Management of Obstetric Fistula for Health Care Providers – On-the-Job Training

Learners' Guide
March 2014

Government of Nepal
Ministry of Health and Population
National Health Training Center

innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

UNFPA

PREFACE

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PREFACE

Obstetric fistula still remains a largely neglected area in the developing world. It has remained a hidden condition, because it affects some of the most marginalized members of the population- poor, young, often illiterate girls and women in remote regions of the world. Obstetric Fistula in low-resource settings is one of the most visible indicators of the enormous gaps in maternal health care between the developed and developing world.

Until very recently, obstetric fistula was not officially recognized as a public health problem in Nepal until few years ago. However recently, the field work on reproductive health screening camps have identified Obstetric Fistula as one of the priority areas. It is almost entirely preventable and, in most cases, can be surgically repaired. Preventing and managing obstetric fistula contributes to achieving the Millennium Development Goal 5 of improving maternal health.

Until very recently there were very few dedicated individuals working in this field with very limited financial or institutional support. But now, with this United Nations Population Fund (UNFPA) funded program additional competent health care providers will be developed to provide quality services. These services will restore dignity to the millions of girls and women suffering with fistula and living in shame and poverty.

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ACKNOWLEDGEMENT

Nepal has made tremendous progress in reducing Maternal Mortality – nearly halving the rate between 1996-2006 from 539 to 281 deaths per 100,000 births (MOHP 2007) –the rate is still high at 190 per 100,000 births (UN Estimates, 2013). While the targets for Skilled Birth Attendants (SBAs) set for the country are: 40% of all births to be assisted by an SBA by 2005, 50 % by 2010, and 60% by 2015 (GoN 2006), to date only 19% of births take place with the assistance of a SBA (2012 World Bank). Additionally, for every woman who dies, 30 or more are injured or experience serious complications (Guttmacher, 2009). The major associated reproductive health morbidities in Nepal are Pelvic Organ Prolapse and Obstetric Fistula (Gurung et al., 2007).

Until very recently, obstetric fistula was not officially recognized as a public health problem in Nepal. Every year 200-400 women suffer from obstetrics fistula in Nepal (UNFPA, GON, WOREC, 2011), but this number may represent only the tip of an iceberg as most of the cases remain hidden due to the lack of knowledge about its causes, treatment and, as well as shame associated with fistula. Preventing and managing obstetric fistula contributes to Millennium Development Goal 5 of improving maternal health. Like maternal mortality, fistula is almost entirely preventable and, in most cases, can be surgically repaired.

Effective education and training strategies, implemented by well-qualified instructors, are essential for producing and sustaining an adequate number of proficient health care providers. Successful learning strategies are based on evidence, following instructional design principles and support formal as well as informal, life-long learning opportunities.

I would like to thank Family Health Division, Jhpiego Corporation and UNFPA for the technical support and also express my gratitude to UNFPA for the financial support for development of this training package. In that spirit, Management of Obstetric Fistula, On-The-Job-Training is a competency-based training package (Reference manual, Facilitator's guide and Learner's Handbook). The aim of which is to develop competent service providers to address this important public health problem in Nepal. National and international experts have provided their input in developing and finalizing this training package.

I would like to acknowledge Dr. Shilu Adhikari, RH Specialist, United Nations Population Fund and Dr. Kusum Thapa, ANE Regional Technical Advisor, Jhpiego for taking lead for this program. I would also like to acknowledge Jhpiego's Instructional Design team for their support and also thank Ms. Sandhya Limbu, Program Officer, Jhpiego for providing support to organize workshops and incorporating all the feedback and inputs of the experts in the training package.

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TABLE OF CONTENTS

Introduction **1**
Overview of the Obstetric Fistula OJT Approach 1
Learning Approaches 2
Course Syllabus **3**
Course Description 3
Facilitator Selection Criteria 3
learner Selection Criteria 3
Training Site 3
Course Goal 3
Learning Objectives 4
Teaching and Learning Methods 5
Methods of Assessment 6
Qualification of Learners 6
Facilitator/Learner Ratio 6
Overall Course Schedule 7
Tips for You **11**
Tips on Clinically Integrated Teaching 11
OJT Course Outline **12**
Pre-course and Post-course Questionnaire **28**
Chapter I: Epidemiology of Fistula in Female Genital Tract Including Obstetric Fistula and Prevention 28
Chapter II: Diagnosis, Classification, Prognostic Factors, and Outcomes 28
Chapter III: Management of Obstetric Fistula 29
Chapter IV: Complications after Fistula Surgery and Their Management 30
Chapter V: Nursing Management of Women with Obstetric Fistula 30
Obstetric Fistula Experience Self-Assessment Form **32**
Role Plays and Case Studies **33**
Role Play 1: Counseling about Prevention of Obstetric Fistula 33
Role Play 2: Preoperative Counseling 33
Role Play 3: How to Educate and Inform Clients About the Probable Prognoses 33
Role Play 4: Counsel the Client about her Return to Her Family and Community 33
Role Play 5: Guide Pre-discharge Education for Clients and their Families 33
Case Study 1 34
Case Study 2 35
Case Study 3 36
Self-Assessment Form for Infection Prevention **37**
Job Aid for Postoperative Catheter Care **38**

Algorithm for Management of VVF Using a Catheter and Debridement 39
Exercises 40
Exercise 2.1 a 40
Exercise 2.1 b 43
Exercise 3.1 44
Exercise 5.1 48
Checklists 49
Checklist for Repair of Recto-Vaginal Fistula (RVF) and Anal Sphincter Injury 49
Checklist for Repair of Urethral Fistula 51
Checklist for Urethral Reconstruction 53
Checklist for Surgical Repair of Third- and Fourth-Degree Tears 55
Fistula Repair Kit 1—Surgical Instruments 57
Fistula Repair Kit—Supplementary Items 58
Evaluation of Management of Obstetric Fistula On-the-Job Training 59

INTRODUCTION

Many mothers needlessly die each year due to complications of pregnancy and childbirth. The maternal mortality ratio in the developing world ranges from 500 to 1,000 deaths per 100,000 live births. For each mother who dies, there are an estimated 16 to 30 women who suffer from other nonlethal complications of pregnancy and childbirth. Of these complications, obstetric fistula (OF) is the most tragic. Women with a fistula are often abandoned by their husbands and isolated from the rest of society; these women often live in shame and isolation. Moreover, as a result of ever-increasing conflicts, war, displacement, and domestic violence, many women and children are exposed to brutal attacks that result in a number of physical injuries, including a separate category of genital fistula known as traumatic fistula.

Few doctors possess the necessary skills and knowledge to provide adequate care for fistula patients. There is a huge need for training across the globe, specifically for training of doctors who are practicing in low-resource settings. Given the current availability of doctors and services for fistula repair, it would take years to treat even the backlog, without considering the newly emerging cases. This curriculum is designed to fill this gap.

OVERVIEW OF THE OBSTETRIC FISTULA OJT APPROACH

This course is to be completed using an on-the-job training (OJT) approach, whether in the workplace or a different facility. Learning is individualized and will be completed in a flexible manner. The priority is providing the maximum practice and feedback possible in treating women with obstetric fistula before, during, and after surgery. **This OJT package is designed to be used with the *Global Competency-Based Fistula Surgery Training Package* (FIGO and UNFPA).** The OJT approach mainly involves three categories of individuals:

1. **The learners**, who are already surgeons, use the OF OJT course materials to self-assess, manage their personal development plan, complete learning activities, participate in ward and surgical services, document their progress, and reflect on their experiences.
2. **The OF OJT facilitator**, who is a proficient OF provider, offers clinical instruction and guidance throughout. The facilitator will ensure client safety, demonstrate skills, observe learner skill development, provide feedback and suggestions, ask and answer questions, and evaluate the learner's progress and mastery of skills. The OF OJT facilitator also administers the final skill assessment.
3. **The OF OJT supervisor** in the facility ensures that the OJT site is appropriately equipped, orients site staff to the OJT program, ensures documentation and patient safety during the learning experience, and provides documentation to the national training center of the training experience and outcomes.

The focus of this OJT course is on the learner. As the learner moves through a series of activities (e.g., reading information, observing the facilitator, completing practice exercises, practicing clinical skills using role plays and anatomic models, working with clients), there are corresponding activities for the facilitator and supervisor.

Key to the success of this individualized, structured self-study OJT program is the motivation of the learner and facilitator. The learner must be willing to participate in surgery whenever the opportunity arises, as well as read, study, and complete assignments and work independently while staying on a schedule, in order to complete training in a reasonable period of time. The learner also must be willing to self-assess and self-reflect, observe the facilitator, and ask questions. The facilitator must be willing to take the necessary time to mentor, teach and work closely with the learner, and ensure client safety, in addition to providing quality services, throughout the course.

LEARNING APPROACHES

The primary learning approaches used in this course follow below. Given the unpredictable and complex nature of OF surgical repair, the apprenticeship principles are critical for this complex clinical skill.

Apprenticeship: focuses on making complex skills easy for a learner to observe and learn. In this process:

- The mentor (or facilitator) demonstrates steps and models behaviors for the apprentice (or learner).
- The mentor explains his/her decisions and thought processes while he/she works.
- The apprentice (learner) practices alongside the mentor, getting continual mentoring/ coaching.
- Over time, as the apprentice (learner) becomes more competent, she/he performs more and more independently.

Mastery learning: 100% of those trained should master the desired competencies and be able to demonstrate the desired performance. Mastery learning assumes that all learners can become competent, given sufficient time and opportunity to study and practice.

Adult learning principles:

1. Training builds on the learner's abilities and is designed or revised to recognize the learner's experience and expertise.
2. Training is designed and continuously revised to ensure that it is efficient, effective, and relevant.
3. Training actively involves the learners in setting their learning goals and in assessment of their progress.

Humanistic: This type of approach reduces learner stress and protects the safety and dignity of the learners and clients involved in the learning process. It involves practicing and mastering clinical services in simulation before working with clients to reduce the risk of client harm or discomfort and increasing learner confidence by having learners practice in a safe environment.

Modular: The design of this course allows instructors and learners to focus on one topic at a time, build on their current knowledge, and move to the next course with more confidence and competence.

COURSE SYLLABUS

COURSE DESCRIPTION

This **4-month** (average) individualized OJT for the management of Obstetric Fistula allows medical professionals (gynecologists, urosurgeons, and MDGPs with gynecological surgical skills) to be competent in providing fistula surgery, which includes pre- and postsurgery counseling, management of complications, and referral to other health services, if needed, after surgery. During the course, the learner will:

- Complete an induction day, self-assess, and create a personal development plan.
- See outpatients with facilitator guidance and supervision.
- Observe surgery.
- Assist with surgery.
- Perform surgery under supervision.

The learner will follow the OJT study guide, prioritizing opportunities to practice with clients and receive feedback.

FACILITATOR SELECTION CRITERIA

- Identified fistula surgeons in Nepal with experience in performing and teaching a full range of abdominal and vaginal fistula surgery, evaluation, and management
- Fistula surgeons working in an established fistula center or providing services for a duration of 4–8 weeks in various fistula centers and with a teaching and training history in any one of these settings
- Fistula surgeons who have completed Clinical Training Skills (CTS) course and attended a fistula training orientation/training
- Guest international fistula surgeons
- Trained/registered nurses who have taken training related to fistula care for nursing component

LEARNER SELECTION CRITERIA

- Gynecologists and urosurgeons who perform at least 25 major vaginal operations in a year
- Individuals committed to accurate record keeping, database entry, and outcomes documentation and reporting
- Individuals committed to continue fistula work in their practice
- Registered nurses who are working in the OF unit (for the nursing component)

TRAINING SITE

This is an established fistula center (accredited by the National Health Training Center [NHTC]), with adequate fistula patient flow and training capability.

COURSE GOAL

The purpose of this OF training is to enable dedicated OB/GYNs to acquire the knowledge, skills, and professionalism needed to prevent OF and provide proper surgical, medical, and psychological care to women who have incurred fistula, whether during childbirth or from other causes. The focus is on OF management; however, the same management can apply to female genital fistula.

LEARNING OBJECTIVES

Chapter I: Epidemiology and Prevention of Female Genital Fistula

1. Define female genital fistula (FGF) and describe its magnitude.
2. Explain the etiology of female genital fistula and the pathogenesis of obstetric fistula.
3. Describe all genital and extra-genital complications of obstructed labor.
4. Identify factors attributed to the development of fistula.
5. Describe underlying social causes of fistula.
6. Describe strategies for the prevention of fistula.

