

Advanced Life Support in Obstetrics (ALSO®)

ALSO® Provider Course 2015 Overall Program Evaluation

Print and submit ONLY on white paper. DO NOT modify this document in any way. Failure to follow these guidelines will result in summary not being processed.

Please type in the grey fields and click the "Tab" key to advance. Please make a copy of all evaluations for your evaluations for your files before submitting to the AAFP. A report of the completed evaluations will be returned to the course coordinator.

Cou	urse Sponsor:			Course Location:					
Coı	urse Director:			Course Coordinator:					
Cod	ordinator Email (required):			Course Date:					
		Pleas	se fill	in the dots cooresponding to your res	ponse complete	ly.	● √ oκ B		
O	verall Program Goals						OK B	AĎ `	
1.	Improve the management of obstetrical emergencies by will be useful for standardizing the skills of maternity care			protocols which	(5)	4	3	2	1
2.	Facilitate productive, collegial interactions between all ma	aternit	y car	e providers.	5	4	3	2	1
3.	Enhance the utilization of regional maternity care, and disbecause of human interaction, communication, and preju			ers to regionalization	(5)	4	3	2	1
Wo	ould you recommend this course to a colleague?	-	es	No ②					
Pł	nysical Facilities/Arrangements								
1.	Registration process was efficient		/es	No ②					
2.	Facility provided for environmental comfort	(1	2					
3.	Room set-up was conducive to teaching methods	(1	2					
4.	Promotional information provided adequate information	(1	2					
5.	Promotional information was received in a timely manner	(1	2					
6.	Facility was accessible	(1	2					
7.	Scheduling of the conference met my needs	(1	2					
8.	Location of the conference met my needs	(1	2					
C	ourse Feedback								
Wh	at did you like most about the course?								
Wh	at did you like least about the course?								
Do	you have specific suggestions on how to improve the cou	ırse?							
Did	I you learn anything during this course that may cause you	to ch	ange	your clinical practice behavior?					
Ho	w did you hear about this ALSO Course?								
1	AAFP/ALSO Email	5	Exh	ibit. If so, which one?					
2	AAFP/ALSO Website	6		n colleague or friend					
3	Residency program requirement	7		er, please specify:					
(4)	Print advertisement								

Individual Session Evaluations

Please rate the speakers and courses you attended on a scale of 5 to 1, where 5 is excellent and 1 is poor.

Speaker	Knowledge of Subject (5) (4) (3) (2) (1)	Organization and Clarity 5 4 3 2 1	Effective		Teachi	_	hods
Speaker	5 4 3 2 1	5 4 3 2 1	(5	s) (4)	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5	3) (4)	3 2	1	
Discuss the value of hCG sonographic discriminatory	. 5	4	3	2	1		
. Describe the process, diagnosis, and management of miscarriage.					3	2	1
3. Describe the process, diagnosis, and management of	f ectopic pregnancy.		5	4	3	2	1
4. Describe the process, diagnosis, and management of	f gestational trophoblastic disea	se.	5	4	3	2	1
5. Describe the technique of suction curettage for the tr	eatment of incomplete miscarria	ge.	5	4	3	2	1
6. Describe the spectrum of psychological reactions to	early pregnancy loss.		(5)	4	3	2	1
COMMENTS:							

REQUIRED LECTURE: Labor Dystocia

Speaker	Knowledge of Subject 5 4 3 2 1	Organization and Clarity 5 4 3 2 1	Effectivene 5		Teachi	0	nods
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4 (3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1		1		
1.Define normal labor and labor dystocia. 2.Describe common etiologies for dystocia. 3.Describe how to diagnose and treat dystocia. 4.Discuss prevention methods.			(5) (5) (5)	(4) (4) (4) (4)	3333	22222	① ① ① ① ① ①
COMMENTS:							

REQUIRED LECTURE: Medical Complications

	Knowledge of Subject	Organization and Clarity	Effectiveness of Teaching Methods
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

