# **Obstetrics & Gynaecology**

#### **Departmental Objectives**

At the end of the course of obstetrics & gynaecology the undergraduate medical students will be able to:

- provide proper care in managing women's health including pregnancy, labour and puerperium and to ensure maternal and neonatal health and well being and give proper advices.
- diagnose and manage patients with common obstetrical and gynaecological problems.
- describe the basic concept of Counselling and counsel the women in the field of Obstetrics and Gynaecology.
- refer high risk cases appropriately.
- resuscitate new born babies and impart proper care.
- initiate & promote infant & young child feeding practices including exclusive breast feeding
- demonstrate appropriate attitude required to practise obstetrics and gynaecology.
- demonstrate an understanding about the impact of socio-cultural beliefs and environmental factors on women in pregnancy, labour and puerperium including their overall reproductive health and violence against women.
- counsel and inform women about contraception and family planning, and women's right.
- be acquainted with ongoing programme to reduce maternal mortality & morbidity.
- demonstrate an understanding about common problem of adolescent females and care them
- describe the common problems of peri and post menopausal women and can provide proper care
- value the ethical issues in obstetrics and gynaecology.

#### List of Competencies to acquire:

- History taking, communication skill, obstetrical examination, gynaecological examination.
- Diagnosis of common clinical problems
- Preparation of a patient before anaesthesia
- Writing a discharge certificate after
  - Normal delivery
  - Caesarean section
  - D & C
  - Evacuation of mole
  - Hysterectomy
- Care of antenatal patients including nutrition and daily calorie calculation
- Care of postnatal patient
  - Appropriate technique of breast feeding including position and attachment.
  - Demonstation of complementary feeding- amount, frequency, content of food
- Management of normal labour with partograph plotting
- 1st stage, 2nd stage & 3rd stage (AMTSL)
- Skill about Episiotomy
- PPH management
- Management of Eclampsia
- Shock management
- Writing a BT order
- Blood transfusion note
- Insertion of a cannula
- Catheterization
- Drawing of blood
- Hand washing
- Wearing of gloves, wearing PPE (Donning and Doffing)
- Identification of instruments/suture materials
- Trolly preparation for major & minor surgery

# Obstetrics & Gynaecology: Hours distribution in 3<sup>rd</sup> & 4<sup>th</sup> phases in details

| Le            | cture (in h              | iours)                   |            | Small group<br>teaching<br>(in hours)  | Departmental<br>integrated<br>teaching        | Phase<br>integrated<br>teaching                              | Clinical/<br>teac<br>(in w       | 0                                | gn (                        | exami                        | native<br>nation<br>lays) | exami                        | native<br>nation<br>lays) |
|---------------|--------------------------|--------------------------|------------|--|---|--|----------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------|------------------------------|---------------------------|
|               | 3 <sup>rd</sup><br>Phase | 4 <sup>th</sup><br>Phase | Total      | PBL, Practical<br>demonstration,<br>Instrumental<br>demonstration,<br>Skill lab, | (in hours)                                    | (in hours)   | 3 <sup>rd</sup><br>Phase<br>8wks | 4 <sup>th</sup><br>Phase<br>8wks | Block posting<br>(in weeks) | Preparatory<br>leave 10 days | Exam time<br>15 days      | Preparatory<br>leave 10 days | Exam time<br>15 days      |
| Total         | 30                       | 60                       | 90         | Tutorial & etc.<br>58 hours  | (10 topics $\times 2$<br>hours)<br>= 20 hours | $(42 \text{ topics } \times 3)$ hours) $= 126 \text{ hours}$ | 16 w                             |                                  | 04 wks                      |                              | lays                      |                              | lays                      |
| Grand Total   |                          | <u> </u>                 |            | 168 hours  |   | 126 hours  |                                  | 20 weeks                         | I                           |                              | 65 d                      | lays                         |                           |
| Time for inte | grated te                | aching, d                | examina    | tion preparatory   | leave and forma                               | tive & summati   | ve assess                        | ment is                          | common                      | for all s                    | subjects                  | of the                       | phase                     |
| Preventive as | pects of                 | all diseas               | ses will l | be given due imp   | ortance in teachi<br>parts of th              | 0 0  | sidering p                       | oublic he                        | alth cont                   | ext of th                    | ne coun                   | try and                      | others                    |
| ]             | Related b                | ehaviora                 | ıl, profes | sional & ethical i   | ssues will be dis                             | scussed in all cli   | nical and                        | l other te                       | eaching le                  | earning                      | session                   | S                            |                           |

# Obstetrics & Gynaecology: Hours distribution for <u>Clinical/Bedside</u> teaching in 3<sup>rd</sup> & 4<sup>th</sup> phases in details

|   |   | Clinical/B           | edside & Ambula                                     | atory care teaching  | (in hours)  |                      |                                  |  |  |
|---|---|----------------------|---|----------------------|---|----------------------|----------------------------------|--|--|
|   | 2 <sup>nd</sup>                           | Phase                | 3 <sup>rd</sup> Phase                               |                      | 4 <sup>th</sup> Phase                               |                      |                                  | Total weeks  |  |
|   | Indoor clinical/ bedside teaching &       |                      | Indoor clinical/ bedside teaching<br>&              |                      | Indoor clinical/ bedside teaching<br>&              |                      | s)                               | {(2 <sup>nd</sup> phase wks  |  |
|   |   | care teaching        | Ambulatory care teaching                            |                      | Ambulatory care teaching                            |                      | urs<br>1ase                      | $+ 3^{rd}$ phase wks   |  |
| Subject   | Morning                                   | Evening              | Morning   | Evening              | Morning   | Evening              | Total hours<br>(in three phases) | + 4 <sup>th</sup> phase wks<br>= Total three phases wks)             |  |
|   | Indoor/ OPD/<br>Emergency/<br>Out reached | Indoor/<br>Emergency | Indoor/ OPD/<br>Emergency/<br>Out reached<br>center | Indoor/<br>Emergency | Indoor/ OPD/<br>Emergency/<br>Out reached<br>center | Indoor/<br>Emergency | , ii)                            | $\times$ (6 days $\times$ 4 or 7 hours)}                             |  |
|   | center                                    |                      | 8 weeks   |                      | 8 weeks   |                      |                                  |  |  |
| Basic Clinical Skills<br>(in-patient)           | -   | -                    | 48 h (4w)   | 48 h (4w)            | -   | -                    | 96 h                             | $(0+4+0)=04 \mathbf{w} \times (6 \text{ days} \times 4 \text{ hrs})$ |  |
| Family Planning Clinic                          | -   | -                    | 24 h (2w)   | 24 h (2w)            | -   | -                    | 48 h                             | $(0+2+0)=02 \mathbf{w} \times (6 \text{ days} \times 4 \text{ hrs})$ |  |
| Gynae & Antenatal<br>Out-patient Clinic         | -   | _                    | 24 h (2w)   | 24 h (2w)            | -   | -                    | 48 h                             | $(0+2+0)=02 \mathbf{w} \times (6 \text{ days} \times 4 \text{ hrs})$ |  |
| Routine Obstetrics                              | -   | -                    | -   | -                    | 36 h (3w)   | 36 h (3w)            | 72 h                             | $(0+0+3)=03 \mathbf{w} \times (6 \text{ days} \times 4 \text{ hrs})$ |  |
| Routine Gynaecology                             | -   | -                    | -   | -                    | 36 h (3w)   | 36 h (3w)            | 72 h                             | $(0+0+3)=03 \mathbf{w} \times (6 \text{ days} \times 4 \text{ hrs})$ |  |
| Emergency Obstetric Care<br>E.O.C (Labour Room) | -   | -                    | -   | -                    | 24 h (2w)   | 60 h (2w)            | 84 h                             | $(0+0+2)=02 \mathbf{w} \times (6 \text{ days} \times 7 \text{ hrs})$ |  |
| Total   | -   | -                    | 96 hrs  | 96 hrs               | 96 hrs  | 132 hrs              | 420 hrs                          | 16 weeks   |  |

|  | Teaching Me   | ethods                        |            | Teaching aids   | In course   |  |
|--|---|-------------------------------|------------|---|---|--|
| Large<br>group                         | Small group   | Self<br>learning              | Others     |   | evaluation  |  |
| Lecture<br>(video<br>presentati<br>on) | Bed side teaching,<br>Tutorials<br>PBL (Problem based<br>learning)<br>OPD- teaching<br>Teaching in Family<br>planning clinic<br>Demonstration in<br>Operation theatre<br>Demonstration in<br>wards/ skill room<br>(video presentation)<br>Field side teaching | Assignme<br>nt,<br>Self study | Integrated | Laptop, Computer & Multimedia<br>OHP, Transparency & Marker<br>White board & Marker, Black board<br>& chalks, Flip Chart, Slide projector<br>Video, Dummy, Ultrasonography<br>report, X-ray plate, View Box<br>Model, Television, VCR, Cassette,<br>Specimen, Analysis report | <ul> <li>Item Examination</li> <li>Card final</li> <li>Term<br/>Examination</li> <li>Term final<br/>(written,<br/>oral+<br/>practical+clin<br/>ical)</li> </ul> |  |

# Teaching/learning methods, teaching aids and evaluation

#### Final Professional Examination: Marks distribution of Assessment of Obstetrics & Gynaecology

Total marks – 500 (Summative)

• Written =200

(Formative =(10+10)=20, MCQ=40 (SBA-20, Multilpe true false -20), SAQ & SEQ=140 (SAQ-50+50=100) (SEQ-20+20=40)

- SOE=100
- Clinical=100
- Practical=100

### **Related Equipments/Instrument:**

Forceps, Ventouse, Female bony pelvis & dummy foetus, Folley's catheter, Plain rubber catheter Sponge holding forceps, Alli's tissue forceps, Artery forceps, Volsellum, Hegar's dilators, Uterine sound & Currette, Sim's vaginal speculum, Cusco's speculum, BP blade with handle, Dissecting forceps, Needle holder, Suture materials

Contraceptives – OCP, progesterone only pill (POP or minipill), implants (2 rods and 1 rod), Injectable contraceptives (IM and sub-cutaneous), IUCD, Barrier methods (condoms), IUD and Emergency Contraceptive Pill (ECP).

MR Syringe with Canula

# **Core contents of Obstetrics:**

Conception and development of fetoplacental unit

- (a) Fertilisation, implantation, fetoplacental unit, placental barrier
- (b) Placenta, amniotic fluid and umbilical cord: Development, structure and function

Anatomical and physiological changes during pregnancy

Diagnosis of pregnancy

Counselling in reproductive health

Antenatal care

- (a) Counselling
- (b) Objectives, principles of antenatal care, identification of high risk pregnancy
- (c) Nutrition during pregnancy and lactation
- (d) Vomiting in early pregnancy

#### Normal labour

- (a) Criteria of normal labour
- (b) Stages, mechanism of normal labour
- (c) Diagnosis of labour
- (d) Management of normal labour
- (e) Assessment of progress of labour
- (f) Monitoring maternal and fetal condition
- (g) Partograph
- (h) Pain relief

Normal puerperium

- (a) Anatomical and physiological changes during puerperium
- (b) Management of normal puerperium
- (c) Post partum family planning
- (d) IYCF -- Breast feeding & Complementary feeding

#### Hypertensive disorder in pregnancy including pre-eclampsia and eclampsia

#### Medical disorders in obstetrics

- (a) Anaemia in pregnancy
- (b) Urinary problems in obstetrics
- (c) Diabetes
- (d) Heart disease
- (e) Hepatitis

Ante-partum haemorrhage

Definitions, classification, clinical features, complications and management

Rh incompatibility

Blood transfusion in Obstetrics

Multiple pregnancy

Definitions and types, clinical features, complications, diagnosis and principles of management <u>Malposition and malpresentation</u>

Types, causes, diagnosis, complications and management

Abnormalities of labour

(a) Prolonged labour: Definition, aetiology, diagnosis, complications, management

(b) Obstructed labour: Definition, aetiology, diagnosis, complications, management

Post-partum haemorrhage (PPH)

Definitions, causes (atonic, traumatic and others) of PPH, prevention and management, follow up.