Chapter II: Diagnosis, Classification, Prognostic Factors, and Outcomes

1. Take a history from a client with signs and symptoms of fistula.
2. Perform a physical examination.
3. Perform a dye test and preoperative investigations.
4. Diagnose fistula using Goh classification and staging systems.
5. Document findings from the examination, dye test and other preoperative investigations, and classification and staging systems in the client's chart. Based on assessment findings, identify whether the fistula is most likely simple or complicated.
6. Describe the probable prognosis for simple or complicated fistulae.
7. Educate the client about the probable prognosis.
8. Develop a management plan based on probable prognosis.

Chapter III: Management of Obstetric Fistula

1. Describe the standard of care to prevent fistula formation in clients who recently experienced prolonged or obstructed labor or with a small fistula.
2. Conservatively manage vesicovaginal fistula (VVF) using a catheter and debridement.
3. Describe basic principles of fistula surgery.
4. Describe typical preoperative care for fistula repair clients.
5. Perform standard infection prevention practices during surgery.
6. Demonstrate the use of the World Health Organization surgical safety checklist.
7. Perform repair of a simple VVF.
8. Perform urethral reconstruction.
9. Perform RVF repair.
10. Describe the 3-Ds, the principles of postoperative obstetric fistula care.
11. Describe special considerations in care for complicated fistulae.

Chapter IV: Complications and Prognosis of Fistula Repairs

1. Identify and manage intraoperative complications.
2. Identify immediate postoperative complications.
3. Manage immediate postoperative complications.
4. Identify late postoperative complications.
5. Manage late postoperative complications.

Chapter V: Care of Client with Obstetric Fistula

1. Provide appropriate pre-, intra-, and postoperative care/counseling for a client with fistula.
2. Provide correct catheter care after surgery.
3. Perform standard precautions when providing care.
4. Educate postoperative fistula clients and their families about the plan of care and self-care.
5. Counsel the client about her return to her family and community.
6. Provide predischarge education to clients and their families.

TEACHING AND LEARNING METHODS

1. Individual exercises and self-assessments
2. Clinically integrated instruction (bedside teaching)
3. Demonstration, practice, and feedback
4. Self-reflection
5. Case-based discussions

Learning Materials/References

1. *Management of Obstetric Fistula* reference manual, NHTC, 2014.
2. *Global Competency-Based Fistula Surgery Training Manual*, FIGO and Partners, UNFPA, June 2011.
3. *Prevention and Management of Obstetric Fistula*, Brian Hancock and Andrew Browning, Royal Social of Medicine Press, 2009.

Videos

1. *A Walk to Beautiful*—Brian Hancock
2. *An Introduction to Obstetric Fistula Surgery*—Brian Hancock
3. *Management of Obstetric Fistula*—Andrew Browning
4. *Repair Vesicovaginal Fistula*—Part I
5. *Repair Vesicovaginal Fistula*—Part II
6. *RVF Repair*
7. *Repair of Rectovaginal Fistula*
8. *Surgical Principles in VVF Repair—Cleveland Clinic-*
9. *Providing Catheter Care*

METHODS OF ASSESSMENT

Knowledge will be assessed by a post-test questionnaire, skills by checklist, attitude (professionalism) by role plays and observation of clients, and decision-making by case studies.

QUALIFICATION OF LEARNERS

Global levels of surgical competencies are Standard, Advanced, and Expert (FIGO/UNFPA). Learners must demonstrate competency using these FIGO/UNFPA performance-based assessment tools (PBAs). The 15 surgical guides that accompany the PBAs are on pages 160–176. In addition, there are four checklists that will be used during practice and competency assessment; each is listed below with the PBA tool it supports.

Standard Level:

PBA 1: Basic principles of fistula surgery

PBA 2: Standard steps in closure

PBA 4: Repair of urethral fistulae, Checklist: Repair of urethral fistulae CAPS?

PBA 5: Urethral reconstruction, Checklist: Urethral reconstruction

PBA 8: Repair of third- and fourth-degree perineal tear, Checklist: Repair of third- and fourth-degree perineal tear

PBA 9: Repair of RVF and sphincter injury, Checklist: Repair of RVF and Sphincter Injury

Competency is based on the global guidance that states that, in order to be qualified as a fistula surgeon, the learners should assist 50 cases, perform 10 independently under supervision, and perform 10 per year thereafter to maintain competency (*Obstetric Fistula, Guiding Principles for Clinical Management and Program Development*, WHO, Department of Making Pregnancy Safer, 2006).

According to the National Health Training Center, participants will be certified as fistula surgeons based on the above criteria. Nurses should assist 10 cases per year thereafter to maintain competency as per national guidance.

FACILITATOR/LEARNER RATIO

Two facilitators (1 doctor/1 nurse)
Three learners per batch (1 doctors/2 nurses)

OVERALL COURSE SCHEDULE

Week	Sun	Mon	Tues	Wed	Thurs	Fri
Week 1: Outpatient: Focus: counsel and educate, participate in history and physical examination Read: Chapter I, Epidemiology and Prevention of Female Genital Fistula	Observe, facility tour Pre-test	Outpatient observation Complete Chapter I	Outpatient observation Complete Chapter I Infection prevention self-assessment	Outpatient observation Complete Chapter I	Outpatient observation Complete Chapter I	Client assessment (assess), Diagnosis (Dx), and pre-/post-op orders and clinical rounds Surgical observation and debrief
Week 2: Outpatient and surgical observation, plus do history and physical examination, dye test, surgical observation and third assist **Chapter II:** Diagnosis, Classification, Prognostic Factors, and Outcomes **Chapter III:** Management of Obstetric Fistula	Complete Chapter II and Chapter III Client counseling and education pre- or post-op Surgical observation and debrief	Case studies: diagnose and provide probable prognosis, including dye test Review photos or video and performance-based assessment (PBA) forms Surgical observation and debrief	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical observation and debrief	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical observation and debrief	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical observation and debrief	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical observation and debrief

Week	Sun	Mon	Tues	Wed	Thurs	Fri
Week 3: Outpatient and surgical observation, *plus* PBA 1, 2, 4	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using competency-based discussion (CbD) forms Chapter V (nursing care)	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using CbD forms	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using CbD forms	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using CbD forms	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using CbD forms	Client assess, Dx, and post-op orders and clinical rounds, including dye test Surgical assist and debrief using CbD forms
Week 4: Outpatient and surgical assist, *Plus* PBA 1, 2, 4	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders
Week 5: Outpatient and surgical assist, assist *Plus* PBA 1, 2, 4 Chapter V: Nursing Management of Client with Obstetric Fistula	Surgical assist and debrief using CbD forms Post-op orders	Case studies: possible complications and action Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders
Week 6: Outpatient and surgical assist, *plus* PBA 1, 2, 4 Chapter IV: Complications and Prognosis of Fistula Repairs	Surgical assist and debrief using CbD forms Post-op orders	Exercise: complications (use photos or slides or video and ask questions to Dx complications and needed action)	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders	Surgical assist and debrief using CbD forms Post-op orders

Week	Sun	Mon	Tues	Wed	Thurs	Fri
Week 7: Outpatient and surgical performance with supervision, assist *Plus* PBA 1, 2, 4, 5, 8, 9	Exercise: Normal vs. complications (discriminate between normal post-op vs. complications)	Reinforce key points re: assessment, diagnosis, and prognosis				
Week 8: Outpatient and surgical performance with supervision, assist *Plus* PBA 1, 2, 4, 5, 8, 9	Review Personal Development Plan (PDP) progress and logbook with facilitator, revise PDP	Reinforce key points re: surgical management of simple VVF				
Week 9: Outpatient and surgical performance with debrief, assist *Plus* PBA 1, 2, 4, 5, 8, 9	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points for pre- and post-op care				
Week 10: Outpatient and surgical performance with debrief, assist *Plus* PBA 1, 2, 4, 5, 8, 9	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: surgical management of RVF	Begin documenting final assessment of competency this week using PBA forms and related surgical guides, document in logbook			
Week 11: Outpatient and surgical performance with debrief	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: OF principles of surgical repair				

Week	Sun	Mon	Tues	Wed	Thurs	Fri
Week 12: Outpatient and surgical performance with debrief	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: possible complications and management				
Week 13: Outpatient and surgical performance with debrief	Review PDP progress and logbook with facilitator Post-test	Reinforce key points re: assessment, diagnosis and prognosis				
Week 14: Outpatient and surgical performance with debrief	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: surgical management of RVF				
Week 15:	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: possible complications and management				
Week 16:	Review PDP progress and logbook with facilitator, revise PDP	Reinforce key points re: OF principles of surgical repair				

TIPS FOR YOU

There are a few considerations for this "apprenticeship" type, structured self-study training:

- Patient safety is the number one priority. Be sure that you have adequate supervision. Commit to patient safety.
- Ask questions of your facilitator. Be sure that you understand everything you are studying and doing.
- Use the Case-Based Discussion forms from the FIGO/UNFPA manual to debrief after every case.

TIPS ON CLINICALLY INTEGRATED TEACHING

The course uses clinically integrated teaching. Your facilitator will teach in a variety of ways: through chart review, bedside teaching, case study presentation, and side-by-side teaching during surgery. Before each clinically integrated teaching session, your facilitator will:

- Identify appropriate patients.
- Set goals for the session and review the objective(s) of the session and previous related activities with you.

Your facilitator will follow a five-step process for bedside teaching (Raskin, H.S. *The One-Minute Preceptor*. 2001; 5 (2): 36-38). You will learn at the bedside, in front of clients. Your facilitator will: greet the client and introduce all people present; explain the purpose of the teaching and what you will be doing for the client; and confirm the client's permission. The client will be encouraged to ask questions throughout and answer any questions they have.

Your facilitator will:

1. Ask you to: 1) describe your diagnosis or plan for treatment, based upon the client history and symptoms the client has just identified; and 2) commit to a probable diagnosis or differential diagnosis list to provide a specific commitment to respond to. Your facilitator will ask: "What do you think is going on?" or "What do you think is the best course of action for this client?"
2. Ask you how you reached your conclusion. Your facilitator will ask questions like: "What are the major findings that led to your diagnosis?" or "What else did you consider?"
3. Ask you to identify what you think you did well. Your facilitator will provide specific feedback. Discuss the feedback openly with your facilitator, and ask questions about the feedback that is not clear to you.
4. Give guidance for errors and omissions. You will have an opportunity to identify any errors that you may have made. Your facilitator should give you constructive feedback, like: "Next time this happens, try this…."
5. Summarize the encounter with a general principle. Your facilitator will review the objective and summarize key points. S/he will choose one or two general principles from the clinical teaching session as the key points to reinforce. This will help you remember and apply what was learned to other situations.

After the clinical teaching, your facilitator will debrief privately with you. During this debrief you will:

- Review and summarize key points.
- Have an opportunity to ask questions and discuss any identified problems.
- Receive specific positive and constructive feedback.
- Agree on an area of improvement and formulate a plan for how to improve.

OJT COURSE OUTLINE

Both you and your facilitator will use an OJT course outline that tells you what to do during your OF training. It is structured for self-study, supported by your facilitator and learning partner, if you have one. Activities are listed in a suggested weekly schedule; however, learning is opportunistic. Activities may not all be completed in the suggested week, and this is all right. You must prioritize opportunities to assess, diagnose, manage, counsel and educate, and surgically treat women with fistula. The general flow of *observe—assist—perform with supervision* will be followed. There is some repetition of key points that begins about halfway through the training. This is purposeful, as some repetition is associated with improved learning outcomes.

Your facilitator will ask you to sign the OJT course outline at the end of each week.

