KING SAUD MEDICAL CITY
KING KAHLID UNIVERSITY HOSPITAL
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

OBGYN Course 482 and Clerkship Overview
Student Guide

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Description:

This rotation provides an introduction to the care of women of all ages and will prepare the student for his/her future role as a physician regardless of the ultimate career goal. It provides basic knowledge and skills specific to the reproductive health maintenance, the diagnosis and management of its disorders. We will emphasize the importance of quality Obstetrics and Gynecology in providing continuous comprehensive care of women.

You will experience how OB-GYN merges surgery, medicine and primary preventive care into a single practice and how overall mental and physical health interacts with reproductive function.

As you go along the rotation you will gain confidence in taking an appropriate Obgyn history and performing physical examination, as well as mastering interviewing skills, doctor patient relationship skills with respect to patient values, clinical problem solving and patient education.

You will also learn principles of surgery` related to women's health and how to take care of pre-operative and post-operative cases.

Organization:

You will go through an 8 weeks rotation in the Obstetrics and Gynecology department at King Khalid University Hospital.

The first week of the rotation will be dedicated to lectures and case based discussion (problem based learning). The objective for all Obgyn course topics will be provided beforehand.

The clinical rotation will start on the 2nd week. Everyday 1-5 students (based on the total number) will be assigned to various clinical locations includes: Delivery room, Operating room, OBGYN Ultrasound, Emergency room, Caesarean section and clinics based on the supervision of one of the Teaching staff who is part of the Students Teaching Committee (STC).

You will be divided into groups based on the total number of students, 3-4 groups, each group will need the supervision of one of the teaching staff for attending Obstetric rounds, Gynecology rounds, Skill lab as well as clinical history taking.

All course objectives are required from the students to know even if there are no formal teaching sessions for some of the objectives.

You should make benefit of your free time by attending the inpatient wards to asses and follow up cases as well as self-directed learning.

You will be required to present two written cases, one Obstetric and one Gynecology that you have followed from admission to discharge and should include history, physical examination, investigation and hospital course. Cases must be signed by attending Registrar or chief resident. We suggest that you follow patient with a variety of problems and augment your reading to focus on those problems. This will help to maximize what you learn during this rotation.

These cases will be presented during the history taking sessions.

A. Obstetrics and Gynecology in patient service.

You should perform history and physical examination on new cases and follow up these patients throughout their hospital stay. Study the investigations ordered according to the diagnosis of the case, recognize the pre-operative investigations for elective surgery and the routine prophylactic medication and post-partum care.

You should know the admission orders and the methods of monitoring the well-being of mother and fetus.

Be familiar with the routine post-natal care of normal delivery and caesarean section including counseling on breast feeding, sitz bath and episiotomy care.

You should try to learn from all health care providers including nurses, residents, registrars and consultants.

Learn simple procedure like I.V insertion and blood extraction, what types of I.V fluid ordered and what is the indication. How to insert a Foley's catheter and how to do cardiotocography for the patient.

Be familiar with pre-operative evaluation of Gynecologic cases as well as Post-operative care and follow up for these patients.

List common post-operative complications of gynecologic surgery, prophylactic antibiotics and thromboembolic prophylaxis for Obstetric and Gynecologic surgery.

Observe and know indication and contraindication of simple Gynecologic procedures such as endometrial sampling, hysterosalpingogram and hystoscopy.

You should also be involved in the electronic documentation (electronic file) under the supervision of the Residents.

Objectives:

1. Use the information obtained from the patient's history to generate problem list.
2. Know how to interpret Laboratory and radiology result.
3. Recognize the admission order.
4. Identify the routine post natal care of normal delivery and caesarean section.
5. Develop the habit to learn from other health care providers, e.g., Consultant, Registrar, Resident, Intern and Nurses.
6. Learn simple procedure, I.V insertion, foley catheter.
7. Recognize the pre-operative evaluation of gynecological cases.
8. List common post-operative complications of gynecological surgery.

B. Obstetric Service

1. Labour and Delivery

The labor and delivery unit is a unique clinical setting, which most students find highly rewarding, but which can also be intimidating. The inherently dynamic nature of labor creates an environment in which patient status and acuity can, and does, change on a regular basis.

Cases will be assigned by the Resident or Registrar in Labour Room.

Perform history and physical examination on your assigned patients and follow them throughout labor.

Pelvic examination of patients in labour maybe performed with the attending residents or registrar. You should assist in conducting vaginal delivery and/or operative deliveries of two women.

Assist residents in the evaluation of patients in labour and delivery room triage, learn when to start oxytocin and what pain relief methods are offered to the laboring women

Learn about the methods available for fetal surveillance and how to interpret the fetal heart tracing.

Ob Chief Resident will be your supervisor.

Objectives:

1. Take history and to perform physical examination and to follow-up the laboring patient throughout her delivery process.
2. Learn how to interpret partogram.
3. Identify normal cardiotocography from abnormal one.
4. To perform pelvic examination of a laboring women with the help of senior staff.
5. Help in conducting delivery with the assistance of senior staff.
6. Learn when to use drug in labour room, oxytocin, ergometrine, tocolytic

DO

• Introduce yourself to residents, patients, nurses and staff.
• Choose a patient and follow her closely. Follow your patients' labor course, participate in the delivery and see them on the postpartum floor.
• Be available! If you are not around, you may miss out on procedures, deliveries or teaching, and the residents or nurses may not have time to track you down.

