

**SECTION 6 – ELECTIVE CLINICAL TRAINING SUMMARIES  
(PRIMARY OPERATOR)**

Name: \_\_\_\_\_

SIX-MONTHLY TRAINING SUMMARIES (CLINICAL) FOR TRAINEES COMPLETING AN ELECTIVE TRAINING PROGRAM

**This table to be used for procedures in which you were the PRIMARY OPERATOR**

Number of Operative Procedures and hours in Outpatient Clinics	Year 5 HOSPITAL: _____		Year 6 HOSPITAL: _____	
	Date	Date	Date	Date
Normal vaginal deliveries				
Operative vaginal deliveries				
Twins				
Breech				
Rotational forceps/ventouse				
Forceps/ventouse				
Caesarean sections				
Major abdominal procedures				
Hysterectomy				
Other				
Major vaginal procedures				
Hysterectomy				
Other				
Laparoscopies				
Simple				
Complicated				
Advanced				
Hysteroscopies				
Colposcopies				
Administration (hours)				
Other (please describe)				
Training Supervisor initials and date				
Regional/NZ T& A Chairman				

**PRIMARY OPERATOR ONLY**

**ELECTIVE CLINICAL TRAINING SUMMARIES  
(ASSISTED PROCEDURES)**

SIX-MONTHLY TRAINING SUMMARIES (CLINICAL) FOR TRAINEES COMPLETING AN ELECTIVE TRAINING PROGRAM

**This table to be used for procedures where you have ASSISTED**

Number of Operative Procedures and hours in Outpatient Clinics	Year 5 HOSPITAL: _____		Year 6 HOSPITAL: _____	
	Date	Date	Date	Date
Normal vaginal deliveries				
Operative vaginal deliveries				
Twins				
Breech				
Rotational forceps/ventouse				
Forceps/ventouse				
Caesarean sections				
Major abdominal procedures				
Hysterectomy				
Other				
Major vaginal procedures				
Hysterectomy				
Other				
Laparoscopies				
Simple				
Complicated				
Advanced				
Hysteroscopies				
Colposcopies				
Administration (hours)				
Other (please describe)				
Training Supervisor initials and date				
Regional/NZ T& A Chairman				

**ASSISTS ONLY**