<u>Abnormal puerperium</u> Causes ,diagnosis and management

The newborn

Resuscitation, examination and care of the newborn.

#### **Neonatal problems**

Birth Asphyxia Jaundice Infection Feeding Other problems of newborn IYCF -- Breast feeding & Complementary feeding

IUGR & IUD

Causes, diagnosis and management

Obstetric operative procedures

Episiotomy, caesarean section, vacuum and forceps deliveries, version, destructive operations: their indications an complications

Steps of operation: Episiotomy, vacuum & forcep delivery

#### Vital statistics:

Maternal morbidity & mortality Perinatal morbidity.and mortality Neonatal morbidity & mortality

Diagnostic aids in obstetrics

(a) Ultrasonography

- Basics of ultrasound
- Role in obstetrics
- (b) Fetal monitoring- CTG

(c) Amniocentesis and other prenatal diagnostic techniques

#### Social Obstetrics

- (a) Maternal & perinatal morbidities and mortalities
- (b) Direct causes of maternal & perinatal morbidity and mortality Contributing socio-economic & environment factors
- (c) Importance of family planning in prevention of obstetric problem
- (d) Strategies for promotion of maternal health & prevention of illness emphasising maternal nutrition, hygiene & medical care
- (e) National programs for MCH&FP, EOC, Combined service delivery

## Core contents of Gynaecology

Anatomy of the female reproductive organs

- (a) Basic anatomy of uterus, ovaries, tubes, vagina and vulva
- (b) Relationship of uterus, ovaries, tubes and vagina to other pelvic organs
- (c) Developmental anomaly of genital organs

#### Physiology of reproduction

(a) Puberty and its complication, menstruation, ovulation

(b) Fertilisation and implantation

Bleeding in early pregnancy

- Abortion: Definition, types, causes and management of all types of abortion and this complications.
- Ectopic pregnancy: Definition, aetiopathology, clinical feature, differential diagnosis and abdomen of acute principles of surgical management
- Trophoblastic tumours:
   (i) Hydatidiform mole: types, clinical features, complications, differential diagnosis, management and follow up.
  - (ii) Choriocarcinoma: diagnosis and management, follow up

Vaginal discharge

Physiological and pathological, Diagnosis and treatment.

### Menstrual disorder

- (a) Amenorrhoea:
  - Types, causes and principles of management
- (b) Menorrhagia: Definition, causes and management
- (c) Metrorrhagia: Definition, causes and management
- (d) Dysmennorhoea : Definition types, causes and management.
- (e) Abnormal uterine bleeding Definition, PALM-COIN classification, diagnosis, principles of investigation and management

## Genital tract infection

- (a) Defensive mechanism of genital tract
- (b) Pelvic inflammatory diseases: acute and chronic
- (c) Sexually transmitted diseases
- (d) Genital tuberculosis

## Urinary incontinence - definition, types

(a) Genitourinary fistula:-

Types, causes, clinical features, principles of management, prevention

### Other genital tract injuries:

- (a) Perineal tear
- (b) RVF

# <u>Genital prolapse</u>

Types, aetiology, supports of uterus, clinical features, diagnosis, differential diagnosis, principles of management, prevention

<u>Endometriosis</u> Definition, types, clinical features, principles of management

## Neoplasia of reproductive organs

- Benign & malignant conditions of vulva & vagina
- Benign, precancerous & malignant conditions of cervix
- Benign and malignant conditions of uterus
- Benign and malignant tumours of ovary

## Subfertility

(a) Causes, investigation and management both male and female partner.

(b) Assisted reproductive techniques

(c) Concepts of medical biotechnology in relation to Obstetrics

**Contraception** 

Importance

Counselling

Classification, mechanism of action, advantages, disadvantages, complications of all methods particularly sterilization and MR & MRM

#### Menopauses

- (a) Definition, physiological basis, changes in different organs of body, clinical features of menopausal syndrome, principles of management
- (b) Post-menopausal bleeding
- (c) Hormone replacement therapy (HRT)
- Diagnostic Technique
- (a) Cervical smear
- (b) Laparoscopy
- (c) Hysteroscopy
- (d) Colposcopy
- (e) Ultrasonography
- (f) CT scan
- (g) MRI

Principles of common gynaecological operations:MVA,D&C,E&C,suction evacuation,hysterectomy.

# **Additional Contents**

### **Obstetrics**

- (1) Developmental structure of placenta
- (2) Antenatal foetal screening
- (3) Mechanism of onset of normal labour (theories)
- (4) Labour analgesia
- (5) Thromboembolism
- (6) Other hypertensive disorders
- (7) Pathophysiology of pre-eclampsia and eclampsia in details
- (8) Haemolytic anaemia
- (9) Nephritis and renal failure in obstetrics
- (10) Treatment of Rh incompatibility
- (11) Management of IUGR
- (12) Management of inversion of uterus
- (13) Post-partum and post-MR contraception
- (14) Diagnostic aids in obstetrics
  - (a) Ultrasonography
  - (b) Foetal monitoring-CTG
  - (c) Amniocentesis, CVS, MSAFP
  - (d) X ray

# Gynaecology

- (1) Management of endometriosis recent advances
- (2) Assisted reproductive techniques
- (3) Hormone replacement therapy
- (4) Diagnostic techniques
  - (a) Laparoscopy

- (b) Hysteroscopy(c) Colposcopy(d) UltrasonographyHormonal disorders in gynaecology (5)
- STDS (6)

# Lectures in Obstetrics (4<sup>th</sup> Year)

|  | Content   | Lecture Hours (16) |  |  |
|--|---|--------------------|--|--|
| FIRST TERM                                       |   |                    |  |  |
| 1. Conception and develo<br>fetoplacental unit   | 1 hour  |                    |  |  |
| 2. Fertilisation, implantation placental barrier | on,   | 1 hour             |  |  |
| 3. Placenta, amniotic fluid function             | d and umbiliucal cord: Development, structure and   | 1 hour             |  |  |
| 4. Anatomical and physio                         | 4. Anatomical and physiological changes during pregnancy  |                    |  |  |
| 5. Diagnosis of pregnancy                        | I   | 1 hour             |  |  |
| 6. Antenatal care                                | <ul><li>(a) Objectives, principles of antenatal care,<br/>identification of high risk pregnancy</li><li>(b) Nutrition during pregnancy, lactation and</li></ul> | 1 hour<br>1 hour   |  |  |
|  | Counseling on IYCF<br>(c) Vomiting in early pregnancy   | 1 hour             |  |  |
| Evaluation                                       |   | 1 hour             |  |  |
| SECOND TERM                                      |   |                    |  |  |
| 7. Normal labour                                 | (a) Def, Stages, mechanism of normal labour   | 1 hour             |  |  |
|  | (b) Management of normal labour   | 1 hour             |  |  |
| 8. Normal puerperium                             | Physiology & Management   | 1 hour             |  |  |
| 9. Baby  | (a) Examination and care of newborn baby  | 1 hour             |  |  |
|  | (b) IYCF  | 1 hour             |  |  |
| Evaluation                                       |   | 1 hour             |  |  |

# Lecture contents in Obstetrics (5<sup>th</sup> Year)

|                                  | Lecture Hours                                       |         |
|----------------------------------|---|---------|
| FIRST TERM                       |   |         |
| 1. Hypertensive disorder in pre- | egnancy including pre-eclampsia and eclampsia       | 2 hours |
| 2. Medical disorders in          | (a) Anaemia in pregnancy                            |         |
| obstetrics                       | (b) Diabetes  |         |
|                                  | (c) Heart diseases                                  | 3hours  |
|                                  | (d) UTI, Hepatitis, Dengue, COVID & other           |         |
| 3. RH incompatibility            |   | 1 hour  |
| 4. Ante-partum haemorrhage       | (a) Definitions, classification, clinical features, | 2 hours |
|                                  | complications and management                        |         |

| 5. Multiple pregnancy              | Types and definitions, clinical features,<br>complications, diagnosis and principles of  | 1 hour  |
|------------------------------------|--|---------|
|                                    | management   |         |
| 6. Malposition and malpresentalie) | ation: causes and management (Breech, transverse   | 1 hours |
| Formative Assesment                |  | 1 hour  |
| SECOND TERM                        | · · · · · · · · · · · · · · · · · · ·  |         |
| 7. Normal labour                   | <ul> <li>Review of what has already been taught</li> <li>Diagnosis of stages and assessment of progress of labour</li> <li>PARTOGRAPH</li> <li>Pain relief</li> <li>Foetal monitoring</li> </ul>                                       | 2 hours |
| 8 Induction of labour              |  | 1 hour  |
| 9. Abnormal labour                 | <ul> <li>(a) Prolonged labour: Definition, aetiology,<br/>diagnosis, complications, management</li> <li>(b) Obstructed labour: Definition, aetiology,<br/>diagnosis, complications, management</li> <li>(c) Ruptured uterus</li> </ul> | 3 hours |
| 10. Post-partum haemorrhage        | Definitions, causes (atonic, traumatic and   | 1 hour  |
| (PPH)                              | others) of PPH, prevention and management  |         |
| 11. Puerperium                     | (a) Review of what has already taught  | 1 hour  |
| -                                  | (b) Abnormal puerperium and management   | 1 hour  |
| 12. The new born                   | (a) IYCFBreast feeding and complementary feeding   | 1 hours |
|                                    | (b) Management of asphyxia neonatorum  | 1 hour  |
|                                    | (c) Jaundice & other problems in new born  | 1 hour  |
| Formative Assesment                |  | 1 hour  |
|                                    |  |         |

| THIRD TERM   |   |         |  |  |
|--|---|---------|--|--|
| 12. IUGR, Pre-maturity, Post-maturit   | 2 hours   |         |  |  |
| 13. Obstetric operative procedures   | Episiotomy, caesarean section,<br>vacuum and forceps deliveries,<br>version, destructive operations: their<br>indications and complications | 2 hours |  |  |
| 14. Vital statistics: MMR and perinat & ethical obstetrics, MDG, EOC   | 2 hours   |         |  |  |
| <ul> <li>15. Diagnostic aids in obstetrics and a</li> <li>(a) Ultrasonography <ul> <li>Basics of ultrasound</li> <li>Advantages of ultraso</li> <li>Role in obstetrics</li> <li>Limitation</li> </ul> </li> <li>(b) Foetal monitoring - CTG</li> <li>(c) Amniocentesis, CVS</li> </ul> | 1 hours   |         |  |  |
| Formative Assesment  |   | 1 hour  |  |  |