Time	Learner Activities
Induction Day	_____Meet with your facilitator and your learning partner, if you will have one, to discuss and plan the OF course to be completed in the coming 4 months.
	_____Receive course materials from your facilitator: • *Management of Obstetric Fistula* reference manual • *Global Competency-Based Fistula Surgery Training Manual* (FIGO/UNFPA) • *Practical Obstetrical Fistula Surgery* – Brian Hancock, MD, FRCS • Separate copy of the logbooks of competency, *Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA pages 38–58, spiral bound • Separate copy of the *Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA performance-based assessment (PBA) forms and related surgical guides, spiral bound • Learners' Guide • Flash drive with relevant videos
	_____With the help of your facilitator, familiarize yourself with the course materials.
	_____Initial Assessment: Working with your facilitator, complete the Induction and Appraisal and Personal Development Plan (PDP) from the *Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA, pages 95–96. Discuss the results with your facilitator to identify areas of special focus. This will help you plan to focus especially on areas where more study will be needed, as well as enable you to plan when you will study.
	_____Complete the pre-course questionnaire on page 28.
	_____Complete an OF experience and comfort self-assessment form.
	_____View these two videos: • *A Walk to Beautiful* –Video 1 • *Introduction to Obstetric Fistula Surgery*—Video 2
	_____Discuss with your facilitator the learning objectives for Chapter 1 in the *Management of Obstetric Fistula* reference manual. **(Note that all chapters to be read are in the *Management of Obstetric Fistula* reference manual.)**

Time	Learner Activities
Week 1: Overview	**This week, your priority is reviewing videos, reading, becoming comfortable counseling and educating clients, and participating in client assessment and discussions about diagnosis and prognosis.**
Week 1	_____Read Chapter I: Epidemiology of Female Genital Fistula and Prevention _____Facility tour and orientation _____Outpatient observation and clinically integrated teaching _____Practice Role Play 1: Counseling about prevention of obstetric fistula (page 33)
	_____Complete the self-assessment about your infection prevention practices on page 37 of the Learners' Guide.
	_____Study about OF-related infection prevention practices in Chapter III of the *Management of Obstetric Fistula* reference manual.
	_____Observe and note your findings of current infection prevention practices in the postoperative wards and operating theater, and discuss with your facilitator. _____Optional: Watch this video about surgical suite infection prevention. (http://www.youtube.com/watch?v=TuYEcS_bezU)
Days 4–6	_____Observe in outpatient setting and participate in clinical teaching, with a focus on client education and counseling and assessment. You should then practice performing these examinations several times under the supervision of your facilitator. Use Appendices 2 and 3 for history taking and physical examination. Continue to practice these important skills whenever time permits. For nurses, observe in outpatient setting and practice in clinical teaching with a focus on client education and counseling.
	_____Use Role Play 2: Preoperative Counseling—Client Counseling and Education to practice counseling and educating preoperative patient (page 33).
	_____Participate in client counseling and education using *Management of Obstetric Fistula* reference manual as a resource (Chapter V), and document in logbook.
	_____Review the competencies and performance-based assessments (PBAs) forms 1 and 2 that begin on page 61 in the *Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA and related surgical guides C1 and C2, beginning on page 160.
	_____Watch the Brian Hancock commentary and VVF repair Videos 1 and 2, using the relevant PBA and surgical guides to check off tasks completed while you watch the related procedure. Discuss your observations of the video performance compared to the surgical guides with your facilitator.
	_____Discuss with your learning partner or facilitator what you have learned from the videos, outpatient observation, and the practice.
	_____Review the priorities at the beginning of this section and discuss with your facilitator any questions you still have.

Time	Learner Activities
Have you… 1. Completed the infection prevention self-assessment form and exercise? 2. Completed the OF self-assessment form? 3. Completed the pre-test? 4. Completed your FIGO/UNFPA personal development plan and reviewed it with your facilitator? 5. Completed exercises and reviewed with facilitator? 6. Reviewed Videos 1 and 2? 7. Reviewed Chapters I, II, and V? 8. Documented your activities in the logbook?	

Time	Learner Activities
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas based on the key points where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 2: Overview	**This week, your priorities are outpatient and surgical observation and participating in clinically integrated teaching, assessing and diagnosing clients, and surgical observation**.
Week 2	_____Review the plan and schedule for the week. Identify any opportunities for surgical observation. **Participate in clinically integrated teaching, assessing and diagnosing clients, and surgical observation**, as third assist if ready and able. Use *Management of Obstetric Fistula* reference manual, Appendix 4, Surgical Nursing Care Order/Peri Operative Care form, to document orders for every client you see. Review each with your facilitator for feedback.
	_____Review the WHO surgical safety checklist. How are you using this checklist now? How might you use it in your practice? Discuss with your facilitator. You will practice using it with every surgery.
	_____Discuss with your facilitator the learning objectives for Chapter II (Diagnosis, Classification, Prognostic Factors, and Outcomes) in the *Management of Obstetric Fistula* reference manual. Watch Video 3 by Andrew Browning, *Management of Obstetric Fistula.*
	_____Read Chapter II, Diagnosis, Classification, Classification, Prognostic Factors, and Outcomes in the *Management of Obstetric Fistula* reference manual and PowerPoint presentation.
	_____Read Chapter III, Management of Obstetric Fistula, in the *Management of Obstetric Fistula* reference manual and PowerPoint presentation.
	_____Watch the two Addis Ababa Fistula Hospital videos (Videos 4.1 and 4.2), and use the related PBA tools 1 and 2 and related surgical guides C1 and C2 to check off tasks completed while you watch the videos.
	_____Complete Case Study 1: Diagnosis and Classification on page 34 of your Learners' Guide about taking a history and performing a physical exam. Review any questions you are unsure about with your facilitator. (**Note that all practice exercises are in the Learners' Guide.**)
	_____Perform Case Study 2 on page 35: Assessing and Diagnosis of Fistula on taking a history for a client with signs and symptoms of fistula.
	_____Watch: Fistula Surgery Demonstrated on Film, RVF repairs (Videos 5.1 and 5.2), review the related checklists, and check off tasks as completed.
	_____Observe your facilitator taking client history and performing client assessment. You should then practice performing these examinations several times under the supervision of your facilitator. Use Appendices 2 and 3 as your guide for documentation. Continue to practice these important skills whenever time permits.

Time	Learner Activities
	_____Arrange to observe your facilitator performing client assessments until you feel comfortable with the procedure. Refer to the first two sections of the Learning Guide for Obstetric Fistula Clinical Skills. Complete case management notes for each client observed. Note that the case management notes are in the Learners' Guide and will be reviewed by your facilitator and the supervisor. Note that fistula clients may not be immediately available so you should continue with your individual study and complete these observations when possible.
	_____Perform initial assessments with fistula clients until you feel competent. Be sure to complete the client records. Your facilitator will observe, coach, and provide feedback using Appendices 2 and 3 from the reference manual as a guide. When you are competent, you can move on to the next clinical skill. If you require more practice, please arrange this with your facilitator. Be sure to complete your case management notes. Given that fistula clients may not be immediately available, you should continue with your individual study and complete these client procedures when possible. _____Read about simple and complicated fistulae in Chapter II of the reference manual (Table 2.1). Page 48 of the *Practical Obstetrical Fistula Surgery* manual also provides a nice summary.
	_____Read about conducting a dye test (Appendix 3) and other preoperative assessments in Chapter II of the *Management of Obstetric Fistula* reference manual.
	_____Study the Goh classification and staging systems in Chapter II of the *Management of Obstetric Fistula* reference manual.
	_____Complete Exercises 2.1 a and 2.1 b on page 40–43 (Classifying and Staging). Then check your responses. Discuss with your facilitator any questions you have about the classification and staging systems.
	_____Use Appendices 2, 3, and 4 as your guide, and document examination, dye test, and other preoperative investigations, including classification and staging information, in client's chart after the facilitator reviews. Then check your responses. Discuss with your facilitator any questions you have about charting your findings.
	_____Describe how you would discriminate between a complicated and simple fistula repair to your facilitator. Discuss with your facilitator any questions you have about simple and complicated fistulae and the difference between the two (Chapter II of *Management of Obstetric Fistula* reference manual).
	_____Based on the findings you charted, write a description for each of the probable prognoses for simple or complicated fistulae. Review your written description with your facilitator and incorporate his or her suggestions.
	_____Role Play 3 (page 33) with a "client" shows how you will educate and inform a client about the probable prognosis you described above.
	_____Using Appendix 4 as a guide, develop management plans for the simple and complicated fistulae above, based on the probable prognoses. Review your management plans with your learning partner and your facilitator and incorporate suggested revisions.
	_____Review the priorities at the beginning of this section and discuss with your facilitator any questions you still have.

Time	Learner Activities
Have you… 1. Developed comfort educating and counseling clients? 2. Performed history and physical examinations and documented them in a patient chart? 3. Performed and documented a dye test? 4. Reviewed Chapter II of the Reference Manual? 5. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas on the basis of key points where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 3	**This week, your priority is greater independence with client assessment and diagnosis and surgical observation and assisting simple fistula repair, observing for more complicated repair.**
	_____Discuss with your facilitator the learning objectives for Chapter III (Managing of Obstetric Fistula) in the *Management of Obstetric Fistula* reference manual. Identify opportunities for surgical observation.
	_____Continue to study Chapter III in the *Management of Obstetric Fistula* reference manual. Complete Exercise 3.1 on page 44 and discuss with your facilitator.
	_____Briefly review Chapter IV in the *Management of Obstetric Fistula* reference manual; you will read in greater detail later.
	_____Participate in surgical observation, with a focus on PBA skills 1, 2, and 4 and surgical skills C1, 2, and 4. You might assist as third assist depending on level of experience and comfort.
	_____Watch videos Repair of VVF part I-4.1 and part II-4.2; RVF Repair-5.1, and Repair of Rectovaginal fistula (5.2) again. Compare performance to the tasks on the relevant checklists.
	_____Create an algorithm for how to manage a vesicovaginal fistula (VVF) using a catheter and debridement.
	_____Using a completed preoperative management plan form, describe to a nurse or other provider who performs deliveries the standard of care to prevent fistula formation in clients who recently experienced prolonged or obstructed labor or with a small fistula. Answer the questions the nurse asks.
	_____Describe to your facilitator the basic principles of fistula surgery.
	_____Create a list of the key infection prevention practices you will provide during surgery, and review with your facilitator.
	_____Describe to a nurse who provides pre-op care how to provide typical preoperative care for fistula repair clients.
	_____Review infection prevention practices and identify any weaknesses or areas for improvement in the outpatient ward.
	_____During one of your postsurgical debriefs, describe the key steps for performing urethral reconstruction.

Time	Learner Activities
Have you… 1. Developed comfort educating and counseling clients? 2. Developed greater independence and comfort performing history and physical examinations and documenting them in a patient chart? 3. Developed comfort performing the dye test? 4. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas based on the key points where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 4: Overview	**This week, your priority is surgical assist and pre- and post-op care.**
Week 4	As you have time, also look for opportunities to perform client assessments and dye tests. You should be able to document in patient chart with facilitator review. Review the plan and schedule for the week, and identify any opportunities for surgical observation. **PBA 1, 2, 4 and surgical skills C1, 2, and 4 (*Global Competency-Based Fistula Surgery Training Manual*-FIGO/UNFPA).**
	_____Discuss with your facilitator the learning objectives for Chapter IV, Complications after Fistula Surgery and Their Management in the *Management of Obstetric Fistula* reference manual. What progress have you made? Which objectives will you focus on now? Agree on priorities for the week.
	_____For doctors: Discuss the learning objectives for Chapter V, Nursing Management of Client with Obstetric Fistula. Even though you may not be the one providing nursing care, you should know and write the pre- and postoperative orders and make sure they are carried out. Identify learning objectives from Chapter V to focus on for this week. You will focus on complications later. ____For nurses: Discuss the learning objectives for Chapter V, Nursing Management of Client with Obstetric Fistula. As you will be the one to provide nursing care, you should be able to perform it and follow the pre- and postoperative orders and make sure they are carried out. Identify learning objectives from Chapter V to focus on for this week.
	_____Read Chapter V, Management of Client with Obstetric Fistula.
	_____Write a short description of the “3-Ds”: principles of postoperative care.
	_____List the key points of appropriate care for the pre-, intra-, and postoperative phases.
	_____Prepare standard pre- and post-op orders for uncomplicated VVF, using Appendix 4.
	_____Prepare standard pre- and post-op orders for uncomplicated RVF, using Appendix 4.
	_____Complete Exercise 5.1 on page 48 on pre- and postoperative care.

Time	Learner Activities
Have you… 1. Assisted with any simple fistula repairs? 2. Written pre- and postoperative orders? 3. Reflected on cases assisted with your facilitator? 4. Read Chapters IV and V? 5. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 5: Overview	**This week, your priorities are to increase independence in surgical assist and to develop comfort with simple fistula repair.**
Week 5	Discuss progress with your facilitator and agree on steps in surgery that you can perform with the facilitator's supervision. If you are not ready for that, focus on doing more in surgery under the facilitator's direction. Agree on priorities for the week and identify any surgical opportunities. You should be drafting pre- and postoperative orders (*Management of Obstetric Fistula* reference manual, Chapter II and Chapter V). PBA 1, 2, and 4 and surgical skills C1, 2, and 4 (*Global Competency-Based Fistula Surgery Training Manual*-FIGO/UNFPA).
	_____Explain to a nurse who provides care in each (pre-, intra-, and post-op) the key points for each phase.
	_____View a video demonstrating key points for postoperative catheter care (Video 7).
	_____Explain the key points of catheter care using the job aid for postoperative catheter care (page 38) from Learners' Guide to the nurse colleague who will provide this catheter care after surgery (*Management of Obstetric Fistula* reference manual, Chapter V). ____For nurses: Explain the key points of catheter care using the job aid for postoperative catheter care (page 38) from Learners' Guide.
	_____Read Chapter IV, Complications and Prognosis of Fistula Repairs. Identify if there are any complications you will focus on this week.
	____Complete Case Study 3 on page 36: Wet bed 24 *ho*urs after fistula repair (VVF).
	_____Review Videos 5.1 and 5.2 demonstrating an RVF repair and check off tasks from the related PBA 9, checklists and surgical skills C9 while you watch it. Review the main steps with your facilitator.
	_____Describe the steps in RVF repair to an operating theater nurse or other co-worker. Then check your work against the PBA 9 and surgical skills C9 and related surgical guide. ___For nurses: Describe the steps in RVF repair to your facilitator. Then check your work against the PBA 9 and surgical skills C9 and related surgical guide so that you can assist during surgery.
	_____Review your progress thus far. Which elements on PBA 9 and surgical skills C9 have you been able to assist with? What are you ready for next? Document in *Management of Obstetric Fistula* reference manual, Appendix 5 and enter in the logbook (*Global Competency-Based Obstetric Fistula Surgery Training Manual*—FIGO/UNFPA).

