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MCAI Maternal & Childhealth Advocacy International

Weekly training plan for years 1 and 2 for advanced hospital trainee obstetricians in Afghanistan

There will be at least one day a week of protected classroom-based teaching time for the trainees at each hospital. On the night before these selected teaching days the trainees involved should not have been on-call as this would make them too tired to learn properly.

This means that from 0900 to 1700 hours on the protected day, each of the trainees assigned to these hospitals should be engaged in training for the whole day apart from a 1 hour's lunch break and a 30 minutes break during the morning and the afternoon of the protected day.

During the protected day, there will be, locally based training focusing each week on different subjects undertaken by international obstetricians using Zoom.

These distance learning-based tutorials will **occur at the beginning of each training day** and be followed by a written examination covering the previous week's tutorial.

In the subsequent week there will be feedback by audiovisual conference on the results of the examinations undertaken the previous week.

Between tutorials (local and UK based) the trainees will study the subjects listed within the programme provided below using the MCAI obstetric handbook and videos and up to date papers from the obstetric E Libraries provided on computer tablets given to each doctor (both trainees and trainers).

Weekly examinations will be invigilated on Zoom by MCAI volunteers.

Outline plan for training

The training day will begin with a 1 to 2 hour of assigned joint study by distance learning audiovisual input by internet from the trainer from the UK and the obstetrician trainees using the MCAI handbook. This will cover the topics to be discussed in the tutorials for that particular day. It is also recommended that trainees read about the subject in advance at home (homework).

Following the audiovisual distance learning on each training day there will a 1 to 1.5 hour written invigilated examination based on the previous week's learning. During this examination, which will provide material for the MOH, the trainees must not have access to their mobile phones. There must be no discussion between trainees during the examinations.

The results of each week's examination will be feedback to the trainees during the next week's session.

Each tutorial will be accompanied by power-point presentations and videos which are outlined below for each protected training day. These videos and power-point presentations are located in the E Library on the computer tablets and should again be studied as homework before the training day begins so that the trainee is already well prepared for each tutorial.

Plan for each internet based international tutor training days at each hospital

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 1 begins		Safe blood transfusion and Triage	C5 C4	
Week 2 begins		Antenatal care and the hospital Nursing pregnant women in hospital	A1 and A2	Focused AN care D43 ** Food for life D44* Warning signs pregnancy D97** Preparing birth room G70 ** The birthing process G88** Vaginal exam in labour J94** How to plan pregnancyD50* Teenage pregnancy A109*
Week 3 begins		Managing normal labour and delivery (part 1: partograph,)	A3	Giving good care in labour G46** How to use partograph G51** Initial assessment in labourG56** Respectful maternity care G115** Position of baby in labour G90**
Week 4 begins		Managing normal labour and delivery (part 2) First stage and induction (include ARM oxytocin)	A3 and A4	Foley catheter induction G122 * Augmenting with oxytocin G142**
Week 5 begins		Managing normal labour and delivery (part 3) Second and third stage	A3, A4 and A5	Examining placenta G40** Managing 2nd stage G61*** Managing 3rd stage G62*** Immediate care after birth G55*** Manual removal placenta J63** Manual removal placenta J64*** Preventing tears during birth G135 *** Danger signs after birth G131*** Helping breast feed G49*
Week 6 begins		Basic and Comprehensive Emergency Obstetric Care Infection control	C1 and C3	 Handwashing J47** and J48** Preventing infection at birth G71**
Week 7 begins		Structured approach to emergencies in pregnancy	C2 and C8	Jaw thrust pregnancy B57** Are you alright, look listen feel B16**
Week 8 begins		Shock in pregnancy or the puerperium	C6	Shock treated by obstetric clinician A5** NASG in shock J67*** Antishock garment J141 **
21st December	Holiday for internationals			