# Learning Objectives and Course Contents in Obstetrics

| Learning Objectives   | Contents  | Teaching<br>hours |
|---|---|-------------------|
| <ul> <li>The student should be able to</li> <li>define the common terms used in obstetrics</li> <li>define conception, fertilization implantation, fetoplacental unit and placental barrier.</li> </ul>   | <ul> <li>Feto placental Unit :</li> <li>Terms &amp; definition</li> <li>Fertilisation, implantation, fetoplacental unit, placental Barrier</li> </ul> | 2hrs              |
| <ul> <li>mention development, structure &amp; function of placenta.</li> <li>describe the formation, circulation and function of amniotic fluid.</li> <li>mention structural, function and development of umbilical cord.</li> </ul>  | • Placenta, amniotic fluid and umbilical cord: Development, structure and function  | 1 hr              |
| <ul> <li>describe the anatomical changes during pregnancy</li> <li>describe the physiological changes of pregnancy</li> </ul>   | Anatomical and physiological changes during pregnancy   | 1 hr              |
| <ul> <li>take history of early pregnancy</li> <li>mention the early symptoms and signs of pregnancy</li> </ul>  | <ul><li>Diagnosis of Pregnancy</li><li>Antenatal care</li></ul>   | 1 hr<br>4 hours   |
| <ul> <li>describe the characteristics of normal labour.</li> <li>recognise each stage of labour</li> <li>plot the events of labour on partograph and interpret the graph</li> <li>describe the mechanism of labour</li> <li>mention the management of each stage of labour</li> </ul> | • Normal Labour – stages, Mechanism and management.   | 2 hrs             |
| <ul> <li>define pre-eclampsia, eclampsia, mention incidence, etiology, theories<br/>ognise complications and describe management including use of<br/>Magnesium Sulphate</li> </ul>   | <ul> <li>Pregnancy induced Hypertension</li> <li>Pre-eclampsia</li> <li>Eclampsia</li> </ul>  | 3 hrs             |
| <ul> <li>define APH, mention its causes understand the types of APH</li> <li>differentiate between placenta previa and abruptio placentae</li> <li>mention the complication of abruptio placentae including DIC.</li> <li>manage the placenta praevia, abruptio placentae</li> </ul>  | <ul> <li>APH</li> <li>Placenta previa</li> <li>Abruptio placenta</li> </ul>   | 2 hrs             |
| • define post-dated pregnancy, state etiological factors, diagnose post-dated pregnancy, list complications, manage post-dated pregnancy  | Post Dated Pregnancy  | 1 hr              |

| Learning Objectives   | Contents  | Teaching<br>hours |
|---|---|-------------------|
| <ul> <li>The student should be able to</li> <li>define and describe, incidence, complications, diagnosis and management of anaemia, Diabetes in pregnancy, Hypertensive disorders and heart disease in pregnancy</li> </ul>   | • Medical disorder in pregnancy :- a. Anemia b.Diabetes in pregnancy c.Hypertensive disorders d. Heart disease in pregnancy | 6hrs              |
| <ul> <li>The student should be able to</li> <li>define obstructed labour</li> <li>mention the etiological factors</li> <li>diagnose and manage the obstructed labour</li> <li>describe the complications of obstructed labour</li> <li>define prolonged labour</li> <li>differentiate prolonged labour from obstructed labour</li> <li>describe the complications</li> <li>manage the prolonged labour</li> <li>define the ruptured uterus</li> <li>mention the etiological factors and incidence</li> <li>diagnose and manage</li> </ul> | <ul> <li>Abnormal labour:</li> <li>Obstructed Labour</li> <li>Prolonged Labour</li> <li>Raptured Uterus</li> </ul>          | 3 hrs             |
| <ul> <li>define PPH</li> <li>list the types</li> <li>describe the causes of PPH</li> <li>describe the complications of PPH</li> <li>describe retained placenta</li> <li>diagnose and manage retained placenta</li> <li>diagnose and manage PPH.</li> <li>Prevention of PPH through use of AMTSL in facilities and Tab.<br/>Misoprotol (orally) in the home deliveries.</li> </ul>   | <ul><li>PPH</li><li>Retained placenta</li></ul>   | 1 hrs             |

| Learning Objectives   | Contents  | Teaching hours |
|---|---|----------------|
| The student should be able to <ul> <li>describe the common obstetric procedures</li> <li>describe the role of these procedures in obstetrics</li> <li>define and to differentiate it from trial of Labour</li> <li>mention the types of induction</li> <li>describe the indication and complication of each type of induction</li> <li>define and know the types</li> <li>describe the procedure of version</li> <li>describe the procedure of version</li> <li>describe the post version management</li> <li>define and state the types and Episiotomy</li> <li>explain the indication and procedure</li> <li>describe the complications</li> <li>list the types</li> <li>explain the indication and prerequisite and contraindications</li> <li>describe the procedure</li> <li>list the types</li> <li>explain the indication and prerequisite and contraindications</li> <li>describe the procedure</li> <li>list the complications</li> <li>write down the postnatal management</li> </ul> | Obstetric operative procedure:         • Induction of Labour         • Version         • Episiotomy /perineotomy         • Forceps delivery | 2 hrs          |

| Learning Objectives   | Contents   | Teaching hours |
|---|--|----------------|
| The student should be able to<br>• describe the ventouse extraction<br>• mention the indications and contraindications<br>• mention the advantages<br>• describe the complications<br>• give postnatal management<br>• describe common obstetrics operations<br>• mention the history & define LUCS<br>• mention the different types<br>• describe the indications<br>• mention the steps of operation<br>• describe the complications<br>• write down the pre-operative and post-operative treatment.<br>• describe the different types & perineal tear<br>• diagnose and to manage the perennial tears<br>• describe Cervical Tears<br>• mention the etiological feature<br>• diagnose and manage<br>• mention the complications and its relations to PPH | <ul> <li>Ventouse</li> <li>LUCS</li> <li>Perineal tear</li> <li>Cervical Tear</li> </ul> |                |

| Learning Objectives  | Contents                         | Teaching<br>hours |
|--|----------------------------------|-------------------|
| <ul> <li>The student should be able to</li> <li>describe the different destructive operations</li> <li>mention the indication of each destructive operations</li> <li>mention the pre-operative and post-operative management</li> <li>describe the complication of each destructive operation</li> <li>mention the role of destructive operations in modern obstetrics</li> </ul> | Destructive operations           | 2hrs              |
| <ul> <li>define and understand the normal puerperium</li> <li>mention the anatomical and physiological changes in normal puerperium</li> <li>describe the process of involution</li> <li>manage the normal puerperium</li> <li>describe the abnormal puerperium</li> <li>mention the complications of puerperium</li> <li>manage the abnormal puerperium</li> </ul>                | • Normal and abnormal puerperium | 1hrs              |
| <ul> <li>describe the care of new born including application of Chlorhexidine drop on<br/>the umbilical stump</li> <li>mention the immunization schedule of new born care</li> <li>mention the management of umbilical cord</li> </ul>   | • Care of New Born:              | 1 hr              |

| Learning Objectives  | Contents              | Teaching hours |
|--|-----------------------|----------------|
| The student should be able to  |                       |                |
| • describe the asphyxia neonatorum   | Asphyxia, Neonatorum  | 5 hours        |
| <ul> <li>mention the causes of asphyxia</li> </ul>   | Breast Feeding & IYCF |                |
| <ul> <li>describe APGAR score and its interpretation</li> </ul>  | Birth Injuries        |                |
| diagnosis and manage   | Neonatal Infections   |                |
| list the complications   | Neonatal Jaundice     |                |
| describe the physiology of lactation   |                       |                |
| • describe the pre-lacteal feed, attachment, nipple infection, exclusive Breast feeding Describe the physiology of lactation |                       |                |
| • mention the advantages of breast feeding   |                       |                |
| • describe   |                       |                |
| • exclusive Breast feeding for the first 6 months and use it as Lactational Amenohoea Method (LAM) of contraception          |                       |                |
| • colostrum and mature milk  |                       |                |
| • position, attachment and expression  |                       |                |
| breast problem   |                       |                |
| • breast feeding in special situation  |                       |                |
| • list the 10 (Ten) steps  |                       |                |
| describe BMS code  |                       |                |
| describe LAM   |                       |                |
| • state maternity protection (leave and creche)  |                       |                |
| • counsel a mother for Breast feeding  |                       |                |
| <ul> <li>mention the advantages of breast feeding</li> </ul>   |                       |                |
| • counsel a mother for Breast feeding  |                       |                |
| • list the 10(Ten) steps   |                       |                |
| • list the types   |                       |                |
| describe the aetiology   |                       |                |
| • manage the birth injuries  |                       |                |
| describe the common neonatal infection   |                       |                |
| outline Diagnose and to manage   | Foetal Monitoring     |                |
| list the complications   |                       |                |
| describe foetal monitoring in pregnancy and in labour  |                       |                |
| <ul> <li>mention the different method used for foetal monitoring</li> </ul>  |                       |                |
| <ul> <li>recognise the foetal distress and describe the management</li> </ul>  |                       |                |
| describe the interpretation of foetal monitoring.  |                       |                |

| Learning Objectives   | Contents   | Teaching hours |
|---|--|----------------|
| The student should be able to<br>describe the diagnosis and in obstetrics<br>mention the principles of ultrasound<br>mention the role and advantages of ultrasonography in obstetrics<br>describe the indications of ultrasonography<br>mention the limitations<br>mention the principles of radiology<br>mention the role and advantages<br>describe its limitation in obstetrics<br>mention the different views of Radiology in obstetrics<br>define amniocentesis<br>mention the advantages<br>state the indications | <ul> <li>Diagnostic aid in obstetrics :</li> <li>Ultrasonography</li> <li>Radiology</li> <li>Amniocentesis, CVS</li> </ul> | 2 hrs          |

# **Learning Objectives for Obstetrics**

The student will be able to apply knowledge and understand of the following:

- 1. Normal pregnancy
  - Diagnosis of pregnancy
  - Antenatal Care
  - Screening for high risk pregnancy
  - Nutrition and Hygiene of a pregnant mother
- 2. Hypertensive disorders of pregnancy including pre-eclampsia, Eclampsia. APH, Rh incompatibility, IUGR, Multiple pregnancy, grand multiparity, pre-maturity, post maturity.
  - Definition
  - Aetiology
  - clinical presentation
  - Diagnosis
  - Management
  - Complication
  - Follow up of treatment.
- 3. Medical disorders in pregnancy (Anaemia, Diabetes, UTI, Heart disease, Jaundice, Tuberculosis & others)
  - Incidence of diseases
  - Natural history of diseases
  - Aetiology
  - Clinical presentation
  - Diagnosis
  - Management
  - Effect on pregnancy and vice versa
- 4. Normal labour
  - Definition
  - Stages; mechanism
  - Diagnosis
  - Management
  - Partograph
- 5. Abnormal labour
  - Definition
  - Types
  - Diagnosis
  - Management
  - Follow-up

- 6. Puerperium:
  - Definition of normal puerperuim
  - Anatomical and physiologial changes
  - Management of normal puerperium
  - Post-natal care including general advice
  - Course of abnormal puerperium
  - Management of abnormal puerperium
- 7. New born:
  - Definitions related to newborn
  - Examinations and care of newborn
  - Resuscitations
  - Diagnosis and management of asphyxia, jaundice and neonatal infections
  - Feeding problems
- 8. Common diagnostic techniques Ultrasonography, Radiology, Foetal Monitoring and Amniocentesis, CVS
  - Uses
  - Advantages
  - Disadvantages
- 9. Obstetric procedures and operations:
  - Induction of labour
  - Version
  - Episiotomy
  - LUCS
  - Forceps delivery
  - Ventouse delivery
  - Destructive operations

10. Vital statistics and social obstetrics

- Maternal & Perinatal mortality and morbidities
- Causes of maternal and perinatal mortality and morbidities including socio-economic and environmental factors.
- Method of calculating MMR, PNMR
- National programs for MCH&FW, EOC,
- Counseling –basic concepts and specific counselling in specific obstetric situations.
- Ethical issues in obst. & gynae