Time	Learner Activities
Have you… 1. Assisted with any simple fistula repairs? 2. Developed greater surgical confidence or independence? 3. Written pre- and postoperative orders? 4. Reflected on cases assisted with your facilitator? 5. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 6: Overview	This week, your priority is to **move closer to surgical performance with supervision.**
Week 6	Most likely, you will still be assisting, but you should be doing more each time. Discuss progress with your facilitator and agree on steps in surgery that you can perform with the facilitator's supervision. If you are not ready for that, focus on doing more in surgery under the facilitator's direction. Agree on priorities for the week and identify any surgical opportunities. You should be comfortable writing pre- and postoperative orders, although they still need to be reviewed. You have now read every chapter of the manual and are focusing more on practice and feedback and less on instruction. You should have mastered PBA 1, 2, and 4 and surgical skills C1, 2, and 4.
	_____List common intraoperative complications from Chapter IV and describe symptoms and how you would detect them.
	_____Explain to your learning partner or your facilitator how you would manage intraoperative complications.
	_____List common immediate postoperative complications and describe symptoms/how you would detect them.
	_____Explain to your learning partner or facilitator how you would manage immediate and late complications (Reference Manual Chapter IV).
	_____Review your progress thus far. Which PBA forms have you been able to assist with? What are you ready for next? Document in Reference Manual Appendix 5 and enter in the logbook (*Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA)
	_____List and explain standard precautions to prevent complications when providing care.
Have you… 1. Assisted with any simple fistula repairs? 2. Developed greater surgical confidence or independence? 3. Managed any complications? 4. Reflected on cases assisted with your facilitator? 5. Documented your activities in the logbook?	

Time	Learner Activities
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 7: Overview	Your priorities this week are **surgical performance and management of postoperative patient care.**
Week 7	You may still need a lot of guidance and direction, but you should be performing with supervision and careful guidance. You are focused on simple VVF and RVF repairs, always reviewing the PBA tools before and after surgery to reflect on your experience. You should have addressed PBA 1, 2, 4, 5, 8, and 9 and surgical skills C1, 2, 4, 5, 8, and 9**.**
	____Use the related PBA 4 and 5 of the *Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA form and surgical guide to check off each step. Review with your facilitator afterward.
	_____Use a list of key points from Chapter V, on how to educate postoperative fistula patients and their families about the plan of care and self-care.
	_____Role Play 4 (page 33) shows several different scenarios about how to counsel the patient about her return to her family and community. Demonstrate active listening skills.
	_____Using a list of key points, practice Role Play 5 (page 33) to guide pre-discharge education for patients and their families.
	_____Revisit Chapter II, Diagnosis, Classification, Prognostic Factors and Outcomes, key points.
Have you… 1. Performed any simple fistula repairs? 2. Assisted with any complicated fistula repairs? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____

Time	Learner Activities
Week 8: Overview	This week, your priorities are **outpatient and surgical performance** with supervision, assist, PBA 1, 2, 4, 5, 8, and 9 and surgical skills C1, 2, 4, 5, 8, and 9 (*Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA)**.**
	_____Review Chapter III, Management of Obstetric Fistula, key points specific to VVF repair.
Have you… 1. Performed any simple fistula repairs? 2. Assisted with any complicated fistula repairs? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 9: Overview	This week your priorities are **outpatient and surgical performance** with debrief, assist, PBA 1, 2, 4, 5, 8, and 9 and surgical skills C 1, 2, 4, 5, 8, and 9 (*Global Competency-Based Fistula Surgery Training Manual*—FIGO/UNFPA).
	_____Review key points from Chapter III and Chapter V on pre- and postoperative care. Mentally remind yourself of the main signs of postoperative complications.
Have you… 1. Performed any simple fistula repairs? Yes …… How many…….No…… 2. Assisted with any difficult or complicated fistula repairs? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____

Time	Learner Activities
Week 10: Overview	This week, your priorities are **outpatient and surgical performance** with debrief, assist, plus PBA 1, 2, 4, 5, 8, and 9 and surgical skills C 1, 2, 4, 5, 8, and 9.
	_____Review Chapter III, Management of Obstetric Fistula, key points for RVF repair.
Have you… 1. Performed any simple fistula repairs? 2. Assisted with any difficult or complicated fistula repairs/rectovaginal fistula repair? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 11: Overview	This week, your priority is **outpatient and surgical performance** with debrief.
	_____Review Chapter III, Management of Obstetric Fistula, key points specific to OF surgical repair.
Have you… 1. Performed any simple fistula repairs? 2. Assisted with any difficult or complicated fistula/RVF repairs? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____

Time	Learner Activities
Week 12: Overview	This week, your priorities are **outpatient and surgical performance** with debrief and completing the **post-course assessment.**
	_____Review Chapter IV, Complications and Prognosis of Fistula Repairs, key points regarding complications and their management.
Have you… 1. Performed any simple fistula repairs? 2. Assisted with any difficult or complicated fistula/RVF repairs? 3. Performed any urethral reconstruction? 4. Developed greater surgical confidence or independence? 5. Managed any complications? 6. Reflected on cases assisted with your facilitator? 7. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed based on the logbook. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 13: Overview	This week, your priority is **outpatient and surgical performance** with debrief.
	_____Revisit Chapter II, Diagnosis, Classification, Prognostic Factors, and Outcomes, key points.
	_____Take the **post-course questionnaire.**
Have you… 1. Passed the post-course assessment and answered any remaining questions? 2. Performed any simple fistula repairs? 3. Assisted with any difficult or complicated fistula/RVF repairs? 4. Performed any urethral reconstruction? 5. Developed greater surgical confidence or independence? 6. Managed any complications? 7. Reflected on cases assisted with your facilitator? 8. Documented your activities in the logbook?	

Time	Learner Activities
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 14: Overview	This week, your priority is **outpatient and surgical performance** with debrief.
	_____Review Chapter III, Management of Obstetric Fistula, key points specific to RVF repairs.
Have you… 1. Begun planning for how you will include this skill in your practice? 2. Performed any simple fistula repairs? 3. Assisted with any difficult or complicated fistula/RVF repairs? 4. Performed any urethral reconstruction? 5. Developed greater surgical confidence or independence? 6. Managed any complications? 7. Reflected on cases assisted with your facilitator? 8. Documented your activities in the logbook?	
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 15: Overview	This week, your priority is **self-reflection and preparation**. Imagine you are practicing independently. What will you do with complications? How will you get the continued mentoring and support that you need? What questions remain that you wish to address?
	_____Review Chapter IV, Complications and Prognosis of Fistula Repairs, key points regarding complications and their management.
	_____Review your Personal Development Plan (PDP) (*Global Competency-Based Fistula Surgery Training Manual* pages 95–96) or create a new one with your plan for how you will increase your skill and comfort level in fistula surgery. Global guidance is to do at least 10 fistula repairs/year. How will you ensure that you accomplish that?
Have you… 1. Established a plan for getting ongoing support or questions answered by your facilitator? 2. Reflected on your experience and learning? 3. Identified new learning goals for your independent practice? 4. Documented your activities in the logbook?	

Time	Learner Activities
	_____Review with facilitator the results of the assessments and identify areas of existing strength and areas where more study will be needed. Activities completed: Learner _____ Date_____ Facilitator _____ Date_____
Week 16: Overview	This week, your priorities are to **perform surgery, manage patients, and plan** for your independent practice.
Have you? Ensured that your facilitator provided your training registration form to the National Health Training Center for certification.	
Congratulations! You have completed the course.	

PRE-COURSE AND POST-COURSE QUESTIONNAIRE

Select and circle the most appropriate answers from the options given for each question.

CHAPTER I: EPIDEMIOLOGY OF FISTULA IN FEMALE GENITAL TRACT INCLUDING OBSTETRIC FISTULA AND PREVENTION

1. Primary prevention of obstetric fistula includes
    a. Use of partograph by skilled birth attendant
    b. Good nutrition and education for girls
    c. Timely placement of indwelling catheter
2. Genital fistula in the developing world is most commonly caused by
    a. Gynecologic surgery
    b. Genital malignancies
    c. Obstructed labor
3. The following statement regarding the pathophysiology of female genital fistula (GF) is correct.
    a. Extensive vaginal fibrosis resulting in severe vaginal stenosis
    b. Soft tissue edema, ischemia, necrosis, and sloughing of vaginal tissues
    c. Rupture of the gravid uterus
4. The commonest type of obstetric fistula is
    a. Rectovaginal
    b. Vesicovaginal
    c. Urethrovaginal
5. In Nepal the estimated incidence of obstetric fistula per year is
    a. 50–100 cases
    b. 100–250 cases
    c. 200–400 cases

CHAPTER II: DIAGNOSIS, CLASSIFICATION, PROGNOSTIC FACTORS, AND OUTCOMES

6. Compression of sciatic nerve by fetus during prolonged labor might cause
    a. DVT
    b. Paraplegia
    c. Foot drop

7. Negative genitourinary dye test may suggest
    a. Ureterovaginal fistula
    b. Rectovaginal fistula
    c. Vesicovaginal fistula
8. Social history in obstetric fistula patients aids in
    a. Better surgical outcome
    b. Short hospital stay
    c. Reintegration and rehabilitation
9. Obstetric fistula predisposes to
    a. Vesical stone
    b. PID
    c. Bladder diverticulum
10. The critical factor affecting the prognosis of an obstetric fistula is
    a. Age of the patient
    b. Length of the urethra
    c. Duration of the fistula

CHAPTER III: MANAGEMENT OF OBSTETRIC FISTULA

11. Continuous catheter drainage for 10–14 days may be an option for prevention of fistula in patients who have
    a. Recently experienced a prolonged and obstructed labor
    b. Undergone uncomplicated cesarean section
    c. Undergone a prolonged gynecologic surgery
12. The basic principles of fistula surgery include
    a. The closure should be with tension at the site of repair
    b. The handling of the tissues should be gentle, the dissection meticulous, and the hemostasis complete
    c. The bladder should be drained for 5 days postoperatively
13. Factors to improve postoperative wound healing include
    a. Progesterone supplementation
    b. Complete bed rest for 10 days
    c. Topical estrogen therapy for menopausal women
14. The 3-D principles of postoperative care refer to
    a. Drinking, Dryness, Draining
    b. Dehydrate, Dryness, Diet
    c. Deprivation, Dehydration, Debridement

15. An incurable fistula is one that *requires*
    a. diversion methods as determined by one fistula surgeon
    b. diversion methods that do not require monitoring for life
    c. diversion methods as determined by two expert fistula surgeons

CHAPTER IV: COMPLICATIONS AFTER FISTULA SURGERY AND THEIR MANAGEMENT

16. Data from experienced surgeons show that the percentage of fistulas found to be incurable is
    a. More than 25%
    b. 6–8%
    c. 2–3%
17. Common early complication of surgery for vesicovaginal fistula include
    a. Bladder stones
    b. Vaginal hemorrhage
    c. Hematometra
18. Management options for post-fistula closure stress incontinence include
    a. Anticholinergic medication
    b. Intermittent self-catheterization
    c. Autologous fascia sling
19. Stress incontinence is a common complication after fistula repair in the following situation
    a. Anterior mid-vaginal fistula of 1.5 cm
    b. Post-hysterectomy vault fistula
    c. Urethral length post-repair of 1–1.5 cm
20. Lower urinary tract and colorectal dysfunction persisting or occurring de novo after obstetric fistula repair
    a. Often affects the patient as severely as did the fistula
    b. Does not bother the patient
    c. Needs immediate further surgery

CHAPTER V: NURSING MANAGEMENT OF WOMEN WITH OBSTETRIC FISTULA

21. The management of a patient presenting with a small (less than 2 cm) vesicovaginal fistula immediately post-delivery following obstructed labor will include
    a. Immediate repair of the fistula
    b. Fluid restriction to reduce incontinence
    c. Catheter for a minimum of 4 weeks

22. In preparation for all vesicovaginal fistula repair, the following preoperative management is essential
    a. Intravenous urography
    b. Rectal enema
    c. Informed consent
23. The competencies for intraoperative counseling include
    a. Assessment of the client's ability to give and receive information
    b. Providing information about sexual abstinence, family planning, and need for antenatal care
    c. Offering reassurance and comfort
24. The initial assessment of an OF patient includes
    a. Detailed history and examination
    b. Laboratory investigation
    c. Preoperative preparation
25. The management of a blocked Foley catheter includes
    a. Check for the patency with normal saline
    b. Immediate replacement
    c. Diuretics

OBSTETRIC FISTULA EXPERIENCE SELF-ASSESSMENT FORM

1. Do you think that a lack of safe motherhood services can cause OF? Yes/No
2. Is OF a big problem in Nepal? Yes/No
3. Have you seen OF patients during your practice? Yes/No
4. What was the cause of OF in your patient? (Please describe one.)