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
28th December	"Holiday for internationals"			
Week 9 begins 4th January		Severe anaemia Sickle cell disease	A+1	
Week 10 begins 11th January		Ruptured ectopic pregnancy	A+6	Ruptured ectopic pregnancy H76**
Week 11 begins 18 January		Miscarriage	A+7 and A+8	
Week 12 begins 25th January		Antepartum haemorrhage 1	A+9	Antepartum Haemorrhage Couvelaire uterus H15**
Week 13 begins 1st February		Antepartum haemorrhage 2	A+9 and A+10	
Week 14 begins 8th February		Postpartum haemorrhage number 1	A+11	uterine tamponade Evali UNICEF J92 **, uterine tamponade systems India J6**, uterine tamponade J29* Massive PPH Glowm H65** Prevention, management PPH MAF H72** Prevention management PPH Pathfinder H111* Setting up Evali MCAI J78** Aortic compression J132**
Week 15 begins 15th February		Postpartum haemorrhage number 2	A+11 and A+12	Simulated Massive obstetric haemorrhage H83 ** Addressing PPH H117* Bleeding after birth GHM H129 *
Week 16 begins 22nd February		Hypertension during pregnancy, pre-eclampsia and eclampsia (part 1)	A+13	Hypertension, preeclampsia and eclampsia I54** Taking BP GHM I139** How to use a cradle BP monitor I144** Severe preeclampsia GHM I137**
Week 17 begins 1st March		Hypertension during pregnancy, pre-eclampsia and eclampsia (part 2)	A+13	Simulated eclampsia I82** Eclampsia with warning I36** Recovery from eclampsia I 73** Simulated eclampsia Warning I82** Exaggerated reflexes in severe pre-eclampsia C108 **

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 18 begins 8th March		Prolonged and obstructed labour	A+3	The position of baby in labour GHM G90** Prolonged labour GHM G136** Training in fistula management MAF J11**
Week 19 begins 15th March		Ruptured uterus	A+4	
Week 20 begins 22nd March		Shoulder dystocia	A+5	Rubin 2 K75** Shoulder dystocia K Hinshaw K79** Shoulder dystocia manikin K80*** Shoulder dystocia McRoberts K81* Suprapubic pressure K85** Woods screw K99** Delivering posterior arm K33** Delivering posterior arm in all 4s K34** Prompt shoulder dystocia training K110** Stuck shoulders GHM K138**
Week begins 29th March	Holiday for trainees and trainers			
Week begins 5th April	Holiday for trainees and trainers			
Week 21 begins 12 April		Puerperal sepsis	A+14	Immediate care after birth GHM G55** Preventing infection at birth GHM G71** Uterine infection GHM G143** Intravenous antibiotics MAF **
Week 22 begins 19th April		Pulmonary embolus Amniotic fluid embolus	A+15 and A+16	
Week 23 begins 26th April		Reduced fetal movements, intrauterine death and stillbirth	A+18	Birth asphyxia MTMH ** Ending stillbirth Lancet A38** One girl two lives A68**

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 24 begins 3rd May		Fetal distress during labour Fetal monitoring by mothers	BMC and WHO Bulletin papers	Audit obstetric cases 1 and 2 A17* and A18* Fetal heart rate monitoring Baby Lifeline J42** Listening to FHR during labour
Week 25 begins 10th May		Multiple births	A 19 A20 A21	Assisting birth of twins
Week 26 begins 17th May		Mal-presentations and mal-positions	A+22	
Week 27 begins 24th May		Breech delivery including external cephalic version	A+23	Breech delivery with manikin E20*** External cephalic version E41*** Vaginal breech delivery Lovset E93** Breech delivery of head Baby Lifeline E19** Breech Caesarean section E21* Breech GHM E140**
Week 28 begins 31st May		Preterm pre-labour rupture of membranes	A+24	
Week 29 begins 7th June		Prolapsed cord Cord around neck	A+25	Cord prolapse simulation Baby Lifeline J30** Cord around neck GHM G130 **
Week 30 begins 14th June		Pelvic and pregnancy anatomy	E11	Pelvic anatomy C10* Anatomy and physiology C13* Anatomy review C14*
Week 31 begins 21st June		Fetal anatomy	E11	
Week 32 begins 28th June		PHYSIOLOGY 1 Basic cell biology, blood and related, kidney function, liver function		
Week 33 begins 5th July		PHYSIOLOGY 2 Cardiac Respiratory GI tract Circulation		Respiratory physiology ventilation C2** Blood gas transport C3** Abnormal breath sounds C147***
Week 34 begins 12th July		Inverted uterus Hyperemesis gravidarum	A+26 and A+27	
Week 35 begins 19th July		Reduced consciousness and coma in pregnancy	B5	