	1.	Describe the following medic	al conditions that can lea	ad to significant	morbidity and n	maternal mortality	during the	e peripartum r	period.
--	----	------------------------------	----------------------------	-------------------	-----------------	--------------------	------------	----------------	---------

a. Gestation	al hypertension, preeclampsia, eclampsia, and	HELLP syndrome.	5	4	3	2	1
b. Acute fatt	y liver of pregnancy		5	4	3	2	1
c. Peripartu	m cardiomyopathy		5	4	3	2	1
d. Deep vei	n thrombosis and pulmonary embolism		(5)	4	3	2	1
2. Formulate a	diagnosis and management for each of the abo	ve.	(5)	4	3	2	1
COMMENTS:							

Speaker	Knowledge of Subject (5) (4) (3) (2) (1)	Organization and Clarity (5) (4) (3) (2) (1)	Effectiver		f Teachi	-	hods
Speaker	5 4 3 2 1	5 4 3 2 1	(5		3 2		
Speaker	5 4 3 2 1	\$ 4 3 2 1	(5	4	3 2	1	
Define preterm labor (PTL) and premature rupture of	membranes (PROM) and descri	be their significance.	(5)	4	3	2	1
2. List risk factors association with PTL and PROM.			(5)	4	3	2	1
3. Outline initial evaluation of PTL and PROM.			5	4	3	2	1
4. Describe management of PTL and PROM.			5	4	3	2	1
5. Discuss the neonatal group B streptococcal (GBS) p	revention strategies.		5	4	3	2	1
COMMENTS:							
REQUIRED LECTURE: Safety in Mat	ernity Care						
Speaker	Knowledge of Subject (5) (4) (3) (2) (1)	Organization and Clarity (5) (4) (3) (2) (1)	Effectiver		f Teachi	-	hods
Speaker	5 4 3 2 1	5 4 3 2 1	(5	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(a)(b)(c)(d)(d)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)<l< td=""></l<>				
1.Discuss need for patient safety focus in maternity care			5	4	3	2	1
			(5)	4	3	2	1
2. Discuss the team approach to maternity care.							1
2.Discuss the team approach to maternity care.3.Discuss the evidence that team training improves out	comes.		5	4	3	2	(
	comes.		(5)(5)	4	33	2	1
3. Discuss the evidence that team training improves out			_				
3. Discuss the evidence that team training improves out of 4. Demonstrate teamwork tools that improve safety.	ssible solutions (The five "Cs").		5	4	3	2	1
3. Discuss the evidence that team training improves out of the second state of the se	ssible solutions (The five "Cs").	су	5	4	3	2	1
3.Discuss the evidence that team training improves out of the second state of the sec	ssible solutions (The five "Cs"). ding in Late Pregnand Knowledge of Subject	Organization and Clarity	© © © © © © © © © © © © © © © © © © ©	(4) (4)	③ ③	② ②	(1) (1)
3. Discuss the evidence that team training improves out of 4. Demonstrate teamwork tools that improve safety. 5. Discuss risk management issues in obstetrics and posteriors. COMMENTS: REQUIRED LECTURE: Vaginal Bleed Speaker	ding in Late Pregnand Knowledge of Subject (3) (4) (3) (2) (1)	Organization and Clarity 5 4 3 2 1	© S S S S S S S S S S S S S S S S S S S	4 4 ness o	(3) (3) (3) (4) (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	② ② ing Met	(1) (1)
3. Discuss the evidence that team training improves out of the second state. 4. Demonstrate teamwork tools that improve safety. 5. Discuss risk management issues in obstetrics and possible comments: REQUIRED LECTURE: Vaginal Bleed.	ssible solutions (The five "Cs"). ding in Late Pregnand Knowledge of Subject	Organization and Clarity	© © © © © © © © © © © © © © © © © © ©	(4) (4) (4) (e) (1) (1) (4) (1) (4)	③ ③	(2) (2) (ing Met	(1) (1)
3.Discuss the evidence that team training improves out of the second state of the sec	Sample solutions (The five "Cs"). Simple solutions (The five "Cs"). Continued in Late Pregnance Cont	Organization and Clarity S 4 3 2 1 S 4 3 2 1	© S S S S S S S S S S S S S S S S S S S	(4) (4) (4) (e) (1) (1) (4) (1) (4)	3 3 f Teachi 3 2 3 2	(2) (2) (ing Met	(1) (1)
3.Discuss the evidence that team training improves out of 4.Demonstrate teamwork tools that improve safety. 5.Discuss risk management issues in obstetrics and possible comments: REQUIRED LECTURE: Vaginal Bleed Speaker Speaker Speaker	Second half of pregnancy.	Organization and Clarity S 4 3 2 1 S 4 3 2 1	© S S S S S S S S S S S S S S S S S S S	4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3 3 3 f Teachi 3 2 3 2 3 2	② ② ing Met ① ① ① ①	① ①
3.Discuss the evidence that team training improves out of 4.Demonstrate teamwork tools that improve safety. 5.Discuss risk management issues in obstetrics and possible comments: REQUIRED LECTURE: Vaginal Bleect Speaker Speaker Speaker 1. Identify the major causes of vaginal bleeding in the state of the comments	Second half of pregnancy.	Organization and Clarity S 4 3 2 1 S 4 3 2 1	Effectiver (5)	(4) (4) (4) (4) (4) (4) (4) (4)	3 3 3 f Teachi 3 2 3 2 3 2	② ② ③ ② ③ ③ ② ⑥ ③ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥	(1)