# Lectures in Gynaecology (4<sup>th</sup> Year)

|  | Content   | Lecture<br>Hours  |
|--|---|-------------------|
| FIRST TERM   |   |                   |
| 1. Anatomy of the<br>female reproductive<br>organs | <ul> <li>(a) Basic anatomy of uterus, ovaries, tubes, vagina and vulva</li> <li>(b) Relationship of uterus, ovaries, tubes and vagina to other pelvic organs</li> <li>(c) Development &amp; developmental anomaly of genital organs</li> </ul>  | 2 hours           |
| 2. Physiology of reproduction                      | <ul><li>(a) Puberty, menstruation, ovulation</li><li>(b) Fertilisation and implantation</li></ul>   | 2 hours           |
| 3. Formative Assesment                             |   | 1 hour            |
| SECOND TERM  |   |                   |
| 4. Bleeding in early pregnancy                     | <ul> <li>(a) Abortion         <ul> <li>Definition, types, causes and management             of all types of abortion</li> <li>(b) Ectopic pregnancy             Definition, aetiopathology, clinical             features, differential diagnosis and             principles of surgical management.</li> </ul> </li> </ul> | 1 hour<br>1 hour  |
|  | <ul> <li>(c) Trophoblastic tumours         <ol> <li>Hydatiform mole: types, clinical features, complication differential diagnosis, management and follow up.</li> <li>Choriocarcinoma: diagnosis and management</li> </ol> </li> </ul>   | 1 hour            |
| 4. Formative Assesment                             |   | 1 hour            |
| THIRD TERM   |   |                   |
| 6. Vaginal discharge                               | <ul><li>(a) Physiological, vaginal discharge</li><li>(b) Pathological and their management</li></ul>  | 1 hour            |
| 7. Menstrual disorder                              | <ul> <li>(a) Amenorrhoea<br/>Types, causes and principles of management</li> <li>(b) Menorrhagia<br/>Definition, causes and management</li> <li>(c) Metrorrhagia<br/>Definition, causes and management</li> <li>(d) Dysmennorhoea</li> <li>(e) Dysfunctional uterine bleeding</li> </ul>                                    | 1 hour<br>2 hours |
| 8. Formative Assesment                             | Definition, classification, diagnosis,<br>principles of investigation and management  | 1 hour<br>1 hour  |
| 0. I Ullian ve Assesment                           |   | 1 11001           |

# Lecture contents in Gynaecology (5<sup>th</sup> Year)

|     |                            | Content   | Lecture Hours |
|-----|----------------------------|---|---------------|
| FI  | RST TERM                   |   |               |
|     | Genital tract infection    | (a) Defense mechanism of genital tract                                  | 1 hour        |
|     |                            | (b) Pelvic inflamatory diseases: acute and chronic                      | 1 hour        |
|     |                            | (c) Sexually transmitted diseases including AIDS                        |               |
|     |                            | (d) Genital tuberculosis  | 1 hour        |
| 2.  | Urinary incontinence       | (a) Definition, types   | 1 hour        |
|     |                            | (b) Genitourinary fistula:  | 1 hour        |
|     |                            | Types, causes, clinical features, principles of management,             |               |
|     |                            | prevention  |               |
| 3.  | Genital tract injuries:    | (a) Perineal tear   | 1 hour        |
|     |                            | (b) RVF   |               |
|     |                            | (c) Vaginal stenosis  |               |
| 4.  | Genital prolapse           | Types, aetiology, clinical features, diagnosis, differential diagnosis, | 2 hours       |
|     |                            | principles of management  |               |
| 5.  | Formative Assesment        |   | 1 hour        |
|     | COND TERM                  |   |               |
| 6.  | Endometriosis              | Definition, types, clinical features principles of management           | 1 hour        |
|     |                            |   |               |
| 7.  | Neoplasia of               | (a) Benign and malignant tumours of cervix                              | 5 hours       |
|     | reproductive organs        | Classification (fibroid, polyp, carcinoma cervix), clinical             | 2+1+2         |
|     |                            | features, staging investigation, diagnosis, principles of               |               |
|     |                            | management  |               |
|     |                            | (b) Benign and malignant tumours of uterus                              |               |
| 0   | <b>C</b> 1- <b>f</b> ('1') | (c) Benign and malignant tumours of ovary                               | 2.1           |
| 8.  | Subfertility               | (a) Causes, investigation and management both male and female           | 2 hours       |
|     |                            | partner<br>(b) Assisted reproductive techniques                         |               |
| 9.  | Formative Assesment        | (b) Assisted reproductive techniques                                    | 1 hour        |
|     | IRD TERM                   |   | 1 Houi        |
|     | Contraception              | Importance of contraception, classification, mechanism of action,       | 3 hours       |
| 10. | Contraception              | advantages, disadvantages, complications of all methods particularly    | 5 Hours       |
|     |                            | sterilization and menstrual regulation and MRM                          |               |
|     |                            | serifization and mensular regulation and witch                          |               |
| 11  | Menopause                  | (a) Definition, physiological basis, changes in different organs of     | 2 hours       |
| 11. | Wienopause                 | body, clinical features of menopausal syndrome, principles of           | 2 110013      |
|     |                            | management  |               |
|     |                            | (b) Post menopausal bleeding  |               |
|     |                            | (c) Hormone replacement therapy   |               |
| 12. | Diagnostic Technique       | (a) Cervical smear  | 2 hours       |
|     |                            | (b) Laparoscopy   |               |
| 1   |                            | (c) Hysteroscopy  |               |
| 1   |                            | (d) Coloscopy   |               |
|     |                            | (e) Ultrasonography   |               |
| 13. | Principle of common gyn    |   | 1 hour        |
|     |                            | & post operative management of common gynaecological surgery            | 1 hour        |
|     | Formative Assesment        |   | 1 hour        |

# Learning Objectives and Course Contents in Gynaecology

| Learning Objectives  | Contents                        | Teaching hours |
|--|---------------------------------|----------------|
| <ul> <li>At the end of session the students will be able to:</li> <li>describe the gross anatomy of ovaries, uterus, fallopian tubes, vagina &amp; vulva</li> <li>mention the blood supply, lymphatic drainage and nerve supply of these organs</li> <li>discuss the relations of the pelvic organs with each other</li> <li>describe the development and developmental anomly of pelvic organs</li> </ul>   | Basic Anatomy of genital organs | 2 hours        |
| <ul> <li>define puberty, ovulation, menstruation, menopause, climacteric, fertilisation and implantation</li> <li>mention the changes in reproductive organs in different stages of life</li> <li>describe the mechanism of ovulation, menstruation fertilisation, implantation</li> <li>mention the situations where physiology can get disturbed.</li> <li>describe the subject more clearly</li> <li>demonstrate communication and presentation skill.</li> </ul> | Physiology of reproduction      | 2 hours        |

| Learning Objectives  | Contents   | Teaching hours               |
|--|--|------------------------------|
| <ul> <li>At the end of session the students will be able to:</li> <li>define each problems</li> <li>mention the incidence of each problem</li> <li>classify abortions</li> <li>differentiate different abortions</li> <li>describe the pathology of mole and choriocarcinoma</li> <li>diagnose each problem</li> <li>manage each problem</li> <li>mention the complication of each problem</li> <li>describe the physiology of vaginal discharge.</li> <li>differentiate physiological and pathological vaginal discharge.</li> <li>diagnose the diseases causing vaginal discharge</li> </ul> | Bleeding in early pregnancy Abortion,<br>ectopic pregnancy, hydatidiform mole,<br>choriocarcinoma<br>Vaginal discharge | (2 + 1+ 2+ 1) hour<br>1 hour |
| <ul> <li>diagnose the diseases causing vaginal discharge</li> <li>mention the treatment of vaginitis, cervicitis</li> <li>define amenorrhoea, menorrhagia, polymenorrhoea, polymenorrhagia, Metrorrhegia, dysmenorrhoea, dysfunctional uterine bleeding.</li> <li>mention types of amenorrhoea its causes and management</li> <li>mention types of dymenorrhoea</li> <li>describe the causes and management of metrorrhagia</li> <li>mention the classification, diagnosis, principles of investigations and management of dysfunctional uterine bleeding.</li> </ul>                          | Menstrual Disorder   | 4 hours                      |

| Learning Objectives   | Contents                 | Teaching hours |
|---|--------------------------|----------------|
| <ul> <li>At the end of session the students will be able to:</li> <li>describe the defence mechanism of genital tract</li> <li>define, classify, diagnose manage pelvic inflammatory disease.</li> <li>mention the effects of sexually transmitted diseases on reproductive</li> </ul>                                      | Genital Tract infections | 3 hours        |
| <ul> <li>mention the effects of sexually transmitted diseases on reproductive health of women</li> <li>diagnose and treat a case of genital tuberculosis.</li> <li>define and classify urinary incontinence</li> <li>mention the types, causes, diagnosis, presentation and management of genitourinary fistula.</li> </ul> | Urinary Incontinence     | 2 hour         |
| <ul> <li>mention different types of perineal tear</li> <li>diagnose and manage perineal tear and RVF, vaginal stenosis</li> </ul>   | Genital tract injuries   | 1 hour         |
| <ul> <li>describe the aetiology of genital prolopse</li> <li>classify genital prolapse</li> <li>mention the clinical features</li> <li>diagnose a case of genital prolapse</li> <li>mention the principles of management of genital prolapse.</li> </ul>  | Genitourinary prolapse   | 2 hours        |
| • demonstrate communication and presentation skill  |                          | 2 hours        |
|   |                          |                |

| Learning Objectives  | Contents                        | Teaching<br>hours |
|--|---------------------------------|-------------------|
| <ul> <li>At the end of session the students will be able to:</li> <li>define endometriosis and adenomyosis</li> <li>mention the clinical features and pathology of endometriosis</li> <li>describe the effects of endometriosis on reproductive health</li> <li>mention the principles of treatment of endometriosis.</li> </ul>   | Endometriosis                   | 1 hours           |
| <ul> <li>mention the different types of tumours arising from uterus, cervix, ovraries, vagina, vulva</li> <li>classify the tumours of individual organs</li> <li>diagnose the tumours</li> <li>differentiate tumours arising from different organs.</li> <li>describe the complications of different tumours.</li> <li>discuss the principles of management of tumours of individual organs.</li> <li>name different screening tests done for gynaecological cancers.</li> </ul> | Neoplasm of reproductive organs | 5 hours           |
| <ul> <li>define infertility</li> <li>classify infertility</li> <li>describe the aetiology of infertility</li> <li>suggest investigations for both male and female partners.</li> <li>interprete the investigation reports.</li> <li>suggest appropriate treatment</li> <li>mention the assisted reproductive techniques available.</li> </ul>  | Subfertility                    | 2 hours           |

| Learning Objectives   | Contents      | <b>Teaching hours</b> |
|---|---------------|-----------------------|
| At the end of session the students will be able to:                   | Contraception | 2 hours               |
| define contraception  |               |                       |
| • mention different types of contraceptions available                 |               |                       |
| describe the characteristics of ideal contraceptive                   |               |                       |
| • describe the mechanism of action of each contraceptive              |               |                       |
| • state the advantages and disadvantages of different contraceptives. |               |                       |
| • describe the methods of tubal ligation and vasectomy and            |               |                       |
| anaesthesia used  |               |                       |
| mention the complications of tubectomy                                |               |                       |
| • define MR.  |               |                       |
| • name the instruments used in MR.                                    |               |                       |
| • describe the procedure and importance of follow-up                  |               |                       |
| • mention advantages and complications of MR                          |               |                       |
| • mention the importance of counselling                               |               |                       |
| • define menopause  |               |                       |
| • describe the anatomical and physiological changes in menopause      |               |                       |
| • describe menopausal syndrome and its management                     |               |                       |
| • define post-menopausal bleeding (PMB)                               |               |                       |
| • mention the causes of post-menopausal bleeding                      |               |                       |
| • write down the investigation PMB                                    | Menopause     | 2 hours               |
| • mention the management  |               |                       |
| • mention the hormone replacement therapy(HRT) in post-               |               |                       |
| menopausal women  |               |                       |

| Contents             | Teaching<br>hours   |
|----------------------|---|
| Diagnostic Technique | 2 hours   |
| Cervical Smear       |   |
| Laparoscopy          |   |
| Colposcopy           |   |
| Ultrasonography      |   |
|                      | Diagnostic Technique<br>Cervical Smear<br>Laparoscopy<br>Colposcopy |

| Learning Objectives   | Contents                      | Teaching hours |
|---|-------------------------------|----------------|
| <ul> <li>At the end of session the students will be able to:</li> <li>describe the different gynaecological operations</li> <li>mention the indication of each operation</li> <li>describe the complications of each operations</li> <li>write down the pre-operative treatment of each operation</li> <li>mention the pre-operative investigation of each operation</li> <li>write down post-operative treatment of each operation</li> <li>mention the relation of each operation with pregnancy and reproductive life.</li> <li>describe the name of anaesthesia for each operation</li> </ul> | Common Gynaecological Surgery | 1 hour         |