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 36 begins 26th July		Heart problems during pregnancy and delivery	B1	Abnormal breath sounds C147***
Week 37 begins 2nd August		Asthma in pregnancy Pneumonia in pregnancy	B2	Abnormal breath sounds C147***
Week 38 begins 9th August		Anaphylaxis in pregnancy	B3	
Week 39 begins 16th August		Diabetes in pregnancy and delivery	B4	
Holiday begins 23rd August	**Holiday**			
Holiday week begins 30th August	**Holiday**			
Week 40 begins 6th September		Severe gastro-enteritis in pregnancy	B7	
Week 41 begins 13th September		Major trauma in pregnancy	D1	Landmarks chest drain pregnancy B59* Major trauma manikin simulation B60
Week 42 begins 20th September		Major Trauma in pregnancy part 2	D1	
Week 43 begins 27th September		Burns in pregnancy	D2	
Week 44 begins 4th October		Pregnancy related mental illness	A+28	Mental health gap action Uganda A119**

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
11th October	HOLIDAY			
18th October	HOLIDAY			
Week 45 begins 25th October		Intimate partner violence FGM	A+30 A+29	Stop violence before it starts A118***
Weeks 46 begins 1st November		Acute appendicitis in pregnancy Cystitis and pyelonephritis	B9 and B11	
Week 47 begins 8th November		TB in pregnancy Syphilis in pregnancy	B10 and B13	
Week 48 begins 15th November		Varicella zoster in pregnancy	B12	
Week 49 begins 22nd November		HIV in pregnancy and during and after delivery	B15	
Week 50 begins 29th November		Vacuum delivery	E3	Ventouse Baby Lifeline parts 1 and 2 J95** and J96** Vacuum extraction WHO J102** Kiwi vacuum delivery J58 *
Week 51 begins 6th December		Forceps delivery Symphisiotomy	E4 and E9	Forceps delivery Canada J7** Forceps MCAI J45 ** Symphysiotomy Baby Lifeline J86 **

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 52 begins 13th December		Caesarean section and VBAC	E5 and E6	Caesarean section triplets MCAI **F22 Caesarean section MAF/MCAI 6 modules *** F23, F24, F25, F26, F27,F28 Difficult Caesarean section S. Africa NCCEMD J35*** Emergency CS obstructed labour MCAI J37* WHO Caesarean section surgical technique J100*** WHO safe surgery checklist J101**
20th December	Holidays			
27th December	Holidays			
Week 53 begins 3rd January		Post operative monitoring	End of E5	
Week 54 begins 10th January		Destructive procedures	E10	Craniotomy MCAI J31**
Week 55 begins 17th January		Episiotomy Cervical tears	E7 and A+12	Emergency episiotomy GHM J123** Episiotomy procedure MCAI J39*** Episiotomy repair MCAI J74 **
Week 56 begins 24th January				

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 57 begins 31st January		Emergency obstetric hysterectomy part 1	E11	Caesarean hysterectomy Placenta accreta J9** Abdominal hysterectomy J12**
Week 58 begins 7th February		Updates to the obstetric handbook		**Document to be added to handbooks after printing**
Week 59 begins 14th February		Introduction to anaesthesia and pain control for obstetric patients	C7	
Week 60 begins 21st February		Vascular access for emergencies during pregnancy Nasogastric tube insertion Urethral catheterisation	E13 E14	Inserting an IV cannula B121** External jugular vein cannula J142** EZIO Intraosseous needle Vidacare J143** Urethral catheter GHM J133**
Week 61 begins 28th February		Human factors in emergency obstetric care (no exam) Vascular access for emergencies during pregnancy Nasogastric tube insertion Urethral catheterisation		**See summary and videos**
Week 62 begins 7th March		Severe malaria in pregnancy	B8	
Week 63 begins 14th March		Sickle cell anaemia in pregnancy	B16	
Week 64 begins 17th 21st March		Basic and advanced life support and CPR in pregnancy	C9	Dead mums don't cry A32***