5. What kind of care have you provided to obstetric fistula patients? (Please describe.)
6. Have you been involved in conservative management of OF patients? Yes/No

7. Have you ever been involved in surgical management of OF patients? Yes/No
8. Have you seen complications of surgery leading to VVF? Yes/No
9. What is the social impact for OF patients? (Please describe).

10. What strategies or approaches do you think would reduce the burden of OF in Nepal? (Please describe.)

ROLE PLAYS AND CASE STUDIES

ROLE PLAY 1: COUNSELING ABOUT PREVENTION OF OBSTETRIC FISTULA

Harkamaya is a 15-year-old, illiterate pregnant woman from Rukum, a 2-hour walk from the nearest health facility. She got married when she was 14 years old. Now, she is 9 months pregnant and coming to your health facility with abdominal pain. Her mother-in-law accompanies her. On examination, she is undernourished, with a height of 138 cm, and the fundal height is 36 weeks. There were no uterine contractions and FHR was 140/minute.

ROLE PLAY 2: PREOPERATIVE COUNSELING

Rama is a 20-year-old woman from a village that is situated a 15-hour walk from the nearest health facility. She was married at 17 years of age and had her first childbirth after 1 year. She had labor pain for 2 days and delivered a stillborn baby at home. A few weeks later, she began to leak urine all the time. Her family members started abandoning her. Her husband insisted that she should live separately. She was living in isolation when a health worker from a nearby village heard about Rama and brought her to your health facility. She was diagnosed with obstetric fistula and has agreed to surgical repair.

ROLE PLAY 3: HOW TO EDUCATE AND INFORM CLIENTS ABOUT THE PROBABLE PROGNOSES

Sita is a 20-year-old girl from Taplejung. Three weeks after delivery, she began to leak urine. The urine smell made her and family members uncomfortable to the extent that family members and relatives have started abandoning her and have told that she is incurable. Sita's husband suggested that she should stay in a cow shed in order not to offend other family members. A health worker who visited them during elephantiasis surveillance brought Sita and her husband to Dharan hospital to see if she had obstetric fistula and could be helped.

ROLE PLAY 4: COUNSEL THE CLIENT ABOUT HER RETURN TO HER FAMILY AND COMMUNITY

Gita is a 20-year-old, illiterate woman from Surkhet who was brought to Surkhet Hospital by a social worker for diagnosed obstetric fistula. She was operated on by a team of expert fistula surgeons and is planned for discharge following an uneventful hospital stay. The social worker has managed to get Gita's family to come to the hospital to take Gita home at the time of discharge.

ROLE PLAY 5: GUIDE PRE-DISCHARGE EDUCATION FOR CLIENTS AND THEIR FAMILIES

Rita is a 24-year-old, illiterate woman from Kavre, who was brought to Kathmandu Hospital during a fistula surgery camp. She was operated on by expert fistula surgeons from Nepal and is planned for discharge following an uneventful hospital stay.

CASE STUDY 1

Mrs. Purna Maya lama, 32 years old, gravida 3, para 2 at ? term pregnancy was referred from Dhading hospital for prolonged 2nd stage of labor at 11 a.m. and was admitted in PMWH after 4 hours at 3:00 p.m. Her husband gives a history of a bearing-down sensation since 5:00 a.m., and she was taken to the primary health center from where she was referred to Dhading hospital. On examination, she looked exhausted, dehydrated, blood pressure was 90/60 mmHg, and pulse 100 per minute. On abdominal examination, her uterus was term size cephalic 4/5th palpable, bladder was full, fetal heart sound was 120 per minute. Per vaginal examination, revealed OS fully dilated, fully effaced, head at -2 stations with caput and molding.

Questions

1. What is your diagnosis?

2. What is your management?

3. What may be the possible major complications?

4. What is your management postoperatively to prevent OF?

CASE STUDY 2

Diagnosis of Fistula

Goma is a 17-year-old girl from a village that is a 12-hour walk from the nearest health facility. She got married when she was 15 years old and, during her first birth at 16 years, she pushed for 12 hours before delivering a baby who was stillborn. A few weeks after the delivery, Goma began to leak urine all the time and family members have started abandoning her. Her husband suggested that she should sleep in the smaller house in the yard in order to not offend other members of the family. A health worker who works in a nearby village heard about Goma and brought her to the health center to see whether she had an obstetric fistula and could be helped.

Questions:

1. Is the leaking continuous? What could be the probable cause if Yes, or if No?

2. Did the leaking start immediately after childbirth? Did she have prolonged labor? What would be the probable cause if Yes, or if No?

3. Does the urine pass through urethral opening with suprapubic pressure? What would be the probable cause if Yes, or if No?

4. Perform gentle pelvic exam and speculum exam. Is any opening seen or felt in her vagina? What would be the probable cause if Yes, or if No?

5. Inject methylene blue dye through a Foley catheter. Does this stain gauze kept in her vagina? What would be the probable cause if Yes, or if No?

6. What would be your management if the client is less than 4 weeks postpartum?

7. What would be your management if there is more than one fistula, there is extensive scarring, there is stool in her vagina, and the patient has foot drop or hip contacturs?

CASE STUDY 3

Wet bed after 24 hours of fistula repair (VVF)

Sixteen years ago, Mankumari from Doti labored at home for 2 days before being taken to Dhangadi Hospital, where a stillborn baby was delivered by LSCS. She had leakage of urine from day 3 after the catheter was removed. She has had no surgery since. Now at the age of 30, she is undergoing VVF repairs surgery. She returns to the ward following repair at 11:00 a.m. At 11:00 a.m. the next day, while taking routine postoperative observations, the nurse finds that her bed is wet.

Questions:

1. What would you do when you arrive at the bedside?

2. **Prepare an operation note** for this case. Review the operation note. What do you think is the most likely cause?

3. What will be your management be now?

4. In theater:

The findings are as follows: Dye test is negative. There is orange-stained fluid draining from the right side of the fistula repair.

5. Based on the above findings what is your diagnosis?

6. What is your management?

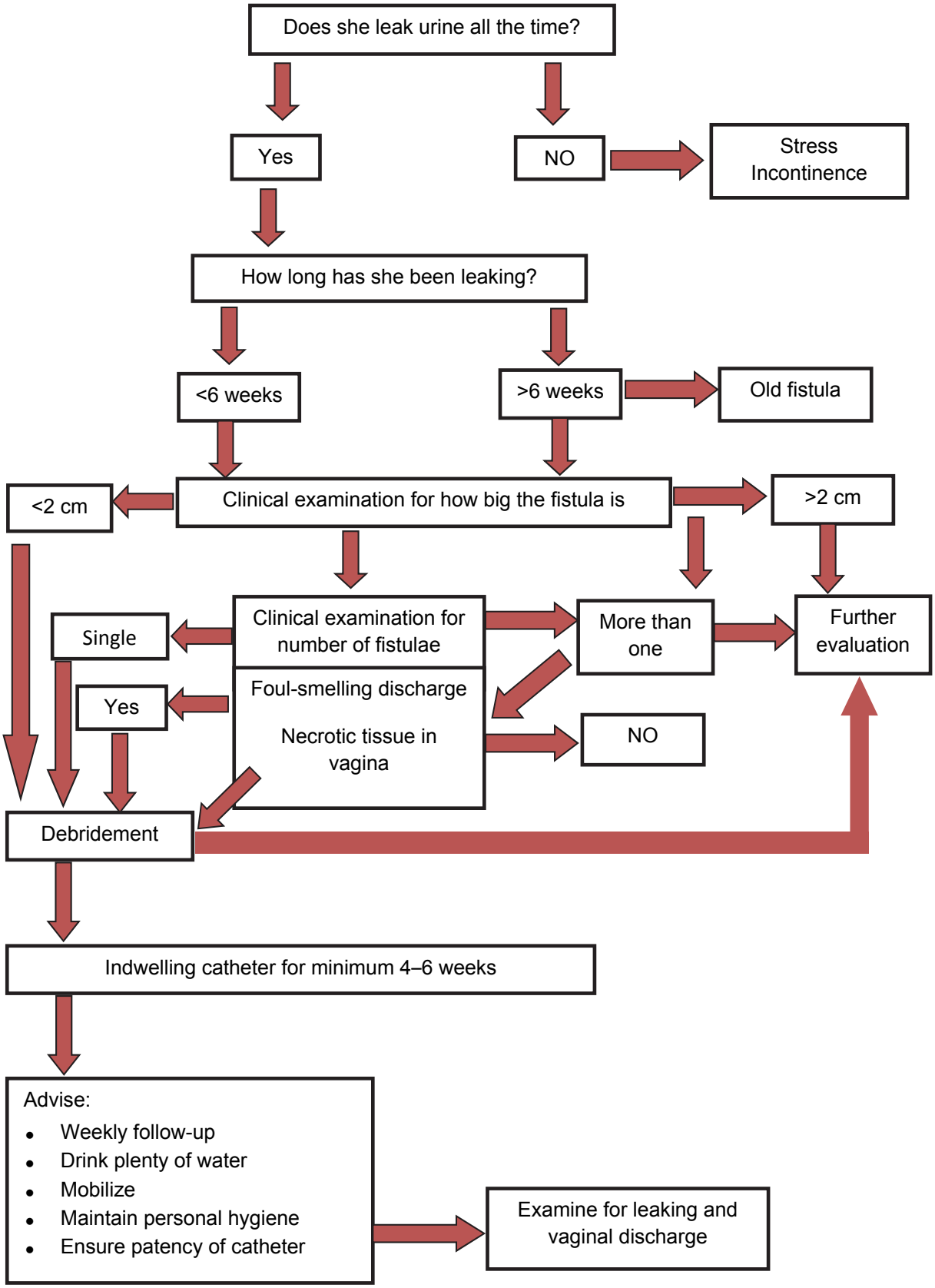
SELF-ASSESSMENT FORM FOR INFECTION PREVENTION

1. OF clients are not at risk of infection. Yes/No
2. Standard precautions include handwashing. Yes/No
3. Chlorine (1%) is a commonly used disinfectant. Yes/No
4. During decontamination, instruments should be soaked for 10 minutes. Yes/No
5. Cleaning with soap and water after decontamination reduces bacterial load, including endospores. Yes/No
6. Surgical instruments are sterilized by autoclaving. Yes/No
7. Autoclaved instruments can be stored for 2 weeks in optimum condition. Yes/No

JOB AID FOR POSTOPERATIVE CATHETER CARE

1. The catheter must not become blocked or fall out. Ensure free draining/flow of urine.
2. Bladder should not be distended.
3. Keep drainage system below the bladder level.
4. Ensure proper fixation of catheter and cleaning.
5. Measure input and output hourly.
6. Care for cleanliness of perineal area.
7. Clean and care for urethral catheter and ureteric drainage.
8. Measure output separately and record separately for ureteric and urethral catheter.
9. Urinary output should be clear and adequate (2–3 liters per day). If not, inform the doctor.
10. Patient and patient's visitors must be instructed about monitoring free flow of urine in drainage bag.
11. Nothing must pull on the catheter and catheter must not be kinked.
12. Catheter should be removed after confirmation of healing of fistula by dye test. It should be removed gently and carefully as sometimes calcification and sticky tissue may lead to difficulty in removing it.