### CLINICAL TEACHING OF OBSTETRICS & GYNAECOLOOGY

#### **INTRODUCTION**

The Core Curriculum for Clinical Attachment of 16 weeks has been organised into components of clinical experience as follows:

| 1. | Basic Clinical Skills (in-patient)           | 4 weeks |
|----|--|---------|
| 2. | Family Planning Clinic                       | 2 weeks |
| 3. | Gynae & Antenatal Out-patient Clinic         | 2 weeks |
| 4. | Routine Obstetrics                           | 3 weeks |
| 5. | Routine Gynaecology                          | 3 weeks |
| 6. | Emergency Obstetric Care E.O.C (Labour Room) | 2 weeks |

<u>Fourth year</u> M.B.B.S. students will participate in batches in turns in components 1, 2 and 3. Component 1 will have 24 clinical teaching and learning sessions ( $4w \ge 6d=24$ ) and component 2 & 3 will have 12 like-wise sessions each ( $2w \ge 6d = 12$ ).

Each session will be conducted for 2 hours every morning from 09.00 a.m. – 11.00 a.m.

In the evenings, students will clerk/ practise for 2 hours from 07.00 p.m. - 09.00 p.m., under supervision

Fifth year M.B.B.S. students will participate in components 4, 5 and 6.

Component 4 and 5 will have 18 clinical teaching and learning sessions each  $(3w \times 6d = 18)$  and component 6 will have 12 like-wise sessions  $(2w \times 6d = 12)$ .

Each session will be conducted for 2 hours every morning from 09.00 a.m. – 11.00 a.m.

In the evenings, students will clerk/ practise under supervision from 7.00 p.m. – 9.00 p.m.

The evening timing for component 6, however, will be from 4.00 p.m. - 9.00 p.m.

#### **CONTENTS:**

Topics included are relevant to every day clinical practise in the field of Gynaecology and Obstetrics.

Learning objectives (skills) are shown against each topic under each sessions.

Many of the topics of the content of the clinical course are supplemented by a study guide.

The study guides are structured to provide students with varied opportunities to facilitate active involvement and self-directed learning and also to enable them to exercise responsibility under guidance by making maximum and productive use of the period of time of their clinical attachment.

The study guide for the respective topic details

- (a) introduction,
- (b) pre-requisite learning,
- (c) the learning objectives,
- (d) learning opportunities,
- (e) assignments,
- (f) tasks to be performed,
- (g) resources,
- (h) self assessment questions.

# 4<sup>TH</sup> YEAR BASIC CLINICAL SKILLS (COMPONENT – ONE)

4 weeks -24 sessions in the morning

| SESSIONS  | ТОРІС  | LEARNING OBJECTIVES   | TEACHING METHOD                    |  |
|-----------|--|---|------------------------------------|--|
|           |  |   | <b>TEACHERS' ROLE</b>              | STUDENTS' ROLE   |
| Session 1 | <ul><li>(a) Introduction to Obstetrics &amp;<br/>Gynaecology</li><li>Review</li></ul>  | At the end of the session<br>student will acquire knowledge<br>and understanding of:<br>(a) Common gynaecological   | Tutorial/small group<br>discussion | Participate in the discussion  |
|           | <ol> <li>Common diseases</li> <li>Commonly used definitions</li> <li>Brief students on course<br/>objectives/ activities and<br/>student's cards</li> <li>Visit to ante-natal/ postnatal<br/>wards; labour/ eclampsia<br/>room; septic ward; Gynae<br/>ward; operation theatres</li> </ol> | <ul> <li>(a) Common gynaccological &amp; obstetrics terms, common disease of O&amp;G that are prevalent in the community</li> <li>(b) Course objectives, activities and students, continuous assessment card</li> </ul> | Organise                           | Visit to different activity<br>areas of O&G Department   |
| Session 2 | Obstetric History taking<br>This session will take the format<br>of a discussion detailing Obs.<br>History taking, followed by the<br>opportunity to clerk an Obs.<br>patient in the ward and<br>subsequently present the case<br>history.   | <ul> <li>Student will be able to:</li> <li>(a) Take history of an obstetrical case</li> <li>(b) Record the information on the history sheet</li> <li>(c) Present case history</li> </ul>                                | Demonstration by<br>teacher        | <ul> <li>a) Practice by students in groups</li> <li>b) Practice by individual student</li> <li>c) Case presentation</li> </ul> |

| SESSIONS      | TOPIC  | LEARNING OBJECTIVES  | TEACHING METHOD   |   |
|---------------|--|--|---|---|
|               |  |  | TEACHERS' ROLE  | STUDENTS' ROLE  |
| Session 3     | Gynaecology history taking<br>This session will take a similar<br>format to Session II.          | <ul> <li>Student will be able to:</li> <li>(a) Take history of gynaecological case</li> <li>(b) Record the information on the history sheet</li> <li>(c) Present a case</li> </ul>   | Demonstration by teacher  | <ul> <li>a) Practice by students in groups</li> <li>b) Practice by individual student</li> <li>c) Case presentation</li> </ul>                  |
| Session 4     | Obstetric examination  | <ul> <li>(a) Perform obstetrical</li> <li>examination         <ul> <li>(i) General</li> <li>(ii) Abdominal</li> </ul> </li> </ul>  | Demonstration by teacher  | <ul> <li>a) Practice by students in groups</li> <li>b) Individual case study using study guide</li> <li>c) Present clinical findings</li> </ul> |
| Session 5     | Gynaecological examination<br>Taking of cervical smears (using<br>models).                       | Perform gynaecologicalexaminationI.GeneralII.AbdominalIII.Speculum examinationIV.Bimanual examination  | Demonstration by teacher  | Practice by students on<br>dummy in clinical skill room   |
| Session 6     | Antenatal care with identification of<br>high risk pregnancies                                   | <ol> <li>To record the finding on the<br/>antenatal cards by         <ul> <li>(I) Taking proper history</li> <li>(II) Performing general &amp;<br/>abdominal<br/>examination</li> </ul> </li> <li>To advise pregnant women<br/>for appropriate investigation<br/>for screening for common<br/>risks</li> </ol> | <ul> <li>(a) Demonstration by a teacher</li> <li>(b) Lecture</li> </ul> | Practice by case study in<br>groups<br>Case study by group  |
| Session 7 & 8 | Bleeding in early pregnancy<br>Abortion, Ectopic Pregnancy, molar<br>pregnancy- chorio-carcinoma | Rationalize the plan of management   | Lecture/ video show   | Discussion on individual case study   |

| SESSIONS         | TOPIC  | LEARNING OBJECTIVES  | TEACHING METHOD  |   |  |
|------------------|--|--|--|---|--|
|                  |  |  | <b>TEACHERS' ROLE</b>  | STUDENTS' ROLE  |  |
| Session 9        | Septic Abortion  | Rationalize the plan of  | Lecturette/ video show   | Discussion, individual  |  |
|                  |  | management   |  | case study  |  |
| Session 10 to 12 | Normal labour and Partogram<br>Diagnosis, stages, Mechanism,<br>Management with partogram    | Recognise the events of labour<br>Plot the events on the<br>partogram and interpret the<br>graph<br>Rationalize the use of<br>analgesic  | Arrange video show/<br>Demonstration on<br>partograph<br>Demonstration of<br>conducting normal<br>labour | <ul> <li>a. Observe video show</li> <li>b. Observe teacher's<br/>demonstration</li> <li>c. Plotting on partograph<br/>by individual</li> <li>d. Conduction of labour<br/>under supervision</li> </ul> |  |
| Session 13       | APGAR score, examination of<br>new born, resuscitation & care<br>of new born, breast feeding | Conduct normal labour<br>Examine, diagnose problems<br>and take immediate care of a<br>new born  | Arrange video show/<br>slide show/<br>demonstration  | Observe:<br>- video show<br>- slide show<br>- teacher's<br>demonstration  |  |
| Session 14 & 15  | Normal puerperium & post<br>natal care Abnormal<br>puerperium                                | <ul> <li>Counsel on</li> <li>(a) Nutrition of mother</li> <li>(b) Personal hygiene</li> <li>(c) Postnatal exercise</li> <li>(d) Breast feeding and<br/>weaning</li> <li>(e) Immunisation of baby</li> <li>(f) Postnatal check-up</li> <li>(g) Contraception</li> </ul> | Role play by teacher   | Role play by students in<br>small group<br>Practice with patients   |  |

| SESSIONS   | TOPIC   | LEARNING OBJECTIVES  | TEACHING METHOD   |                                     |
|--|---|--|---|-------------------------------------|
|  |   |  | <b>TEACHERS' ROLE</b>   | STUDENTS' ROLE                      |
| Session 16   | Abnormal uterine bleeding<br>Definition, differential<br>diagnosis  | <ul> <li>(a) Collect appropriate clinical information by history taking and examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the investigations data with clinical findings for clinical diagnosis</li> <li>(d) To plan and rationalize the management</li> </ul> | Lecture/ video show/<br>case demonstration                                | Discussion<br>Individual case study |
| Lump Abdomen   | -do-  | -do-   | -do-  |                                     |
| Abdominal / pelvic<br>pain – P.I.D.  | -do-  | -do-   | -do-  |                                     |
| Theatre sessions<br>Preparation of<br>patient, preoperative<br>management,<br>operative procedure,<br>post operative<br>management | <ul><li>(a) Write up appropriate<br/>pre &amp; post operate<br/>order</li><li>(b) Rationalize the order</li></ul> | Demonstration  | Practise by students<br>and peer group<br>discussion<br>Using study guide |                                     |
| <b>Evening Session</b>   | Clerk patients, observe labou   | r room activities and practise the   | skills that the student learn   | ned in the morning sessions.        |
| Session 23   | Assessment (Oral/ Clinical / OSCE)  |  |   |                                     |
| Session 24   | Feedback  |  |   |                                     |

N.B: Students must submit 3 obs. & 2 Gynae, history and must fill up assessment card.

