations or any other college, school, institute of the University.

11.5 Suspension:refers to the act of debarring a student completely or partially from the activities of the University for a specified period of time. Upon expiry of the period of suspension, the student will be readmitted, contingent upon the terms and conditions of the suspension without any obligation or liability whatsoever on the part of the University or any of its members of staff, faculty or officers.

11.6 Expulsion:refers to thetermination of enrolment at the University.

11.7Fine:shall refer to an order by the University for a student to pay a sum of money to the University as penalty for any offence committed by the student. The student may or may not be permitted to continue with the course of studies until the fine has been paid.

**12.0 Student Handbooks**

12.1 The Student Code of Conduct and Disciplinary Procedures should be included in academic unit-specific student handbooks for Pakistan and wherever else allowed by law.

**Key International Journals**

* The Lancet
* New England Journal of Medicine
* BJOG
* Fertility and Sterility
* International Journal of Gynecology and Obstetrics
* Obstetrics and Gynecology (Green Journal)
* American Journal of Obstetrics and Gynecology
* Contraception
* International Perspectives on Sexual and Reproductive Health (Formerly International Family Planning Perspectives)
* Human Reproduction

**Key Regional Journals**

* The East African Medical Journal
* Journal of Obstetrics and Gynaecology of Eastern and Central Africa

**Key Websites**

RCOG [www.rcog.org.uk](http://www.rcog.org.uk)

UK National Institute for Health and Clinical Excellence <http://www.nice.org.uk/>

JCI <http://www.jointcommissioninternational.org/>

FIGO [www.figo.org](http://www.figo.org)

Resources about Misoprostol <http://www.misoprostol.org/>