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 65 begins 28th March		Guidelines re safe drug and fluid administration	C10	Giving IV fluids GHM J125**
Week 65 begins 4th April		Poisoning in pregnancy	D3	
Week 66 begins 11th April		Emergency hysterectomy	E11	
Week 67 begins 18th April		Anaesthesia in pregnancy	Special Powerpoint	
Week 56 begins 25th April		Neonatal resuscitation	A+20	Neonatal resuscitation MAF and MCAI LN45***
Week 69 begins 2nd May		Major perineal tears and prevention fistula	E8	Preventing tears during childbirth GHM G135** Repairing a labial tear GHM J126* Basic suturing GHM J128** Evaluating tears after childbirth GHM J124**
Week 70 begins 9th May		Episiotomy and cervical tears	A+12 and E7	Fistula care surgical safety kit J89**
Week begins 16th May		Preventing maternal mortality	C1, C4, C9	My sister myself British Council A120** Saving mothers' lives Imperial College A116** Dead mothers don't cry Panorama A32** You have the power A106 *** Heroines of health A105**

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 70 beginning 23rd May		**Incomplete miscarriage or septic miscarriage case** they have personally managed **Incomplete miscarriage or septic miscarriage case** personally managed	A+7	**Exam on Emergency obstetric hysterectomy**
28th May Holiday begins	Holiday week 1			
12th June Holiday ends	Holiday week 2			
Week 71 beginning 13th June		PPH case they have personally managed PPH case personally	A+11	Undertaken and all passed their presentations Undertaken and both passed their presentations
Week 72 begins 20th June		Eclampsia case personally managed Major APH case personally managed	A+13 A+9	Undertaken and all passed their presentations Undertaken and both passed their presentations
Week 73 begins 27th June		Obstructed labour case including CS Obstructed labour case	A+3	Undertaken and all 3 passed their presentations Undertaken and both passed their presentations
Week 74 begins 4th July		Major APH case personally managed Eclampsia case personally managed	A+9 A+13	Undertaken and both passed their presentations Undertaken and both passed their presentations
Week 75 begins 11th July		Twin case personally managed Twins personally managed	A+21	Undertaken and all 3 passed their presentations Undertaken and both passed their presentations

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week 76 begins 18th July		Vaginal breech delivery personally managed Twins personally managed	A+23	Undertaken and both passed their presentations Undertaken and both passed their presentations
Week 77 begins 25th July		PPROM personally managed PPROM personally managed	A+24	Undertaken and all 3 passed their presentations Undertaken and both passed their presentations
Week 78 begins 1ST August		Shoulder dystocia managed personally Shoulder dystocia managed personally	A+5	Undertaken and both passed their presentations Undertaken and both passed their presentations
Week begins 8th August		Shoulder dystocia personally managed Shoulder dystocia personally managed	A+5	Undertaken and all 3 passed their presentations Undertaken and both passed their presentations
Week begins 15th August		Ruptured uterus managed personally Ruptured uterus managed personally	A+4	Undertaken and both passed their presentations Undertaken and both passed their presentations
Week beginning 22nd August		Ruptured uterus personally managed Ruptured uterus personally managed	A+4	Undertaken and all 3 passed their presentations Undertaken and both passed their presentations
Week beginning 29th August		Reduced fetal movements and IUFD managed Reduced fetal movements and IUFD managed	A+18	Undertaken and both passed their presentations Undertaken and both passed their presentations
Week beginning 5th September		Reduced fetal movements and IUFD Reduced fetal movements and IUFD	A+18	

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week beginning 12th September		Fetal distress and its management Reduced fetal movements and IUFD	A+19	
Week beginning 19th September		Fetal distress and its management Fetal distress and its management	A+19	
Week beginning 26th September		**Incomplete miscarriage or septic miscarriage case** they have personally managed **Incomplete miscarriage or septic miscarriage case** personally managed	A+7	
Week beginning 3rd October		Major PPH Major PPH		
Week beginning 10th October		Eclampsia Eclampsia		
Week beginning 17th October		APH APH		