## Family Planning Course For 4<sup>th</sup> year Medical Students (COMPONENT –TWO)

# Venue – Model Clinics of the Medical College Hospitals

**Duration–2 weeks** 

| Day | 1  | - | Administration and maintenance of records  |
|-----|----|---|--|
|     | 2  | - | Promotion of family planning   |
|     | 3  | - | Counselling  |
|     | 4  | - | Oral combined contraceptive pills (OCPs) and Progesterone only pills (POPs)                                  |
|     | 5  | - | Intra-uterine contraceptive device   |
|     | 6  | - | Permanent methods  |
|     | 7  | - | Injectable contraceptives (IM and sub-cutaneous)   |
|     | 8  | - | Implant (One rod and two rods)   |
|     | 9  | - | Safe period, lactational amenohhorrea method (LAM), condoms, coitus interruptus                              |
|     | 10 | - | Day visit: Management issues in family planning.<br>Organisation of a clinic.                                |
|     | 11 | - | Day visit: Organisation of a clinic (continued)<br>Working as a member of a team.<br>Acting as a supervisor. |
|     | 12 | - | Assessment and feedback  |

# **Family Planning Course**

| Methods   | Aids   | Assessment   |
|---|--|--|
| <ul> <li>Lecture</li> <li>Visit antenatal clinic &amp; paediatric clinic.</li> <li>Group discussion</li> <li>Demonstration of record keeping</li> <li>Inspection of raw data collected at the clinic.</li> <li>Interpretation of the results in group discussion</li> <li>Small group teaching</li> <li>Role play</li> <li>Demonstration</li> <li>Brainstorming</li> <li>Visit postnatal ward, Interview of patients individually to motivate them towards family planning.</li> <li>History of patients &amp; counselling observation of examination.</li> <li>Demonstration of operative steps on models or video</li> <li>Demonstrating on injection, syringes, needle</li> <li>Demonstration of condoms</li> <li>Referral procedures</li> </ul> | <ul> <li>Black board</li> <li>OHP</li> <li>Radio</li> <li>Cassette</li> <li>Posters</li> <li>Flip chart</li> <li>Video</li> <li>Variety of OCPs including<br/>progesterone only pill (POP)</li> <li>Menstrual chart</li> <li>Client</li> <li>Specimen of IUCD</li> <li>Clients and dummy</li> <li>Models</li> <li>Chart</li> <li>Different types of injectable<br/>contraceptives (IM and SC)</li> <li>Implant (one rod and two rods)</li> <li>Model of arm for demonstration of<br/>implant insertion</li> <li>Model breast + baby</li> <li>Condom</li> <li>Emergency Contraceptive Pills<br/>(ECPs)</li> </ul> | <ul> <li>Question &amp; answers</li> <li>Observation<br/>of students</li> <li>Check-list completion</li> </ul> |

## Administration and Maintenance of records

Intermediate Educational Objective: At the end of the session the student will be able to perform the necessary supervisory and administrative procedures of a family planning clinic and maintain proper records.

| Specific educational objectives   | Contents  |  |
|---|---|--|
| The student will be able to:  |   |  |
| ) monitor staff programme   | Administration (organogram, responsibility, supervisory method, |  |
| maintain harmonious staff relations maintain good communications monitor the out        | Method of communication)  |  |
| put of a worker   | Staff pattern   |  |
| ) make appropriate referrals in an effective way between departments like the antenatal | Interdepartmental linkages and Co-operation.                    |  |
| clinic, paediatric clinic, menstrual regulation clinic, and the family planning clinics | Informed consent before prescription or procedure.              |  |
| ) follow standard procedures which will prevent medico-legal problems                   | Written consent.  |  |
| ) write useful clinical records and maintain the ledger book                            | Standard procedure manuals.                                     |  |
| ) maintain data in an accessible and analysable form.                                   | Communication with other staff                                  |  |
| analyse data collected at a family planning clinic and interpret the results            | Clinical record keeping   |  |
|   | Data recording, analysis and interpretation.                    |  |

### **Day 2:**

**Day 1:** 

## Promotion of Family Planning

Intermediate role: At the end of the session the student will be able to play a leadership role in the promotion of family planning.

| Specific educational objectives  | Contents   |
|--|--|
| A. At the end of the session the student should be able to:                            | Definition of family planning  |
| 1. define Family Planning  | The population explosion   |
| 2. describe the importance of Family planning, particularly for our country            | - Health & population indices  |
| 3. demonstrate understanding that pregnancies can be avoided and spaced                | - Demographic pattern & trends in Bangladesh                               |
| 4. describe the personal benefits of birth spacing                                     | Benefits of Family Planning:   |
| 5. communicate with, advice and motivate individuals and group of clients              | - personal   |
| 6. supervise and support health education programme                                    | - national   |
| 7. administer available posters/ leaflets  | - environmental  |
| 8. use electronic and other media  | Health education and counseling  |
| 9. demonstrate the ways and means of community education/ mobilization                 | Community mobilization and participation                                   |
| 10. list the opportunities a medical practitioner has to promote Family Planning       | The use of media in the promotion of family planning                       |
| B. At the end of this session the students should have acquired the required skill to: | The role of general practitioners, medical officers and specialists in the |
| 1. communicate with an individual client about family planning                         | promotion of family planning   |
| 2. build rapport   | Health care interview  |

**Day 3:** Intermediate Educational Objective:

#### Counselling

At the end of the session the student should be able to explain the component of counselling, and be able to achieve good Inter-personal relations in a counselling situation.

| Specific educational objectives                             | Contents  |
|---|---|
| A. At the end of the session the student should be able to: | I) Definition of counselling and the need for it        |
| i) explain and define counselling and it's need             | II) Level of communication                              |
| ii) explain inter-personal communication                    | III) Inter-personal communication and feedback          |
| iii) list the barriers to inter-personal communication      | IV) Barrier to communications                           |
| B. Students should have acquired the skill to be able to:   |   |
| 1. greet the client   | i) Communication skill                                  |
| 2. establish rapport  | ii) Counselling skill                                   |
| 3. ask reasons for coming                                   | iii) Taking account of educational status of the client |
| 4. Inform about available contraceptive methods with their  |   |
| - mode of actions   | Merits and demerits                                     |
| - effectiveness   |   |
| - method of application                                     |   |
| - availability of services                                  |   |
| - follow up   |   |
| - referral system   |   |
| 5. Assist the client in making decisions                    |   |

### **Day 4:**

## **Oral Contraceptive Pill**

Intermediate Educational Objective: At the end of the session the student will be able to prescribe an appropriate Oral Contraceptive pill to the client.

| Specific educational objectives  | Contents   |
|--|--|
| The student should be able to:   |  |
| 1. explain the mode of action and effectiveness of the OCP   | Pharmacology of Oral contraceptives                |
| 2. list the advantages and disadvantages of OCP  |  |
| 3. make a checklist for indications and contraindications, and make appropriate case selection                       | Comparison of OCP with other contraceptives        |
| 4. describe different OCP for making options for the client and advise the client about proper administration of OCP | Side effects and complications of their management |
| 5. write history and physical findings to identify contraindications to the OCP                                      |  |
| 6. list the appropriate investigations   |  |
| 7. explain the follow-up procedure to the patient  | History and physical examination prior to OCP      |
| 8. describe the side-effects and complications of OCP and their management   | prescription                                       |
| 9. describe how to keep proper records for patients on OCP   |  |

Day 5:

# I.U.C.D.

Intermediate Educational Objective:

Student will be able to advise clients on I.U.C.D. insertion & refer them to specific clinic.

| <ul> <li>Definitions &amp; varieties</li> <li>Mode of action and effectiveness</li> <li>Advantage &amp; disadvantage</li> <li>Selection criteria</li> <li>Time of insertion</li> </ul> |
|--|
| <ul><li>P.V. steps of examination</li><li>Management of complications and referral</li></ul>   |
|  |
|  |

## **Day 6:**

#### **Permanent Methods**

Intermediate Educational Objective: Students will be able to counsel clients to enable them to make a choice about the acceptance of vasectomy or tubal occlusion.

| Specific educational objectives  | Contents                             |
|--|--------------------------------------|
| t the end of the session, students should be able to:  | Description of different method      |
| 1. name and define different permanent methods of contraception and their effectiveness                |                                      |
| 2. counsel the patients  | Health care interview                |
| 3. select the patients   |                                      |
| 4. list the merits and demerits of these methods   | Steps of history taking and physical |
| 5. refer the patients to the appropriate centres   | examination                          |
| 6. take informed consent (obtaining consent from both husband and wife is not mandatory according      |                                      |
| to Bangladesh Government policy)   | Steps of operative techniques        |
| 7. describe the steps of the operative techniques of these methods and the anaesthetic techniques used |                                      |
| 8. list the complication sand their management   | Advantages and disadvantages         |
| 9. mention the time of effectiveness of each method  |                                      |
| 10. describe the importance of record keeping  | Complications and their management   |
| 11. give appropriate advice for post-operative follow-up   |                                      |
| 12. give advice about the very limited scope of reversal and the techniques used                       |                                      |

## **Day** 7:

#### **Injectables** Student will be able to select suitable patients for use of injectable contraceptives and counsel them

Intermediate Educational Objective:

#### appropriately.

| Specific educational objectives  | Contents                           |
|--|------------------------------------|
| At the end of the session the student should be able to:                         |                                    |
| 1. name different types of injectables   | Nature and type of injectables     |
| 2. counsel the clients   |                                    |
| 3. establish rapport   | Mode and duration of their action  |
| 4. describe mode of action   |                                    |
| 5. describe the advantage of injectables   | Advantages and disadvantages       |
| 6. describe the route of administration and duration of action                   |                                    |
| 7. take an appropriate history and carry out an appropriate physical examination | Indications and contra-indications |
| 8. identify the different injectables and state their dose                       |                                    |
| 9. select appropriate cases  | Complications and their management |
| 10. list and manage the complications  |                                    |
| 11. advise the clients for follow-up   |                                    |
| 12. describe the importance of record-keeping                                    |                                    |

| Day 8: Implant  |   |
|---|---|
| Intermediate Educational Objective:         Student will be able to advise clients on norplant implantation and refer them to specific clinic for implantation           Specific educational objectives         Contents   |   |
| <ul> <li>A. At the end of the session the student should be able to:</li> <li>1. explain Implant as a contraceptive method</li> <li>2. explain mode of action of Implant and its effectiveness</li> <li>3. list advantages and disadvantages of Implant</li> <li>4. describe how to take history</li> <li>5. describe how to do physical examination needed for selection of client for implantation</li> <li>6. list important laboratory investigation before doing implantation</li> <li>7. describe implantation procedure (insertion of one rod and two rods are different)</li> <li>8. describe follow-up procedure</li> <li>9. explain the management of minor complication</li> <li>10. describe the implant removal procedure</li> </ul> | <ol> <li>Definition</li> <li>Role of implant as contraceptive method</li> <li>Pharmocokinetics of Implant</li> <li>Mode of action of implant</li> <li>Advantages and disadvantages of implant</li> <li>Steps of history taking of the client for implant</li> <li>Steps of physical examination</li> <li>Hb% urine for routine and microscopy</li> <li>Implantation procedure</li> <li>Follow-up procedure</li> <li>Management of minor complications and referral for the major one</li> <li>Implant removal procedure with indications</li> </ol> |
| <ul> <li>B. At the end of the session the student should acquire skills to do the following:</li> <li>Communicate with the client</li> <li>Build rapport</li> <li>Obtain consent paper signed by couple</li> <li>assure client</li> <li>take history of the client</li> <li>physical examination of clients</li> <li>refer to implantation clinic</li> </ul>  | <ol> <li>Health care interview         <ul> <li>interview planning</li> <li>time</li> <li>space</li> <li>kinds of exchange</li> <li>interview questions</li> <li>terminating interview</li> </ul> </li> <li>Consent paper and obtain sign/ agreement from the couple</li> <li>Assurance</li> <li>Steps of history taking</li> <li>Steps of physical examination</li> <li>Procedure of referral</li> </ol>   |

#### Day 9: Safe period, lactational amenorrhoea method (LAM), condoms, coitus interruptus

Intermediate Educational Objective:

Student will be able to advise clients about safe period as contraceptive procedure.