Occalian	Knowledge of Subject	Organization and Clarity	Effectiver			-	hods
Speaker	§ 4 3 2 1	⑤ ④ ③ ② ①⑤ ④ ③ ② ①			3232		
Speaker	6 4 3 2 1	5 4 3 2 1	(5	_		_	
Speaker	③ ④ ② ② ①	5 4 3 2 1	(5)) 4	3 2		
Discuss the indications for assisted vaginal delivery.			(5)	4	3	2	(1
2. Discuss the prerequisites for the use of vacuum extra	raction and forceps.		5	4	3	2	(1
3. Define outlet, low, and mid instrument procedures.			(5)	4	3	2	(1
4. Name the parts of the obstetrical vacuum extractor	and Simpson forceps.		(5)	4	3	2	(1
5. Demonstrate proper use of vacuum and forceps equ	uipment on a maternal fetal manne	equin.	(5)	4	3	2	(
COMMENTS:							
REQUIRED WORKSTATION: Intrapa	rtum Fetal Surveillan	ce					
Speaker	Knowledge of Subject 5 4 3 2 1	Organization and Clarity 5 4 3 2 1	Effectiver 5		f Teachi 3 2	_	hods
Speaker	5 4 3 2 1	5 4 3 2 1	(5)) (4)	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)		3 2		
 Describe guidelines for CEFM terminology including Rate tracings (NICHD 1997, revised 2008). Discuss the mnemonic DR C BRAVADO and recent overall assessment and general management plan. Discuss future trends in fetal monitoring. 		Fetal Heart	(5) (5)	4444	333	2 2 2	(1)
COMMENTS:							
REQUIRED WORKSTATION: Malpre Speaker	Knowledge of Subject	Organization and Clarity 3 4 3 2 1	Effectiver	iess o	f Teachi ③ ②	0	hods
Speaker	(5) (4) (3) (2) (1)	5 4 3 2 1	(5		3 2		
	(5) (4) (3) (2) (1)	5 4 3 2 1	Č	_	3 2	_	
Opeanei							
<u> </u>	or diagnosis.		(5)	4	3	2	(1
Define six types of malpresentations and methods for	•		55	44	33	2	
Define six types of malpresentations and methods for List complications associated with each malpresent	ation.		_	_	_	_	(1
 Define six types of malpresentations and methods for all complications associated with each malpresent Discuss the criteria for allowing vaginal delivery, and delivery, when appropriate. 	ation. If the management of vaginal		5	4	3	2	(1
 Define six types of malpresentations and methods for the complications associated with each malpresent solutions. Discuss the criteria for allowing vaginal delivery, and delivery, when appropriate. Discuss multiple gestation, with special attention to serious malposition. Perform safe, effective delivery of various malposition using the maternal fetal mannequin. 	ation. If the management of vaginal labor and delivery.		(5)	4	3	2	(1) (1)