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week beginning 24th October	End of second year OSCE. Verbal and written components Verbal BY ZOOM Tuesday 25th morning N Hospital: Tuesday 25th afternoon N Hospital: Written Monday all day			
Week beginning 16th January	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. *This week NN will present on the management of a case of severe preeclampsia at N Hospital.* INTERNATIONAL TUTOR NN will present on the management of severe preeclampsia. INTERNATIONAL TUTOR			
Week beginning 23rd January	*This week **NN** will present on the management of a case of severe preeclampsia at N Hospital*. INTERNATIONAL TUTOR NN will present on the management of severe preeclampsia.			
Week beginning 30th January	Interns to undergo presentations on Tuesday and Thursday on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. *This week **NN** will present on the management of a case of PPH following delivery of the placenta which was complete at N Hospital*. INTERNATIONAL TUTOR IS NN will present on the management of a case of PPH following delivery of the placenta which was complete. INTERNATIONAL TUTOR IS			
Week beginning 6th February	This week **NN** will present on the management of a case of PPH following delivery of the placenta which was complete at N Hospital. INTERNATIONAL TUTOR IS **NN** will present on the management of a case of PPH following delivery of the placenta which was complete. INTERNATIONAL TUTOR IS			

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week beginning 13th February	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. *This week NN will present on the management of a case of vaginal breech delivery first identified at 38 weeks' gestation in an antenatal clinic.* The mother is G3 P2 and there is as yet no signs of labour at N Hospital. Describe how you would manage this patient until she has delivered her baby including external cephalic version which although carefully undertaken is unsuccessful. Describe exactly how you would manage the subsequent vaginal breech delivery. Unfortunately, because the fetus continues to present as a breech when she goes into labour there is subsequently the not uncommon complication that the fetal head gets stuck during vaginal breech delivery and the fetal heart rate is varying from 90 to 110 bpm following each contraction. INTERNATIONAL TUTOR IS **NN** will present on the management of the same case described above as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			
Week beginning 20th February	This week **NN** will present on the management of the case of the breech malpresentation described above. INTERNATIONAL TUTOR IS NN will present on the management of the case of the breech malpresentation described above. INTERNATIONAL TUTOR IS			
Week beginning 27th February	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. *This week **NN** will present on the management of a case of twins presenting in labour at term In a primigravid mother.* Describe how you would manage this patient until she has delivered her first baby and then how you would ensure safe delivery of the second twin who is in the transverse position. which although carefully undertaken is unsuccessful. INTERNATIONAL TUTOR IS NN will present on the management of the same case described above as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			
Week beginning 6th March	This week **NN** will present on the management of the case of twins described above. INTERNATIONAL TUTOR IS **NN** will present on the management of the case of twins described above. INTERNATIONAL TUTOR IS			
Week beginning 13th March	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week NN will present on the management of the following patient: *A primigravida presents in active labour, having had no antenatal care, and saying that she is 9 months pregnant.* *The fundal height is 34cm.* *The cervix is fully dilated, with fresh meconium present.* *The vertex is at +1 to the spines.* *The fetal heart rate is 120 beats per minute, with deep decelerations after each contraction.* INTERNATIONAL TUTOR IS NN will present on the management of the same case described above (FETAL DISTRESS) as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week beginning 20th March	This week **NN** will present on the management of the case described above. INTERNATIONAL TUTOR IS **NN** will present on the management of the case of the patient described above. INTERNATIONAL TUTOR IS			
Week beginning 27th March	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week NN will present on the management of the following patient: *A woman attends the clinic, complaining of chest pain and a swollen leg.* *She had a normal vaginal delivery of her 4th baby 10 days previously, following an uneventful pregnancy and labour.* *On examination, there is reduced air entry on the left of her chest, and her left lower leg is swollen, red and tender.* *How do you manage this patient?* INTERNATIONAL TUTOR IS **NN** will present on the management of the same case described above as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			