#### <u>Session 1 – Safe period</u>

| Specific educational objectives  | Contents   |
|--|--|
| <ul><li>A. At the end of the session the student should acquire knowledge of the following and be able to:</li><li>1. explain safe period as a method of contraceptive</li></ul> | <ol> <li>Definition of safe period</li> <li>Physiology of safe period and its</li> </ol> |
| 2. explain how safe period works as contraception  | role as contraceptive  |
| <ol> <li>list advantages and disadvantages of safe period</li> <li>describe how to produce menstrual chart and its use</li> </ol>  | <ol> <li>Advantages and disadvantages</li> <li>Menstrual chart</li> </ol>                |
| 5. describe follow-up procedure  | - definition<br>- preparation  |
| B. Should be able to:  | - use  |
| 1. communicate with the client   | 5. Follow up advice  |
| 2. take history of the client  | 1. Health care interviewing  |
| 3. construct menstrual chart and explain to client   | 2. Steps of history taking   |
|  | 3. Menstrual chart and its use   |

#### Session 2- Lactational amenohorrea method (LAM)

Intermediate Educational Objective: Breast Feeding approach.

nal Objective: Student will be able to advise clients about lactation as a contraceptive method by explaining it be an Exclusive

| Specific educational objectives  | Contents   |
|--|--|
| <ul> <li>A. At the end of the session the student should acquire knowledge of the following and be able to:</li> <li>1. explain lactation as a method of contraception, &amp; describe exclusive be feeding</li> <li>2. explain the amount of protection afforded by 'exclusive breast feeding</li> <li>3. describe the mode of action</li> <li>4. list the advantages and disadvantages</li> <li>5. describe the steps of history taking of breast feeding</li> </ul> | <ul> <li>4. History taking of breast feeding</li> <li>5. Follow-up measures</li> <li>6. Place of adopting additional method</li> <li>1. Communication skill</li> </ul> |
| <ul> <li>6. describe the follow-up advice</li> <li>7. explain the place of adopting additional method</li> <li>B. Should have skill of the following and be able to:</li> <li>1. communicate with client</li> <li>2. take history of breast feeding of the client</li> </ul>   | 2. Steps of history taking of breast feeding   |

# Session 3 – Condom

| Specific educational objectives  | Contents  |
|--|---|
| <ul> <li>A. At the end of the session the student should acquire knowledge of the following and be able to:</li> <li>1. explain condom as a method of contraception</li> <li>2. describe its mode of action</li> <li>3. list its advantages and disadvantages</li> <li>4. describe the role of condoms in preventing STD/HIV infection.</li> </ul> | <ol> <li>Description of condom         <ul> <li>materials</li> <li>How it works as contraceptive</li> <li>Advantages and disadvantages             <ul> <li>follow-up</li> </ul> </li> <li>STD/HIV- AIDS</li> </ul> </li> </ol> |
| B. At the end of the session the student should acquire skill of the following and be able to: explain what to tell about the use of condom to the client  | Use of condom   |

### Intermediate Educational Objective: Student will be able to advise the clients about the condom and its use.

## <u>Session 4 – Coitus Interruptus</u>

Intermediate Educational Objective: Student will be capable of advising a client about coitus interruptus

| Specific educational objectives   | Contents   |
|---|--|
| <ul> <li>At the end of the session the student should be able to:</li> <li>1. describe the place played by coitus interruptus in reducing the fertility rate in the population</li> <li>2. recognise from what a couple say that they are using coitus interruptus as a method of family planning</li> <li>3. communicate with clients about the method and describe its advantages and disadvantages, especially the failure rate</li> </ul> | <ol> <li>Local terminology used to describe coitus<br/>interruptus</li> <li>Reasons for failure of the method</li> <li>Advantages and disadvantages</li> </ol> |

#### Management issues in family planning. Organisation of a clinic

| Day | 10: |
|-----|-----|
|-----|-----|

| Specific educational objectives   | Contents   |
|---|--|
| <ul> <li>At the end of the session the student should be able to:</li> <li>1. list characteristics of a good Manager/ Team Leader</li> <li>2. identify weaknesses of a bad Manager/ Team Leader</li> <li>3. differentiate good management and poor management</li> <li>4. identify management issues such as logistic supply system, FP user FU and complication management.</li> </ul> | <ol> <li>Management issues</li> <li>Leadership         <ul> <li>strengths</li> <li>weaknesses</li> </ul> </li> </ol> |

## Organisation of a clinic. Working as a member of a team. Acting as a supervisor

# Day 11

| Specific educational objectives   | Contents  |
|---|---|
| <ul> <li>5. discuss organisational issues related to: <ul> <li>booking of patients,</li> <li>record keeping,</li> <li>signed consent forms,</li> <li>prescription, and</li> <li>follow-up procedure</li> <li>issuing &amp; administration of FP methods</li> </ul> </li> <li>6. describe a good referral procedure</li> <li>B. Should acquire the necessary skill and be able to: <ul> <li>write report on day visit</li> <li>present in forum</li> </ul> </li> </ul> | <ul> <li>3. Record keeping <ul> <li>booking</li> <li>signed consent form</li> <li>follow-up procedure</li> </ul> </li> <li>4. Referral procedure <ul> <li>1. Report writing</li> <li>2. Presentation</li> </ul> </li> </ul> |

# Day 12:Assessment and Feedback

- (1) An OSCE will be held. Questions will be based on the educational objectives.
- (2) Feedback on performance will be given by different teachers
- (3) Students will provide the teacher with feedback on their perception of the course
- (4) Marks will be awarded for attendance,
  General performance,
  Team performance on report and presentation, *The O.S.C.E. Marks will be sent to the students the week after the course.*

# 4<sup>TH</sup> YEAR in 3<sup>rd</sup> Phase GYNAE AND ANTENATAL OUTPATIENT CLINIC COMPONENT – THREE

# 2 weeks (12 sessions in the morning)

| SESSION   | ТОРІС  | LEARNING OBJECTIVES   | TEACHING                 | <b>G</b> METHOD  |
|-----------|--|---|--------------------------|--|
|           |  |   | <b>TEACHERS' ROLE</b>    | STUDENTS' ROLE   |
| Session 1 | <ul> <li>Introduction to Gynaecology and obstetrics</li> <li>(a) Commonly used definitions</li> <li>(b) Common diseases prevalent in the community</li> <li>(c) Vital statistics: birth rate, MMR, causes, prevention, perinatal mortality, live birth, still birth</li> <li>(d) Brief students on course objectives/ activities and student's cards.</li> </ul> | <ul> <li>At the end of the session student will demonstrate knowledge and understanding of:</li> <li>(a) Common gynaecological &amp; obstetrics terms, common disease of O &amp;G that prevalent in the community</li> <li>(b) vital statistics</li> <li>(c) course objectives, activities and students continuous assessment card</li> </ul> | Lecture                  | Participate<br>Discussion<br>Collect student<br>assessment card                                      |
| Session 2 | History taking (obstetric & Gynae<br>history)  | <ul> <li>Student will be able to:</li> <li>(a) take history of an obstetric and a gynaecological case</li> <li>(b) record the information on the history sheet</li> </ul>   | Demonstration by teacher | <ul> <li>a) Practice by<br/>students in<br/>groups</li> <li>b) Practice by<br/>individual</li> </ul> |

| SESSION            | TOPIC   | LEARNING OBJECTIVES  | TEACHING   | G METHOD  |
|--------------------|---|--|--|---|
|                    |   |  | <b>TEACHERS' ROLE</b>  | <b>STUDENTS' ROLE</b>   |
| Session 3          | Clinical examination (Obstetrical & Gynaecology)  | <ul> <li>(a) Perform obstetrical &amp; gynaecological examination</li> <li>(i) General</li> <li>(ii) Abdominal</li> </ul>  | Demonstration by teacher                                     | <ul> <li>a) Practice by students<br/>in groups</li> <li>b) Individual case<br/>study using study<br/>guide</li> </ul> |
| Session 4 &<br>5   | (a) Diagnosis pregnancy,<br>antenatal care and advice and<br>advice.  | (a) Collect appropriate clinical<br>information by history taking and<br>examination   | Case demonstration<br>Tutorial                               | Participation by students<br>Case study in groups   |
|                    | <ul><li>(b) Hyperemesis and minor<br/>ailments common in<br/>pregnancy.</li></ul>   | <ul> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the results of investigations with clinical findings for clinical diagnosis</li> <li>(d) To plan and rationalize the management</li> </ul> |  |   |
| Session 6 to<br>11 | Common out patient<br>gynaecological problem<br>Abdominal swelling, abdominal<br>pain/ P.I.D., vaginal discharge,<br>amenorrhea, menorrhagia,<br>infertility. | -do-<br>Counsel patient or her spouse or relative<br>or hospitalization for any common<br>gynaecological problems  | Case demonstration<br>Tutorial<br>Demonstration<br>Role play | Participation by students<br>Case study in groups<br>Role play<br>Practice by students                                |
| Session 12         | Assessment (Oral/ Clinical/ OSCE  | ) & feedback   | 1  | 1   |

### 5<sup>th</sup> YEAR in 4<sup>th</sup> Phase ROUTINE OBSTETRICS (COMPONENT – FOUR)

#### <u>3 weeks – 18 sessions in the morning</u>

| SESSION          | TOPIC   | LEARNING OBJECTIVES   | TEACHING METHOD              |  |
|------------------|---|---|------------------------------|--|
|                  |   |   | <b>TEACHERS' ROLE</b>        | STUDENTS' ROLE   |
| Session 1 &<br>2 | Ante-natal Care and<br>Screening for high<br>risk pregnancies | 1. Interpret the findings obtained by history taking physical examination and investigation   | Demonstration by a teacher   | Practise by case study in groups                                 |
|                  |   | 2. Identify anaemia clinically  |                              | Case study by group  |
|                  |   | 3. Identify nutritional status  | Lecture                      | Practice by students on individual cases                         |
|                  |   | 4. Identify hypertension  |                              | -do-   |
|                  |   | 5. Counsel women on importance of   | Demonstration by the teacher | -40-   |
|                  |   | <ul> <li>(a) Regular antenatal care</li> <li>(b) Nutrition</li> <li>(c) Personal hygiene</li> <li>(d) Healthy life style during pregnancy</li> <li>(e) Breast feeding</li> <li>(f) Contraception</li> </ul> | Role play by a teacher       | Role play by students in<br>small group<br>Exercise with patient |

| SESSION              | TOPIC  | LEARNING OBJECTIVES   | TEACHING                                | <b>METHOD</b>   |
|----------------------|--|---|---|---|
|                      |  |   | TEACHERS' ROLE                          | STUDENTS' ROLE  |
| Session 3 &4         | Hypertensive disorders in pregnancy  | <ul> <li>(a) Collect appropriate clinical<br/>information by history taking and<br/>examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the<br/>investigations data with clinical<br/>diagnosis</li> <li>(d) Plan and rationalize the<br/>management</li> </ul> | Case demonstration by the teacher       | Practise with problem<br>solving exercise in tutorial   |
| Session 5            | Abnormal lie/ presentation (Breech)  | -do-  | -do-                                    | -do-  |
| Session 6            | Multiple pregnancy & hydromnios  | -do-  | -do-                                    | -do-  |
| Sessions 7 &<br>8    | Medical disorders<br>Diabetes, Heart disease &<br>others   | -do-  | -do-                                    | -do-  |
| Session 9            | Rh isoimmunization/ Grand<br>Multipara / BOH/ H/O / C/S  | -do-  | -do-                                    | -do-  |
| Session 10           | Ante partum haemorrhage  | -do-  | -do-                                    | -do-  |
| Session 11           | I.U.G.R.   | -do-  | -do-                                    | -do-  |
| Session 12 to 13     | Puerperium & its complications   | -do-  | -do-                                    | -do-  |
| SESSION              | TOPIC  | LEARNING OBJECTIVES   | TEACHING METHOD                         |   |
|                      |  |   | TEACHERS' ROLE                          | STUDENTS' ROLE  |
| Session 14 to 1      | 6 Theatre Session<br>Writing of preoperative<br>orders, operation note, post<br>operative order, observe<br>common obstetric operation | To write preoperative orders,<br>operation<br>notes, post operative orders<br>s.  | Demonstration by teacher                | Write preoperative orders,<br>operation notes, post<br>operative orders<br>Observe common obstetric<br>operations |
| <b>Evening Sessi</b> | on Clerk patients, observe labo  | ur room activities and emergency operations   | and practise skills that the students l |   |
| Session 17           | Assessment (Oral/ Clinical/ OSCE   |   |   |   |
| Sessions 18          | Feedback   |   |   |   |