	Knowledge of Subject	Organization and Clarity	Effectiven	ess of	Teachi	ing Mei	thods
Speaker	5 4 3 2 1	5 4 3 2 1			3 2	-	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
List the important causes of postpartum hem	orrhage.		(5)	4	3	2	1
2. Describe the methods for preventing postpar	rtum hemorrhage.		(5)	4	3	2	1
3. Demonstrate an awareness of the need for e	arly recognizing and quick response.		5	4	3	2	1
4. Describe the initial approach to treating post	partum hemorrhage.		(5)	4	3	2	1
5. Describe the aspects of maternal physiology to trauma during pregnancy.	that affect maternal resuscitation and re	esponse	5	4	3	2	1
6. List the modifications of basic life support an	d advanced cardiac life support needed	l in pregnancy.	(5)	4	3	2	1
7. Describe the technique from emergency hys			(5)	4	3	2	1
8. Describe the evaluation and management of		gnancy.	5	4	3	2	1
COMMENTS:							
REQUIRED WORKSTATION: Sh	oulder Dystocia						
Speaker	Knowledge of Subject 5 4 3 2 1	Organization and Clarity (5) (4) (3) (2) (1)	Effectiven (5)		Teachi 3 2	_	thods
Speaker	5 4 3 2 1	5 4 3 2 1	(5)			1	
Speaker	9921	5 4 3 2 1	5		3 2	_	
List the risk factors for shoulder dystocia.			(5)	4	3	2	(1)
2. Utilize a systematic approach to managing a			(5)	4	3	2	1
Demonstrate appropriate maneuvers to reduce Offer descriptions of management strategies			(5)	4	3	2	1
Offer descriptions of management strategies attendants around the globe.	and techniques that could be utilized by	y clinicians and birth	5	4	3	2	1
COMMENTS:							
REQUIRED WORKSTATION: OE	3 Cases						
Eclampsia	Knowledge of Subject	Organization and Clarity	Effectiven	ess of	Teachi	ing Me	thods
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	5	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
VTE	Knowledge of Subject	Organization and Clarity	Effectiven	ess of	Teachi	ing Met	thods
Speaker	5 4 3 2 1	5 4 3 2 1	5	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	5	4	3 2	1	
Cord Prolapse	Knowledge of Subject	Organization and Clarity	Effectiven				thods
Speaker	5 4 3 2 1	5 4 3 2 1			3 2		
Speaker	5 4 3 2 1	5 4 3 2 1	5	(4)	3 2	(1)	

