PEC Form II Part B: Program-Specific Information

PROGRAM: Obstetrics and Gynecology **DEPT. NAME:**

A. **OBGYN Specialty Resources**	**YES/NO**	**Number**	**Total Number of Cases (last 12 mos.)**	**Comments**
In-Patient Beds				
Labour and Delivery Beds				
High Dependency Beds				
Day Care Beds				
General Obstetrics Clinics				
General Gynecology Clinics				
Specialty OBGYN Clinics				
● High Risk/Maternal Medicine				
● Infertility				
● Fetal Medicine / Intrauterine Growth Restriction (IUGR)				
● Urogynecology				
● Reproductive Endocrinology				
● Recurrent Pregnancy Loss Clinic				
● Adolescent Gynecology Clinic				
● Gynecological Endoscopic clinic				
● Menopause Clinic				
● Gyne-Oncology Clinic				
● Colposcopy Clinic				
● Early Pregnancy Clinic				

Average Occupancy for In-Patient OBGYN (last 12 months)	**Number**	**Comments**
Average length of stay		
Maternal Mortality Rate		
Perinatal Mortality Rate		
Safety and Security Policy **(Yes/No)**		
Other Resources *Please Specify:*		

Gynecology Cases	Total Number of Cases (last 12 mos.)	Comments
• Abdominal hysterectomy		
• Vaginal hysterectomy		
• Laparoscopic hysterectomy (all types, includes robotics)		
• Surgery for urinary incontinence (vaginal or abdominal) and reconstructive pelvic procedures		
• Operative laparoscopic procedures		
• Major surgical procedures for invasive Gyne-Oncology		
• Other Major Gynecological Surgery Cases		
• Minor Gynecological Surgery Cases		
• Percent of gynecologic patients available for resident education		

Obstetrics Cases	Total Number of Cases (last 12 mos.)	Comments
• Total deliveries		
• Cesarean deliveries		
• Operative vaginal deliveries (Forceps & Vacuum Deliveries)		
• Deliveries of infants weighing 500-2500 grams		
• Percent of obstetric patients available for resident education		

B. Human Resources for OBGYN	Total Number	OMSB Trainers	Comments
Senior Consultants			
Consultants			
Senior Specialists			
Specialists			
SHO			
Medical Officers			
Midwives			
Nurses			
Others, please specify			

C. Academic and Quality Assurance Activities	YES/NO	Frequency	Comments
Academic/Teaching Day			
Morning Meetings			
Specialty Workshops			
Ward Rounds			
Morbidity and Mortality Rounds/Meetings			
Bedside Teaching			
Journal Clubs			
Grand Rounds			
Interdepartmental Conferences/Meetings			
Audits			
Peer Reviews			
Incident Reports			
Patient Safety Monitoring			
Other Activities, please specify			

D. Other Resources and Overall Comments:

Approved by:

_____	_____	_____
Name	**Signature**	**Date**

Head of Department / Representative