Tuesday 4th April at 1330 Liberian time 1430 UK time Wednesday 5th April 1330 Liberian time 1430 UK time	Emergency obstetric hysterectomy: **part 1** INTERNATIONAL TUTOR IS DR NN Emergency obstetric hysterectomy: **part 1** INTERNATIONAL TUTOR IS DR NN			
Week beginning 10th April	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week NNwill present on the management of the following patient: *A patient presents from a 48 period of labour at home 6 hours drive from the hospital where she attends the emergency room. She is a primigrava, at 42 weeks gestation. She has a fever of 39 degrees C and is in early septic shock with a heart rate of 120 bpm, BP 80/50 mm Hg and CRT 4 seconds. The fetal heart rate is absent on doppler and on ultrasound scan. She says the baby stopped moving 10 days ago. How do you manage this patient who on examination has evidence of obstructed labour with cervical dilatation of 6cm and head 5/5. There is foul smelling meconium-stained liquor.* INTERNATIONAL TUTOR IS NN will present on the management of the same patient described above as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
Week beginning 17th April	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week **NN** will present on the management of the following patient: *A patient presents from a 48 period of labour at home 6 hours drive from the hospital where she attends the emergency room. She is a primigrava, at 42 weeks gestation. She has a fever of 39 degrees C and is in early septic shock with a heart rate of 120 bpm, BP 80/50 mm Hg and CRT 4 seconds. The fetal heart rate is absent on doppler and on ultrasound scan. She says the baby stopped moving 10 days ago. How do you manage this patient who on examination has evidence of obstructed labour with cervical dilatation of 6cm and head 5/5. There is foul smelling meconium-stained liquor.* INTERNATIONAL TUTOR IS NNwill present on the management of the same patient described above as undertaken at NN Hospital. INTERNATIONAL TUTOR IS			
Week beginning 24th April	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week NNwill present on the management of the following patient: *A 24 years old patient presents to the outreach obstetric clinician team with no symptoms at 32 weeks gestation. She is a Primagravida with no previous medical history. On examination in the outreach clinic there is a normal BP, normal sized uterus for 32 weeks but on ultrasound examination there is a complete placenta praevia covering the whole of the internal os. There has been no bleeding during the pregnancy. Please explain to the mother and to the midwives in the clinic your plan for managing this patient* INTERNATIONAL TUTOR IS **NN** will present on the management of the same patient described above. INTERNATIONAL TUTOR IS			
Week beginning 1st May	Interns to undergo presentations on specific subjects as if they were training junior staff on the wards. Each presentation to last 30 minutes including questions from international trainer and from colleague interns. This week **NN** will present on the management of the following patient: *A 24 years old patient presents to the outreach obstetric clinician team with no symptoms at 32 weeks gestation. She is a Primagravida with no previous medical history. On examination in the outreach clinic there is a normal BP, normal sized uterus for 32 weeks but on ultrasound examination there is a complete placenta praevia covering the whole of the internal os. There has been no bleeding during the pregnancy. Please explain to the mother and to the midwives in the clinic your plan for managing this patient* INTERNATIONAL TUTOR IS NNwill present on the management of the same patient described above. INTERNATIONAL TUTOR IS			

Date of each training day	Audio visual training undertaken by:	Contents of training	Reference pages in handbook	Reference in E library videos and power-point presentations
	Scenario presentations on: Ruptured Ectopic Pregnancy and Chorioamnionitis In Labour			
	Case presentations from trainees' recent experience			
	Scenario presentations on Sickle Cell Disease in Pregnancy			
	Scenario presentations on Malaria in Pregnancy			
	Scenario presentations on HIV in Pregnancy			
	Scenario presentations on TB in Pregnancy			
	Scenario presentations on Asthma in pregnancy			
	Scenario presentations on Management of the Unresponsive Pregnant Woman			
	Scenario presentations on Diabetes in Pregnancy			
	Four more scenario presentations on Diabetes in Pregnancy			
	Scenario presentations on Informed Consent in Pregnancy			
	Scenario presentations on Abdominal Pain in Pregnancy			
	Scenario presentations on Thyroid Disorders in Pregnancy			
	Scenario presentations on five clinical conditions previously covered (Final teaching session)			
	Mondayinclusive: Revision Fortnight			
	W/B : Final examinations			