Speaker

5 4 3 2 1 5 4 3 2 1 5 4 3 2 1

Charles	Knowledge of Subject (5) (4) (3) (2) (1)	Organization and Clarity 5 4 3 2 1	Effectiven		f Teachi	_	hods
Speaker	5 4 3 2 1	5 4 3 2 1	(5)		3 2		
Speaker Speaker	5 4 3 2 1	5 4 3 2 1	(5)		3 2		
1. Describe the possible emotional responses to bir	th crises.		5	4	3	2	(1
2. Discuss specific responses health care professio			5	4	3	2	(1
Identify the availability of support groups and ager	ncies that can assist families with a	perinatal crisis.	(5)	4	3	2	(
Define ongoing management strategies for the aff	ected families.		(5)	4	3	2	(
COMMENTS:							
OPTIONAL WORKSTATION: Cesar	ean Delivery						
Speaker	Knowledge of Subject ⑤ ④ ③ ② ①	Organization and Clarity (5) (4) (3) (2) (1)	Effectiven		f Teachi		hod
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
Speaker	5 4 3 2 1	5 4 3 2 1	(5)	4	3 2	1	
				4	3	2	(
Describe the anatomy and physiology relevant to							
	-		5			(2)	(
Describe eight steps leading to cesarean delivery	of a fetus.	rv	5	4	3	22	
 Describe the anatomy and physiology relevant to Describe eight steps leading to cesarean delivery Describe five intra-operative and five post-operative Describe the indications for perimortem cesarean 	of a fetus.	ry.	5	44	3	2	(
 Describe eight steps leading to cesarean delivery Describe five intra-operative and five post-operative Describe the indications for perimortem cesarean 	of a fetus. ve complications of cesarean delive delivery.	ry.	5	4	3		(
Describe eight steps leading to cesarean delivery	of a fetus. ve complications of cesarean delive delivery.	ry.	5	44	3	2	(
Describe eight steps leading to cesarean delivery Describe five intra-operative and five post-operative. Describe the indications for perimortem cesarean COMMENTS:	of a fetus. ve complications of cesarean delive delivery.		5	44	3	2	(
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn	of a fetus. ve complications of cesarean delive delivery. ostic Ultrasound in Lal Knowledge of Subject	oor and Delivery Organization and Clarity	(§) (§) (§)	4 4 4	③ ③ ③	② ②	<u></u>
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker	of a fetus. ve complications of cesarean deliver delivery. ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ①	Organization and Clarity (5) (4) (3) (2) (1)	⑤ ⑤ ⑥ ⑥	(4) (4) (4) (ess or	3 3 3 f Teachi	② ② ② ng Mei	
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operative 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker	of a fetus. ve complications of cesarean deliver delivery. ostic Ultrasound in Lal Knowledge of Subject (a)	Organization and Clarity 3 4 3 2 1 3 4 3 2 1	© © © © © © © © © © © © © © © © © © ©	(4) (4) (4) (ess of) (7) (4) (4)	3 3 3 f Teachi 3 2 3 2	② ② ng Me ① ①	(i)
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operative 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker	of a fetus. ve complications of cesarean deliver delivery. ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ①	Organization and Clarity (5) (4) (3) (2) (1)	© © © © © © © © © © © © © © © © © © ©	(4) (4) (4) (ess of) (7) (4) (4)	3 3 3 f Teachi	② ② ng Me ① ①	<u></u>
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker	of a fetus. ve complications of cesarean deliver delivery. Ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ① ⑤ ④ ③ ② ① ⑤ ④ ③ ② ①	Organization and Clarity (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (5) (4) (3) (2) (1)	© © © © © © © © © © © © © © © © © © ©	(4) (4) (4) (ess of) (7) (4) (4)	3 3 3 f Teachi 3 2 3 2	② ② ng Me ① ①	<u></u>
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker Speaker Describe the indications for and types of ultrasour scanning is useful in intrapartum care.	of a fetus. ve complications of cesarean deliver delivery. Ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ① ⑤ ④ ③ ② ① ⑤ ④ ③ ② ①	Organization and Clarity (5) (4) (3) (2) (1) (6) (4) (3) (2) (1) (7) (4) (3) (2) (1) (8) (4) (3) (2) (1) (9) (4) (4) (4) (4) (4) (9) (4) (4) (4) (4) (4) (9) (4) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (4) (4) (9) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (9) (4) (4) (4) (9) (4) (4) (4) (9) (4) (4) (© S S S S S S S S S S S S S S S S S S S	ess o' 4 4 4 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4	3 3 3 f Teachi 3 2 3 2 3 2	② ② ② 10 10 10 10 10 10 10 10 10 10 10 10 10	((
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operative 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker Speaker 1. Describe the indications for and types of ultrasour scanning is useful in intrapartum care. 2. Describe and apply basic scanning techniques, in	of a fetus. ve complications of cesarean deliver delivery. Ostic Ultrasound in Lal Knowledge of Subject (a)	Organization and Clarity (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	© S S S S S S S S S S S S S S S S S S S	(4) (4) (4) (9) (9) (4) (4)	(3) (3) (3) (4) (5) (7) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	② ② ng Met ① ① ① ②	((
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker Speaker Describe the indications for and types of ultrasour scanning is useful in intrapartum care. Describe and apply basic scanning techniques, ir 3. Perform basic labor and delivery applications of denumber, fetal presentation, basic placental location	of a fetus. ve complications of cesarean deliver delivery. ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ① ⑤ ④ ③ ② ① ode warminations in pregnancy including the transabdominal, transversing anostic ultrasound, including determinations of the property of the	Organization and Clarity (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (6) (4) (3) (2) (1) (7) (7) (7) (7) (7) (7) (7) (8) (4) (3) (2) (1) (9) (4) (4) (4) (4) (4) (4) (9) (7) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9)	© © © © © © © © © © © © © © © © © © ©	(4) (4) (4) (4) (4) (4)	3 3 3 5 Teachi 3 2 3 2 3 2 3 2	② ② 10	(()
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operative 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker Speaker Describe the indications for and types of ultrasour scanning is useful in intrapartum care. 2. Describe and apply basic scanning techniques, in 1. Describe the components of a biophysical profile indications and limitations of the BBP in evaluating	of a fetus. ve complications of cesarean deliver delivery. Ostic Ultrasound in Lal Knowledge of Subject (a)	Organization and Clarity (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (5) (4) (3) (2) (1) (6) (4) (3) (2) (1) (7) (7) (7) (7) (7) (7) (7) (8) (4) (3) (2) (1) (9) (4) (4) (4) (4) (4) (4) (9) (7) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9) (7) (7) (7) (7) (9)	© © © Street Str	(4) (4) (4) (4) (4) (4)	(3) (3) (3) (4) (5) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	② 2 2 ng Met 1 1 2 2 2	((
2. Describe eight steps leading to cesarean delivery 3. Describe five intra-operative and five post-operativ 4. Describe the indications for perimortem cesarean COMMENTS: OPTIONAL WORKSTATION: Diagn Speaker Speaker Speaker 1. Describe the indications for and types of ultrasour scanning is useful in intrapartum care. 2. Describe and apply basic scanning techniques, ir 3. Perform basic labor and delivery applications of d number, fetal presentation, basic placental locatic 4. Describe the components of a biophysical profile	of a fetus. ve complications of cesarean deliver delivery. Ostic Ultrasound in Lal Knowledge of Subject ③ ④ ③ ② ① ⑤ ④ ③ ② ① ⑥ ④ ③ ② ① ond examinations in pregnancy including the transabdominal, transversing anostic ultrasound, including determinations of the complete delivery of the compl	Organization and Clarity ③ ④ ③ ② ① ⑤ ④ ③ ② ① ⑥ ④ ③ ② ① ſorganization and Clarity ⑤ ④ ③ ② ① ſorganization and transperineal round in the second in the	(§) (§) (§) (§) (§) (§) (§) (§) (§) (§)	(4) (4) (4) (4) (4) (4)	3 3 3 3 4 5 2 3 3 3 3 3 3	② ② ② ng Met ① ① ① ② ② ② ②	(((((((((((((((((((