**N.B.** All students must submit 5 histories and fill up the assessment card.

## 5<sup>TH</sup> YEAR in 4<sup>th</sup> Phase ROUTINE GYNAECOLOGY (COMPONENT – FIVE)

<u>3 weeks – 18 sessions in the morning</u>

| SESSION          | TOPIC   | LEARNING OBJECTIVES  | TEACHING METHOD                   |   |
|------------------|---|--|-----------------------------------|---|
|                  |   |  | <b>TEACHERS' ROLE</b>             | STUDENTS' ROLE  |
| Session 1 &<br>2 | Bleeding in early pregnancy<br>Abortion, ectopic pregnancy,<br>molar pregnancy including                                    | <ul> <li>(a) Collect appropriate clinical<br/>information by history taking and<br/>examination</li> </ul>   | Case demonstration by the teacher | Practise with problem<br>solving exercise in tutorial |
|                  | choriocarcinoma   | <ul> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the<br/>investigations data with clinical<br/>findings for clinical diagnosis</li> <li>(d) To plan and rationalize the<br/>management</li> </ul> | Arrange problem solving tutorial  | Case study  |
| Session 3 &<br>4 | Abnormal uterine bleeding/<br>Amenorrhea  | -do-   | -do-                              | -do-  |
| Session 5        | Abdominal pain<br>Pelvic inflammatory disease   | -do-   | -do-                              | -do-  |
| Sessions 6       | Abdomino-Pelvic swelling<br>Ovarian tumour, Fibroid   | -do-   | -do-                              | -do-  |
| Session 7 &<br>8 | Infertility<br>Causes, investigations and<br>treatment  | -do-   | -do-                              | -do-  |
| Session 9<br>&10 | Genital cancer<br>Carcinoma Cervix, Endometrial<br>Carcinoma  | -do-   | -do-                              | -do-  |
| Session 11       | Genital tract injuries<br>Vesico vaginal fistula, recto<br>vaginal fistula, third degree<br>perineal tear, vaginal stenosis | -do-   | -do-                              | -do-  |

| SESSION              | TOPIC  | LEARNING OBJECTIVES   | TEACHING   | G METHOD   |
|----------------------|--|---|--|--|
|                      |  |   | TEACHERS' ROLE   | STUDENTS' ROLE   |
| Sessions 12<br>& 13  | Fertility Control<br>O.C.P, P.O.P, post-coital<br>contraception , barrier and<br>natural methods, IUCD,<br>T.O.P/ M.R.     | Counsel clients on:<br>Fertility Control<br>O.C.P, P.O.P., post-coital<br>contraception, barrier and natural<br>methods, IUCD, T.O.P./ M.R. | Demonstration by teacher<br>Video<br>Role play<br>Tutorial | Role play<br>Practise with the clients   |
| Sessions 14<br>to 16 | Theatre Session<br>Pre-operative management,<br>post-operative management<br>To Observe common<br>gynaecological operation | Write preoperative orders, operation<br>notes, post operative orders  | Demonstration by teacher                                   | Write preoperative orders,<br>operation notes, post<br>operative orders<br>Observe common<br>gynaecological operations |
| Evening              | Clerk patients   | s, observe gynae ward activities and pract  | ise those had learned in the mor                           | ning sessions  |
| Session              |  |   |  |  |
| Session 17           | Assessment (Oral/ Clinical/ OS   | SCE   |  |  |
| Sessions 18          | Feedback   |   |  |  |

N.B. All students must submit 5 histories and fill up the assessment card.

# 5<sup>TH</sup> YEAR in 4<sup>th</sup> Phase/ EMERGENCY OBSTETRIC CARE (EOC) AND LABOUR ROOM

| SESSION    | TOPIC  | LEARNING OBJECTIVES   | TEACHI  | NG METHOD   |
|------------|--|---|---|---|
|            |  |   | TEACHERS' ROLE  | STUDENTS' ROLE  |
| Session 1  | Management of normal labour,<br>partogram                                    | Recognise the events of labour<br>Plot the events on the partogram and<br>interpret the graph<br>Rationalise the use of analgesic<br>Conduct normal labour  | Arrange video show/<br>Demonstration on<br>partograph<br>Demonstration on<br>conducting normal labour | <ul> <li>a. Observe video show</li> <li>b. Observe teacher's<br/>demonstration</li> <li>c. Plotting on partograph by<br/>individual</li> <li>d. Conduction of labour under<br/>supervision</li> </ul> |
| Session 2  | Induction of labour  | <ul> <li>(a) Collect appropriate clinical<br/>information by history taking and<br/>examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the<br/>investigations data with clinical<br/>findings for clinical diagnosis</li> <li>(d) Plan and rationalize the<br/>management</li> </ul> | Demonstration by the teacher  | Practise with problem solving<br>exercise in tutorial   |
| Session 3  | Management of bleeding in early pregnancy                                    | -do-  | -do-  | -do-  |
| Sessions 4 | Management of bleeding in late pregnancy                                     | -do-  | -do-  | -do-  |
| Session 5  | Management of eclampsia  | -do-  | -do-  | -do-  |
| Session 6  | Management of prolonged and obstructed labour/ ruptured uterus               | -do-  | -do-  | -do-  |
| Session 7  | Management of retained plaenta & PPH   | -do-  | -do-  | -do-  |
| Session 8  | Management of shock & sepsis   | -do-  | -do-  | -do-  |
| Session 9  | Obstetric operations (C.S,<br>Forceps & ventouse deliveries,<br>craniotomy.) | Write preoperative orders, operation notes, post operative orders   | Demonstration by teacher  | Write preoperative orders,<br>operation notes, postoperative<br>orders<br>Observe obstetric operations  |

2 weeks – 12 sessions in the morning

| SESSION         | TOPIC                            | LEARNING OBJECTIVES TEACHING METHOD        |   |   |
|-----------------|----------------------------------|--|---|---|
|                 |                                  |  | <b>TEACHERS' ROLE</b>   | STUDENTS' ROLE  |
| Sessions 10     | Clinical Project work            | Present a case in a small group or seminar | Allocate students the project<br>works.<br>At the outset of the labour<br>room placement the students<br>will be divided into sub groups<br>and allotted with a common<br>clinical problem. | information about etiology,<br>diagnosis and management<br>of the problem which will be<br>presented by them during |
| Evening Session | Review sessions 1–9:             |  |   |   |
| Session 11      | Assessment (Oral/ Clinical/ OSCE |  |   |   |
| Sessions 12     | Feedback                         |  |   |   |

#### **OBSTETRICS & GYNAECOLOGY MBBS COURSE SCHEDULE**

#### 4<sup>th</sup> YEAR M.B.B.S in 3<sup>rd</sup> Phase

Lecture 28 hours + Evaluation 2 hours = 30 hours

| TERM-I = 15 hours     |                         | TERM-II = 15 hours    |                         |  |
|-----------------------|-------------------------|-----------------------|-------------------------|--|
| Lecture –<br>14 hours | Evaluation<br>1hr       | Lecture –<br>14 hours | Evaluation<br>1hr       |  |
| Obstetrics            | (MCQ, SBA, SEQ,<br>SAQ) | Gynaecology           | (MCQ, SBA,<br>SEQ, SAQ) |  |

#### 5<sup>th</sup> YEAR M.B.B.S in 4<sup>th</sup> Phase

Lectures 60 hours+ Demonstration/Practical/Tutorial 58 hours+Departmental Integrated teaching = 20 hours + Phase IV Common Integrated teaching = 126 hours

| TERM – 1 = 20hours |                   | TERM – II = 22 hours |                   | TERM – III = 18 hours |                   | Demonstration/Practical/Tutorial<br>in TERM I, II & III= 58 hours |
|--------------------|-------------------|----------------------|-------------------|-----------------------|-------------------|---|
| 18hours            | Evaluation 2hr    | 20 hours             | Evaluation 2hr    | 16 hours              | Evaluation 2hr    |   |
| Lecture –18hours   | NB: Lectures will | Lecture –            | NB: Lectures will | Lecture –             | NB: Lectures will | Demonstration /   |
|                    | be followed by    | 20 hours             | be followed by    | 16 hours              | be followed by    | Video presentation  |
| Gynae – 8 hrs      | evaluation        | Gynae – 8hours       | evaluation        | Gynae –9 hours        | evaluation        |   |
| Obs – 10hrs        | (MCQ, SBA,        | Obs - 12 hours       | (MCQ, SBA,        | Obs –7 hours          | (MCQ, SBA,        | Gynae & Obs   |
|                    | SEQ, SAQ)s        |                      | SEQ, SAQ)         |                       | SEQ, SAQ)         |   |

(\*) A demonstration will be a practical teaching session with a small group of students. It will be based on a patient's history, specimens or instruments, graphs or models or employ a video. Student participation is expected.

\*Integrated teaching : Only for 5<sup>th</sup> year

# Final Professional Examination Assessment of Gynaecology & Obs.

| Components   | Marks      | Total Marks |
|--|------------|-------------|
| WRITTEN EXAMINATION                                  |            |             |
| Paper – I – MCQ (SBA & Multiple true-false question) | 10+10 =20  |             |
| SAQ  | 5x10= 50   | 100         |
| SEQ  | 10x2 = 20  |             |
| Two groups, in each group 5 SAQ ,1 SEQ               |            |             |
| Marks from formative assessment                      | 10         |             |
|  |            | 100         |
| Paper - II-MCQ(SBA & Multiple true-false question)   | 10+10 = 20 |             |
| SAQ  | 5x10 = 50  |             |
| SEQ  | 10x2 = 20  |             |
| Two groups, in each group 5 SAQ ,1 SEQ               |            |             |
| Marks from formative assessment                      | 10         |             |
| PRACTICAL EXAMINATION                                |            |             |
| OSCE / OSPE  |            | 100         |
| CLINICAL EXAMINATION                                 |            |             |
| Obs. Case  | <u>50</u>  | 100         |
| Gynae. Case  | <u>50</u>  |             |
| ORAL EXAMINATION (Structured)                        |            |             |
| Obs  | 50         | 100         |
| Gynae  | 50         |             |
| Gran   | 500        |             |

Pass marks 60 % in each of theoretical, oral and practical There will be separate answer script for SBA & Multiple true-false question