

# SKILLS & EXPERIENCE INVENTORY

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

I. TRAINING - Have you ever had training in:

- a. Family Planning/Contraception  Yes  No Hours: \_\_\_\_\_
- b. Unintended Pregnancy & Options Counseling  Yes  No Hours: \_\_\_\_\_
- c. Miscarriage Management  Yes  No Hours: \_\_\_\_\_
- d. Public Health Aspects of Abortion Access  Yes  No Hours: \_\_\_\_\_

II. EXPERIENCE – check all which apply:

NUMBER OF PROCEDURES/SESSIONS:

- |                                   |                               |                                |                                |                              |
|-----------------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------|
| Electric Vacuum Aspiration        | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Manual Vacuum Aspiration (MVA)    | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Dilation & curettage              | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Ultrasound dating                 | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Medical management of miscarriage | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| IUD insertion                     | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Contraceptive implant insertion   | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Prenatal care                     | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Early pregnancy Dating Exams      | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |
| Endometrial biopsy                | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> >30 |

III. ADDITIONAL INFORMATION

I. Could you give me three reasons why you decided to participate in this Training Program?

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II. Do you have any hesitations (fears) about participating in this Training Program or providing abortion?  Yes  No

III. Aside from technical skills, do you anticipate any other benefits from completing this training?

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IV. Do you anticipate offering abortions in future practice?  Yes  No