OPTIONAL WORKSTATION: Neonatal Resuscitation

Speaker	Knowledge of Subject (§ (4) (3) (2) (1)	Organization and Clarity (5) (4) (3) (2) (1)	Effectiver		Teachi 3 2	-	hods	
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1					
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1					
Identify the conditions that increase the risk of	neonatal cardiorespiratory depression.		(5)	4	3	2	1)	
2. Select and properly assemble the equipment in	needed for neonatal resuscitation.		5	4	3	2	1	
3. Describe how to perform a rapid initial evaluati	on of the newborn.		5	4	3	2	1	
4. Describe subsequent resuscitation steps for a and their application in a cycle of evaluation, a	•	compression and drugs)	5	4	3	2	1	
5. Describe actions to take when meconium is pr	resent.		5	4	3	2	1	
COMMENTS:								

OPTIONAL WORKSTATION: Third and Fourth Degree Perineal Lacerations

Knowledge of Subject Organization and Clarity Speaker S 4 3 2 1 5 4 3 2 1			Effectiveness of Teaching Methods (a) (a) (a) (2) (1)				
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1				
Speaker	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1				
Review the classification of perineal lacerations.			(5)	4	3	2	1)
2. Describe the etiology of third and fourth degree lacerations.			(5)	4	3	2	1
3. Review techniques and evidence concerning third and fourth degree repair.			(5)	4	3	2	1
4. Discuss complications of third and fourth degree lacerations.			(5)	4	3	2	1
COMMENTS:							