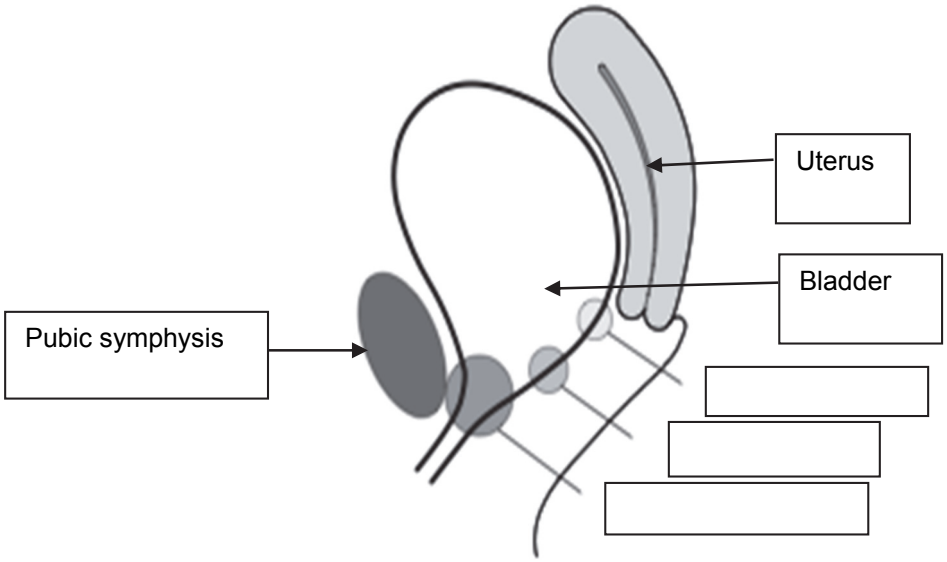
ALGORITHM FOR MANAGEMENT OF VVF USING A CATHETER AND DEBRIDEMENT



EXERCISES

EXERCISE 2.1 A

Figure 1



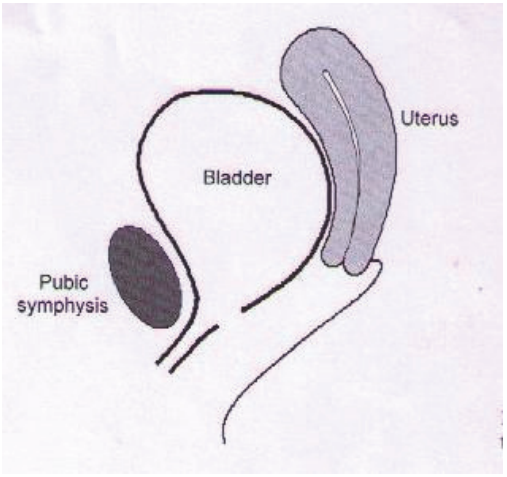


Figure 2:_____

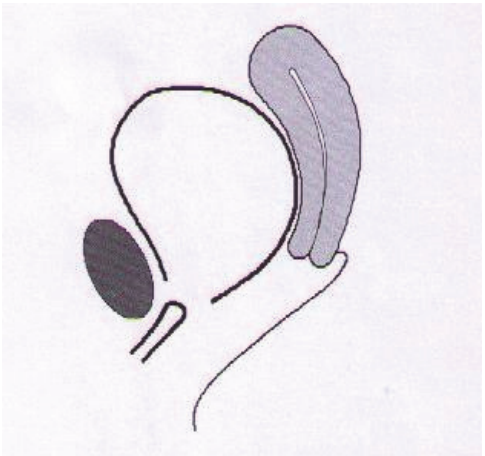


Figure 3: _____.

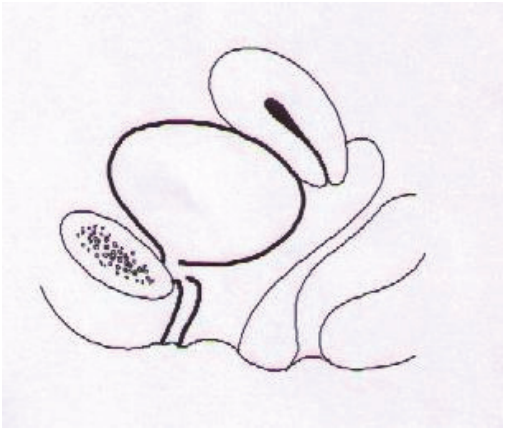


Figure 4: _____

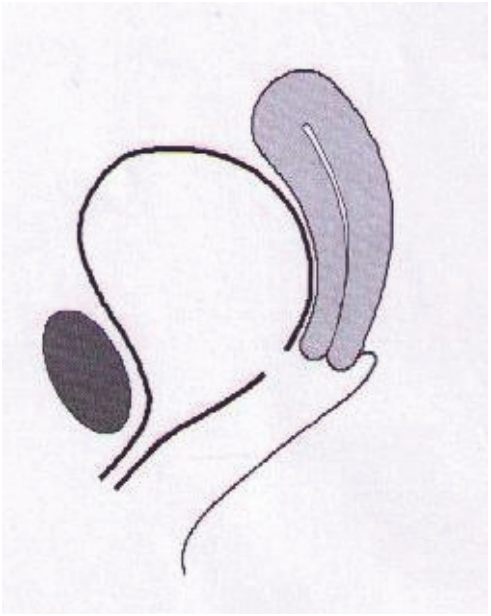


Figure 5: _____

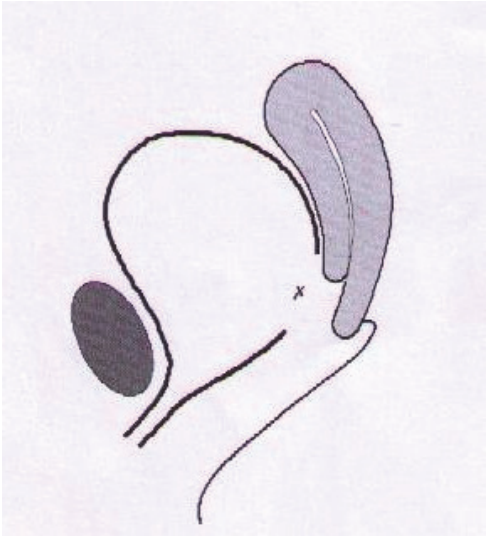


Figure 6: _____

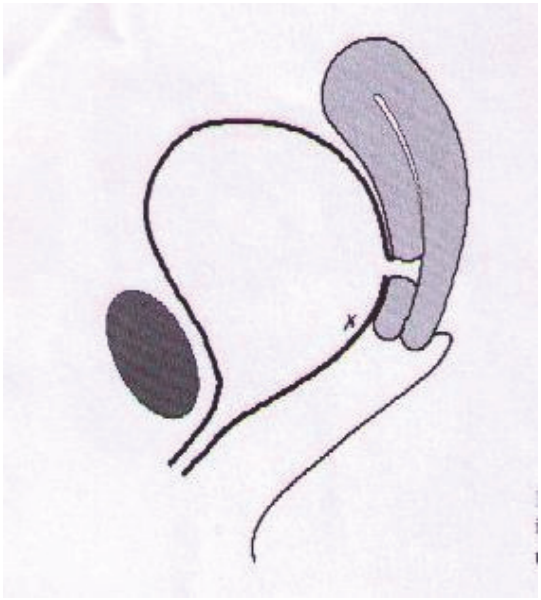


Figure7: _____

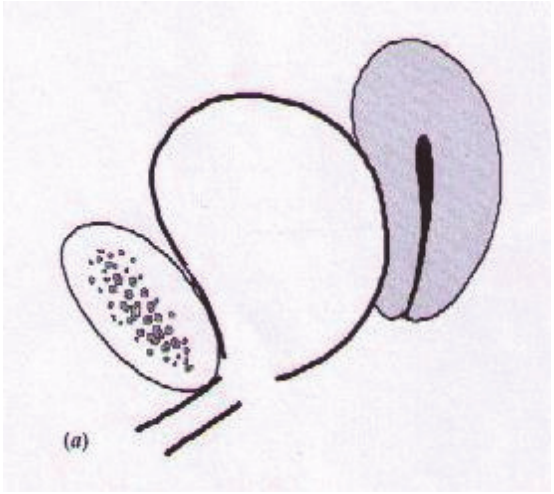


Figure 8:_____

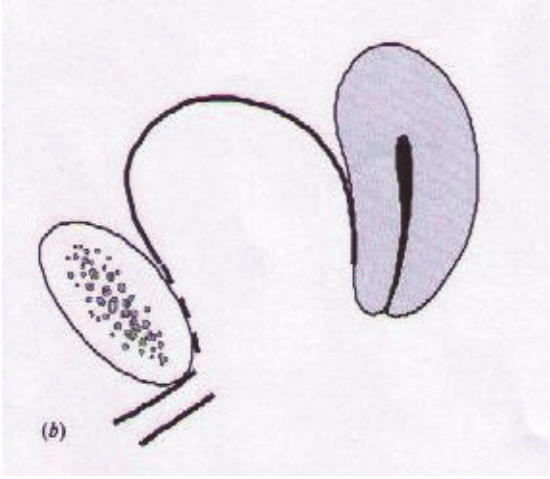
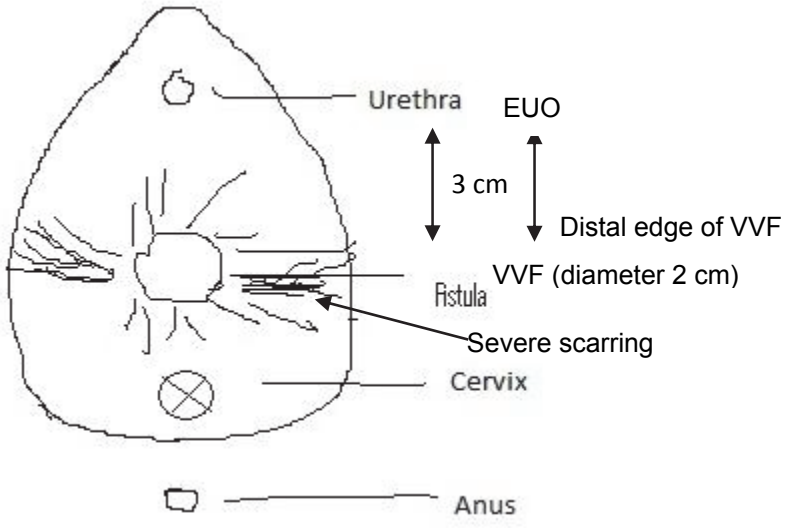


Figure 9: _____

EXERCISE 2.1 B

Q1. Classify the obstetric fistula shown in the figure given below.



Answer: _____

Q2. A lady comes to your facility with a broken fistula which measures 3.6 cm in diameter and the distal edge of the fistula is 1 cm from the external urethral opening (EUO). Classify the fistula.

Answer: _____

EXERCISE 3.1

Label each diagram with the correct surgical action, e.g., "Exposure of the fistula"

