MODULE 9

FETAL DEVELOPMENT

M = MRCOG/MHKCOG target

E = Exit Assessment target

| TARGETS REQUIRING | | | |
|-------------------|--|--|--|
| | SIGNATURE | | |
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| | | | |
| 1 | Interpret the ultrasound diagnosis of | | |
| | growth restriction by ultrasound | | |
| 2 | Investigate the cause of growth | | |
| | restriction, monitor progress and | | |
| | decide on timing and mode of | | |
| | delivery | | |
| 3 | Perform amniocentesis | | |
| 4 | Diagnose and manage pre-term pre- | | |
| | labour rupture of membranes | | |
| 5 | Interpret the assessment of a fetus by | | |
| | cardiotocograph and ultrasound | | |
| 6 | Assess risk in fetal haemolysis | | |
| • | Perform ultrasound scan to: | | |
| 7 | Assess liquor volume | | |
| 8 | Determine fetal presentation | | |
| 9 | Assess gestational age | | |
| 10 | Determine placental site | | |

| EXPECTED COMPETENCE LEVEL | | | | | | |
|------------------------------|-----|---|---|-----|--|--|
| Trainee ticks when achieved | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | |
| | | | | M&E | | |
| | | | M | Е | | |
| | M&E | | | | | |
| | | | | M&E | | |
| | | | | М&Е | | |
| | M | E | | | | |
| | | | | | | |
| | | M | | Е | | |
| | | | | M&E | | |
| | | M | Е | | | |
| | | M | Е | | | |

| CERTIFICATION | | | | |
|---|------|--|--|--|
| Trainer to sign and date when Exit Assessment competence level achieved | | | | |
| Sign | Date | | | |
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TRAINEE MONITORED TARGETS: SUPERVISOR TO DISCUSS TRAINEE'S COMPETENCE BEFORE SIGNING MODULE AS COMPLETE

| TARGETS | | Trainee to date when level is achieved | | |
|---------|--|---|------------------------|--|
| | | Observation and experience if appropriate | Independent competence | |
| • | Observe application of ultrasound: | | | |
| 11 | Intra-uterine transfusion/cordocentesis | M&E | | |
| 12 | Chorionic villus sampling/placental biopsy | M&E | | |

| SIGNATURE TO CONFIRM COMPLETION OF MODULE 9 | | | | | | | |
|---|-------------------------|------|-----------------------|--|--|--|--|
| Name of Supervisor | Signature of Supervisor | Date | Hospital(s) / Unit(s) | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Trainee | Signature of Trainee | Date | | | | | |
| | | | | | | | |
| | | | | | | | |

a\logbook\1July99\structured training p. 11