## PEC Form II Part B: Program-Specific Information

PROGRAM: Obstetrics and Gynecology

**DEPT. NAME:** 

A. OBGYN Specialty Resources	YES/N O	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				
<ul> <li>Fetal Medicine / Intrauterine Growth Restriction (IUGR)</li> </ul>				
<ul> <li>Urogynecology</li> </ul>				
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)	Numbe r	Comme nts		
Average length of stay				
Maternal Mortality Rate				
Perinatal Mortality Rate				
Safety and Security Policy (Yes/No)				
Other Resources Please Specify:				

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Gynecology Cases	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			
<ul> <li>Percent of gynecologic patients available for resident education</li> </ul>			
Obstetrics Cases	Total Number of Cases (last 12 mos.)	Comments	
Total deliveries			
Cesarean deliveries			
<ul> <li>Operative vaginal deliveries (Forceps &amp; Vacuum Deliveries)</li> </ul>			
<ul> <li>Deliveries of infants weighing 500-2500 grams</li> </ul>			
<ul> <li>Percent of obstetric patients available for resident education</li> </ul>			
B. Human Resources for OBGYN	Total Number	OMSB Trainers	Comments
Senior Consultants			
Consultants			
Senior Specialists			
Specialists			
SHO			
Medical Officers			
Midwives			
Nurses			

Total Number

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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 Co	mments:		
Approved by:			
Name Head of Department / Representative	Signa	ature	Date