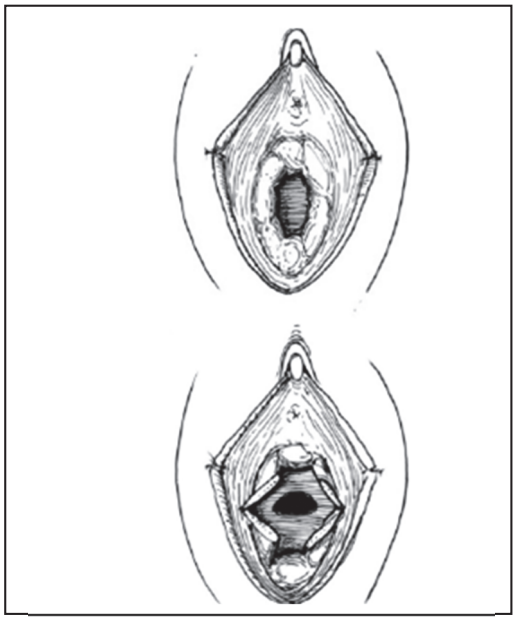


Figure 1: _____

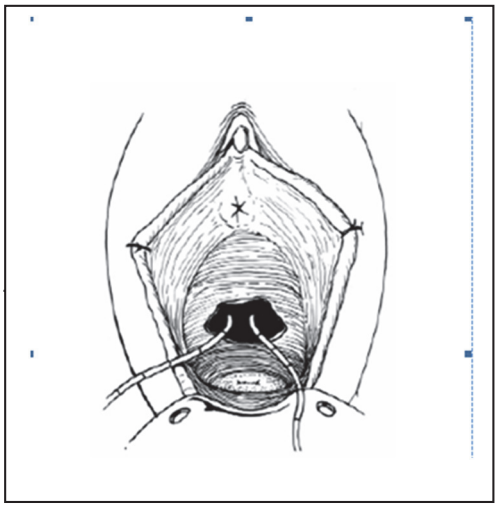


Figure 2: _____

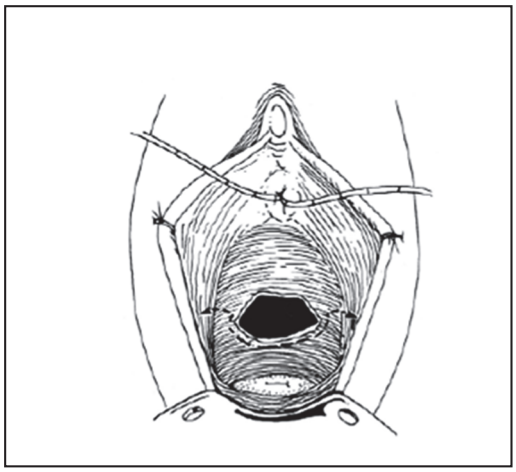


Figure 3: _____

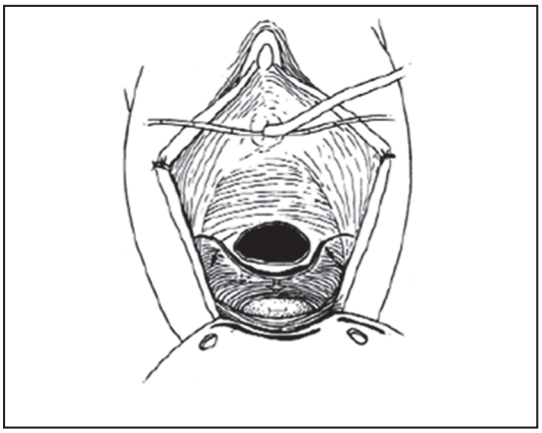


Figure 4: _____

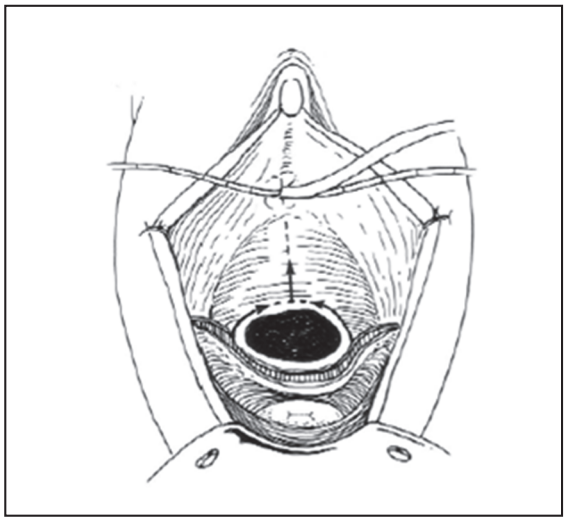


Figure 5: _____

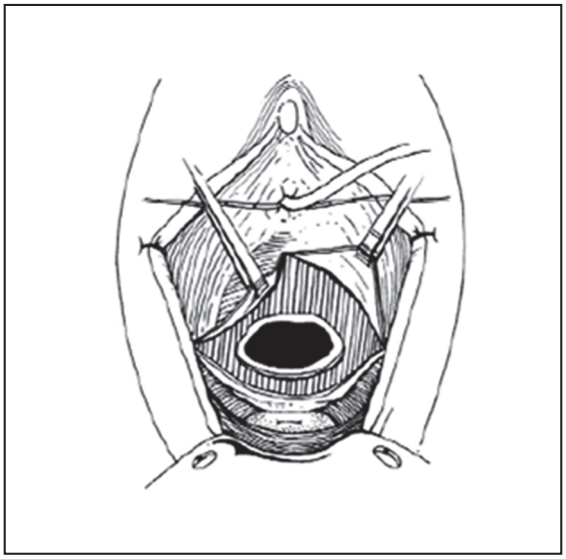


Figure 6: _____

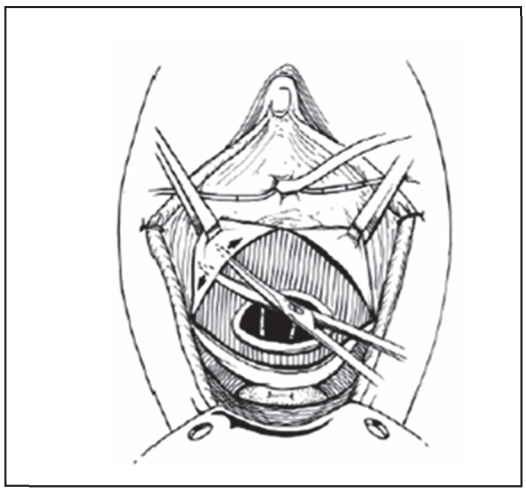


Figure 7: _____

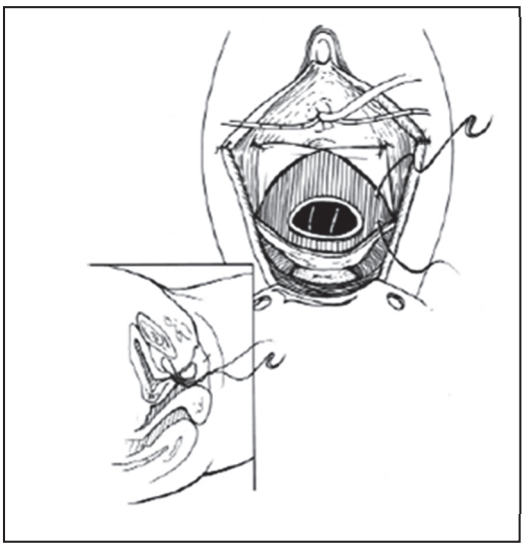


Figure 8: _____

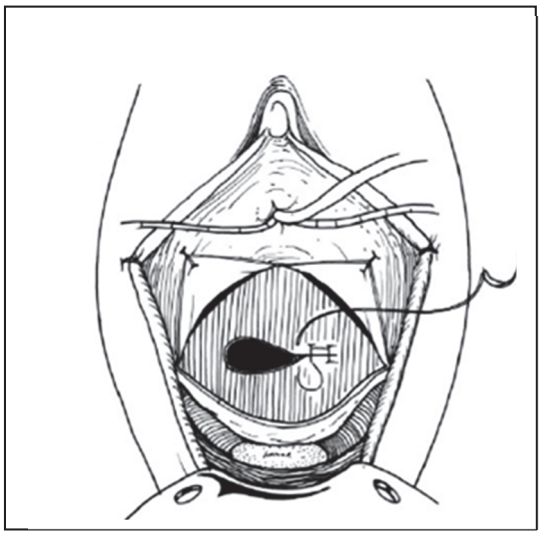


Figure 9: _____

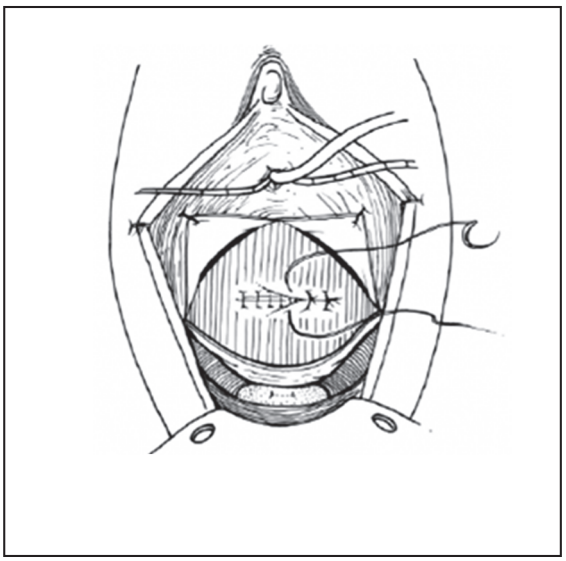


Figure 10: _____

EXERCISE 5.1

Activity Description

After reading Chapter V, circle the word "true" if the statement is true and circle the word "false" if the statement is false.

1. Plenty of oral fluid is required for OF patients. True/False
2. High-protein, high-calorie diet is not essential for all women with OF. True/False
3. Preoperative antibiotic coverage should be given. True/False
4. Informed consent is not required. True/False
5. The patient can take a normal diet until the time of obstetric fistula surgery. True/False

Activity Description

Answer the following questions. Review and discuss the answers with your facilitator.

1. What are the three Ds of postoperative care in OF repair surgery?

2. What are the principles of postoperative catheter care?

3. When and how do you remove the catheter after OF surgery?

4. How long will you keep the vaginal pack after OF surgery?

5. When do you advise mobilization and food intake after repair surgery?

CHECKLISTS

CHECKLIST FOR REPAIR OF RECTO-VAGINAL FISTULA (RVF) AND ANAL SPHINCTER INJURY

(To be used by the Learners and Facilitators)

Rate the performance of each step or task observed using the following rating scale:

1. Needs Improvement:	Step or task not performed correctly or out of sequence or is omitted.
2. Competently Performed:	Step or task performed correctly in the proper sequence (if necessary) but learner does not progress from step to step efficiently.
3. Proficiently Performed:	Step or task efficiently and precisely performed in the proper sequence (if necessary)

Learner's Name:_____ **Date:**_____

CHECKLIST FOR REPAIR OF RECTO-VAGINAL FISTULA AND ANAL SPHINCTER INJURY					
Step/Task	**Cases**				
1. Perform peri-operative evaluation and counseling: • Counter-check diagnosis • Check if tissue is ready • Check if laboratory data are complete and normal					
2. Check that woman has provided informed consent					
3. Check if anesthesia is given					
4. Clean perineum and surgical site with antiseptics after proper positioning in exaggerated lithotomy position					
5. Drape the patient					
6. Insure proper exposure including stitch at the labia if needed					
7. Identify the location of the fistula in relation to the sphincter					
8. Identify the integrity of the sphincter and/or need for reconstruction					
9. Inject normal saline between the vaginal mucosa and rectum around the edges of the fistula					
10. Make proper incision around the fistula					
11. Identify cleavage line between vaginal and rectal mucosa					
12. Adequately mobilize the vaginal mucosa from rectal mucosa					
13. Secure hemostasis					
14. Trim scar tissue without compromising healthy tissue					
15. Close fistula without tension in two layers					
16. Ensure proper apposition of tissue edge					
17. Use interrupted vicryl 2/0 for the first layer and continuous vicryl 3/0 for second layer					
18. Avoid rectal mucosa during stitching					
19. Assess need to repair the external anal sphincter					
20. Expose and mobilize scarred ends of external anal sphincter					
21. Re-approximate with interrupted sutures using end-to-end or overlapping technique					

CHECKLIST FOR REPAIR OF RECTO-VAGINAL FISTULA AND ANAL SPHINCTER INJURY					
Step/Task	**Cases**				
22. Reconstruct the perineal body if needed					
23. Close the vagina by inverting the edges with vicryl or chromic catgut stitches					
24. Clean the perineum with antiseptic after checking anal sphincter patency, tone and no suture					
25. Write notes on the operation and write postoperative order: • Diet/fluids • Pain medication • Prophylactic antibiotics • Ambulation • Duration of catheterization and vaginal pack • Any specific instructions					
Additional comments:					

LEARNER IS ☐ QUALIFIED ☐ NOT QUALIFIED TO PERFORM SIMPLE RECTO-VAGINAL FISTULA AND ANAL SPHINCTER INJURY

Clinical Skills Evaluation: ☐ **Satisfactory** ☐ **Unsatisfactory**

Facilitator's Signature: _____Date: _____

CHECKLIST FOR REPAIR OF URETHRAL FISTULA

(To be used by the Learners and Facilitators)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of sequence or is omitted.
2. **Competently Performed:** Step or task performed correctly in the proper sequence (if necessary) but learner does not progress from step to step efficiently.
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary)

Learner's Name:_____ **Date:**_____

CHECKLIST FOR REPAIR OF URETHRAL FISTULA					
Step/Task	**Cases**				
Preoperative assessment of the patient with urethral fistula					
1. Check the detailed history					
2. Perform a complete examination of the genital area for condition of the vaginal mucosa, any skin infection, etc.					
3. Check laboratory reports and cross match blood if needed					
4. Check that the woman has received detailed counseling regarding the procedure, risks, possible outcomes, sexual and menstrual function after surgery, and care needed, and had given informed consent					
5. Secure all needed surgical instruments and suture material					
6. Perform an EUA if not done before and classify the fistula and note any other problems					
7. Give antibiotics as per local protocol					
Basic steps of urethral fistula surgery					
1. Check that the woman has provided informed consent					
2. Check that anesthesia is given					
3. Clean perineum and surgical site with antiseptics after proper positioning in exaggerated lithotomy position with deep Trendelenberg tilt of the operating be.					
4. Drape the patient					
5. Apply exposure stitch at the labia					
6. Insert Auvard speculum in the vagina					
7. Identify the location of the fistula					
8. Make sure the surrounding tissue is clean and ready for surgery					
9. Insert metal catheter through the urethra and assess the location of the bladder neck and bladder capacity					
10. Inject diluted normal saline with Adrenaline and xylocaine between the vaginal mucosa and urethra					
Steps in fistula closure					
1. Make proper incision around the fistula					
2. Identify cleavage line between vaginal and urethra walls					
3. Adequately mobilize the vaginal mucosa from the urethra					

CHECKLIST FOR REPAIR OF URETHRAL FISTULA					
Step/Task	**Cases**				
4. Secure proper hemostasis					
5. Trim scar tissue without compromising healthy tissue					
6. Close fistula without tension in one or two layers with 3/0 absorbable suture					
7. Ensure proper apposition of tissue edges					
8. Consider need for labial fat pad					
9. Consider need for a pubococcygeus plication					
10. Secure an indwelling Foley catheter in place					
11. Close vagina by inverting the edges with vicryl or chromic catgut stitches					
12. Clean the perineum with antiseptic					
Additional Comments:					

LEARNER IS ☐ QUALIFIED ☐ NOT QUALIFIED TO PERFORM REPAIR URETHRAL FISTULA

Clinical Skills Evaluation: ☐ **Satisfactory** ☐ **Unsatisfactory**

Facilitator's Signature: _____Date: _____

CHECKLIST FOR URETHRAL RECONSTRUCTION

(To be used by the Learners and Facilitators)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of sequence or is omitted.
2. **Competently Performed:** Step or task performed correctly in the proper sequence (if necessary) but learner does not progress from step to step efficiently.
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary)

Learner's Name:_____ **Date:**_____

CHECKLIST FOR URETHRAL RECONSTRUCTION						
Step/Task	**Cases**					
Preoperative assessment of the patient with urethral loss						
1. Check the detailed history						
2. Perform a complete examination of the genital area for extent of urethral loss and condition of the sphincter and vaginal mucosa						
3. Check laboratory reports and cross match blood if needed						
4. Check that the woman has received detailed counseling regarding the procedure, risks, possible outcomes, sexual and menstrual function after surgery, care needed and had given informed consent						
5. Secure all needed surgical instruments and suture material						
6. Perform an EUA if not done before for any other problem						
7. Give antibiotics as per local protocol						
Basic steps of urethral reconstructive surgery						
8. Check that woman has provided informed consent						
9. Check that anesthesia is given						
10. Clean perineum and surgical site with antiseptics after proper positioning in exaggerated lithotomy position with deep Trendelenberg tilt of the operating bed						
11. Drape the patient						
12. Apply exposure stitch at the labia						
13. Insert Auvard speculum in the vagina						
14. Identify and delineate the incision line for the area to be used for reconstruction using vaginal mucosal flap or a tube flap						
15. Make sure the surrounding tissue is clean and ready for surgery						
16. Insert metal catheter through the urethra and assess the location of the bladder neck and bladder capacity						
17. Inject diluted normal saline with adrenaline and xylocaine between the vaginal mucosa and urethra.						
Steps in vaginal wall flap reconstruction						
1. Make proper incision down the delineated mucosa allowing 2 cm width at the base for each cm length						
2. Insert a Foley catheter						
3. Adequately mobilize the vaginal mucosa and plicate the pubocervical fascia at the neourethral vesical angle						

CHECKLIST FOR URETHRAL RECONSTRUCTION						
Step/Task	**Cases**					
4. Secure proper hemostasis						
5. Make two parallel incisions 2 cm apart along the residual anterior urethral receptor bed						
6. Suture the flap into position with interrupted 4/0 absorbable synthetic sutures						
7. Mobilize the labial tissues lateral to the grooves by about 3–4 cm						
8. Suture the mobilized labial epithelium over the flap with 2/0 synthetic absorbable sutures						
9. Close the vaginal mucosa over the donor site with continuous or interrupted 3/0 vicryl sutures						
10. Secure an indwelling Foley catheter in place						
11. Clean the perineum with antiseptic						
Steps in tube flap reconstruction						
1. Delineate the area of the new urethra, allowing for sufficient tissue mobilization to permit suture in the midline without tension						
2. Incise the margins of the flap and mobilize medially						
3. Place an indwelling Foley catheter and roll mobilized tissue toward midline and suture with interrupted 4/0 vicryl sutures						
4. Mobilize the tissue lateral to the margins of the flap for about 4 cm						
5. Secure hemostasis						
6. Close the lateral tissue over the flap in 2 layers of 3/0 vicryl sutures						
7. Close the vestibular epithelium with 3/0 interrupted vicryl sutures						
8. Secure the indwelling Foley catheter in place						
9. Clean the perineum with antiseptic						
Additional Comments:						

LEARNER IS ☐ QUALIFIED ☐ NOT QUALIFIED TO PERFORM URETHRAL RECONSTRUCTION

Clinical Skills Evaluation: ☐ **Satisfactory** ☐ **Unsatisfactory**

Facilitator's Signature: _____Date: _____

CHECKLIST FOR SURGICAL REPAIR OF THIRD- AND FOURTH-DEGREE TEARS

(To be used by the Learners and Facilitators)

Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement:** Step or task not performed correctly or out of sequence or is omitted.
2. **Competently Performed:** Step or task performed correctly in the proper sequence (if necessary) but learner does not progress from step to step efficiently.
3. **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary)

Learner's Name:_____ Date:_____

CHECKLIST FOR REPAIR OF THIRD- AND FOURTH-DEGREE TEARS					
Step/Task	**Cases**				
1. Perform peri-operative evaluation and counseling: • Counter-check diagnosis • Check if tissue is ready • Check if laboratory data are complete and normal					
2. Check that the woman has provided informed consent					
3. Check if anesthesia is given					
4. Clean perineum and surgical site with antiseptics after proper positioning in exaggerated lithotomy position					
5. Drape the patient					
6. Insure proper exposure, labial stitch if needed					
7. Identify external anal sphincter scars and extent of tear					
8. Inject normal saline solution after marking margins of tear					
9. Incise along the margins of the tear and dissect the vaginal mucosa from the rectum					
10. Mobilize the vaginal mucosa from the rectum and identify the internal anal sphincter and rectovaginal fascia					
11. Identify cleavage line between vaginal and rectal mucosa					
12. Identify and dissect the scarred edges of the external anal sphincter					
13. Secure hemostasis					
14. Trim scar tissue without compromising healthy tissue					
15. Close the internal anal sphincter in one continuous layer of 2/0 vicryl avoiding the rectal mucosa					
16. Reapproximate the rectovaginal fascia with continuous 3/0 vicryl					
17. Reapproximate the external sphincter by end-to-end or overlapping technique using					
18. Reconstruct the perineal body with interrupted 0 vicryl sutures					
19. Close vagina by inverting the edges with vicryl or chromic catgut stitches					
20. Close the perineal skin and clean the perineum with antiseptic after checking the anal sphincter for patency, tone and no suture					

CHECKLIST FOR REPAIR OF THIRD- AND FOURTH-DEGREE TEARS					
Step/Task	**Cases**				
21. Write notes on the operation and write postoperative order: • Diet/fluids • Pain medication • Prophylactic antibiotics • Ambulation • Duration of catheterization and vaginal pack • Any specific instructions					
Additional comments:					

LEARNER IS ☐ QUALIFIED ☐ NOT QUALIFIED TO PERFORM THIRD- AND FOURTH-DEGREE TEARS

Clinical Skills Evaluation: ☐ **Satisfactory** ☐ **Unsatisfactory**

Facilitator's Signature: _____Date: _____

FISTULA REPAIR KIT 1—SURGICAL INSTRUMENTS

Items	Quantity in a kit
Leaflet	1
Kidney dish, metal large, 32 cm (500 ml)	1
Auvard weighted speculum, 125 x 40 mm	2
Sims speculum, medium	1
Sims speculum, large	1
Thorek scissors, 19 cm	1
Fistula scissors, 20 mm(strong and sharp)	1
Tissue scissors Boyd, 17 cm, rough	1
Metzenbaum scissors, curved, 24 cm	1
Needle holder, Mayo- Hegar, 20 cm, straight	1
Needle holder, Mayo- Hegar, 18 cm, straight	1
Blade holder 7, Swann Morton, 159 mm	1
Blade holder 4, Swann Morton, 12 cm	1
Dissecting forceps, 1 x 2 teeth, 20 cm	1
Dissecting forceps, fine serrated jaw, 20 cm	1
Suture scissors, curved, 18 cm (sharp)	1
Probe with eye, malleable, 20 cm	1
Uterine sound, malleable, 30 cm	1
Female metal catheter, 16 cm (12 FG)	1
Langenbeck retractor, 13 x 44 mm blade	2
Vulsellum forceps, curved, 230 mm	1
Deschamps aneurysm needle, very sharp, curved left (slender needle, half-circle, measures +/- 40 mm, handle measures 210–230 mm)	1
Deschamps aneurysm needle, very sharp, curved right (slender needle, half-circle, measures +/- 40 mm, handle measures 210-230 mm)	1
Mixter artery forceps, 23 cm	2
Allis forceps, ¾ teeth, 20 cm	4
Allis forceps, ¾ teeth 15 cm	2
Mayo Safety Pin forceps holder, 114 mm	2
Shaedel Safety Pin forceps holder, 90 mm	6
Foerster sponge holding forceps, 241 mm	2
Mosquito's forceps, curved, 13 cm	10
Spencer-Wells Artery forceps, curved, 205 mm	4
Towel clamp, Backhaus, 89 mm	4
Towel clips, Backhaus, 127 mm	6
Dilators, uterine, Hegar, set of 16 dilators, sizes 3-18	1
Gallipot, approx. 100 ml	2
Metal ruler in cm	1
Kitting Service	1

FISTULA REPAIR KIT—SUPPLEMENTARY ITEMS

Items	Quantity in a kit
Leaflet	1
Ureteric catheters, size CH 5, with metal guide wire	6
Ureteric catheters, size CH 6 with metal guide wire	6
Urine bags with tap below to empty	25
Foley catheters CH 14	1
Foley catheters CH 16	10
Foley catheters CH 18	20
Foley catheters CH 20	5
Blades, size 11	30
Blades, size 15	5
Bladder syringe 60-100 mls (with long nozzle, not with luer lock), disposable	25
Spinal Needles, size 22	1
Spinal Needles, size 25	1
Transparent colostomy bags, pocket vidables with filter	20
Absorbable polyglactin suture USP size 0 for closure of VVF	1
Absorbable polyglactin suture USP size 2/0 for closure of VVF	1
Absorbable polyglactin suture USP size 3/0 for bladder closure (abdominally)	1
Absorbable polyglactin suture USP size 4/0 for re-implantation (abdominally and/or vaginally)	1
Absorbable polydioxanone suture USP size 1 for re-fixation of the pubo-cervical fascia	1
Non-absorbable polyaminde suture USP size 1 for closure of the abdominal fascia	1
Non-absorbable polyaminde suture size USP 2/0 for skin closure	1
Bobbin of 150 cm of absorbable polyglactin suture USP size 2/0 (without needle)	1
Suture needle, semi-circle with spring eye, size 14	3
Kitting Service	1
Methylene blue vials (for dye test), injectable USP grade of 1 %, vial size 10 cc	20
Bupivacaine hydrochloride 0.5% heavy, 4-ml vials	2

EVALUATION OF MANAGEMENT OF OBSTETRIC FISTULA ON-THE-JOB TRAINING

(To be completed by learners)

Please indicate your opinion regarding the training using a 1–5 scale

5-Excellent 4-Very Good 3-Satisfactory 2-Needs Improvement 1-Unsatisfactory

S. No	Content	Scoring
1.	All the chapters are very useful in the process of learning.	
2.	All appendices are very useful in the process of learning.	
3.	Learning objectives of the training course are appropriate.	
4.	The course outline helped me to walk through entire training period very effectively.	
5.	Training duration is sufficient to be competent to provide fistula surgery.	
6.	Exposure to fistula camp was very useful in the process of learning.	
7.	There was sufficient client load for hands-on practice.	
8.	Discussion sessions, exercises, role plays, and case studies were very useful.	
9.	The training approach was every effective during clinical practice sessions.	
10.	I am competent and confident to perform simple fistula surgery.	
11.	I am competent and confident to perform VVF surgery.	
12.	I am competent and confident to perform RVF surgery.	
13.	I am confident to provide surgery without supervision from a master trainer.	
14.	The on-the-job training approach is appropriate for obstetric fistula training.	

Please write your suggestion to improve this training course, if any.

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