DON'T

• Disappear when things are slow in the OR or on L&D. Things can change very quickly and you don't want to miss the chance to be involved.
• Gossip. Talking negatively about other team members at any level is unprofessional, even when others around you are doing it.
• Assume that everyone knows who you are. Introducing yourself to nursing and OR staff is a great way to start the day and open lines of communication.

2. Triage/Urgent Care

You will help evaluate, patients with labour pains and share in the decision whether the patient is in labour and should be admitted or she can be reassured and discharged with instructions when to come to the hospital.

DO

• Be the first one to see the patient before the resident when possible.
• Ask for help if you need it.
• See patients that speak another language, even if you do not speak the language. Use an interpreter service to be sure you really understand each other.

DON'T

• Perform intimate examinations such as breast or pelvic exam without a supervising provider-- a chaperone is NOT enough.
• Miss the chance to see patients in triage. This is your chance to see a patient from initial complaint, formulate a differential diagnosis and plan, and possibly lead to delivery and discharge. Your learning will be maximized if

you follow patients each day during their entire hospital stay.

3. Post Partum Rounds

In the mornings, you will round with the obstetrics team on postpartum and post-operative Cesarean section patients. You will have the opportunity to learn about common postpartum problems, as well as counsel your patients regarding breastfeeding and contraception.

Objectives:

1. Obstetric rounds will be done according to your schedule.
2. The resident will assign a patient for each students allocated in postpartum before the rounds.
3. You should see your assigned patient before the round, obtained a detailed history of her pregnancy and labour.and assess the patient vital signs, abdominal and perineal examination during the round present your patient in a clear concise manner. This will be followed by a short discussion with your teaching staff.
4. You will practice counseling post-partum women on breast feeding, episiotomy care and contraception.
5. Student should learn how to take care of normal postpartum patient and detect abnormalities.

4. Antepartum wards rounds

Rounds on the antepartum service can get more complicated. Hospitalized antepartum women have a range of medical problems such as diabetes, hypertension, infections (especially pyelonephritis), drug abuse/detox, preterm labor on bed rest, and multiple other problems (lupus, HIV, influenza, etc.).

Objectives:

1. You will be assigned one Obstetric patient to take full history, physical examination and to use electronic file to search, collect and interpret health and biomedical information.
2. To be able to discuss shortly any issues regarding your patient with your teaching staff.
3. Counselling the patient regarding her mode of delivery e.g., normal, caesarian section, instrumental.
4. Counseling the Patient about any other intervention like amniocentesis, blood transfusion.

You should learn how to take consent before elective caesarean sections or other procedures like amniocentesis or blood transfusion.

DO

- Arrive on time (before your resident) and complete your note on time.
- Know your patient well.
- Ensure that your verbal and written presentations are clear and to the point. Strive for a fluid presentation that moves seamlessly into the assessment and plan for your patients. Practice with your resident or another student in advance.
- Read about your patients' medical problems.
- Spend time with your patients, even those with complicated problems — you can learn the most from spending time with patients and reading about them.
- Show interest and excitement for learning – educators naturally love teaching students who show an interest in the subject matter.
- Read ahead regarding prenatal care and testing.

• ‘Own’ your patients by addressing issues you feel comfortable addressing such as recommendations for constipation treatment.

DON’T

• Discuss plans with the patient until the team agrees on the plan.
• Complain about working too hard. The entire team works hard to get patients the quality care they need.
• Contradict the residents or attending physicians on rounds. Before or after rounds is a good time to clarify issues with the residents.

5. Caesarean Section.

Students assigned to attend caesarean sections should assess their patients preoperatively and know the indication of the procedure, any medical condition that require attention during surgery, prophylactic treatment given and any special pre-operative preparation eg. sliding scale for diabetic patients.

During the caesarean section one student will be assigned to scrub for each caesarean and the others will observe.

Learn how to scrub, sterile technique, simple suturing and dressing of the wound.

What medications are given to the patient during caesarean section and what measure are taken for excessive bleeding Post partum Hemorrhage (PPH).

Objectives:

1. Assess the patient pre-operatively, recognize the indication for C/S, identify any associated medical problem, before surgery, prophylactic antibiotic, or sliding scale for diabetic patient.
2. Learn how to scrub in theater for the C/S.
3. Help in simple procedure, like simple suturing and wound dressing
4. Learn the drugs used during caesarian section and the measures taken to prevent postpartum hemorrhage.

C. Outpatient Clinic

In the ambulatory clinic you may see patients with obstetric, gynecologic, and sub-specialty issues. In the prenatal clinics, you will learn how to take a prenatal history and perform a physical exam, with particular emphasis on breast, abdominal and pelvic examinations, and fetal assessment. Counseling about breastfeeding and postpartum contraception are an important part of prenatal care. In the gyn clinic, you may see routine preventive care as well as more complex problems including contraception, menopause, abnormal bleeding, sexuality concerns and pelvic pain.

1. Obstetric Clinics

You should practice and learn communication skills to establish rapport with the patients in an ambulatory clinic. You will obtain history, perform physical examination and participate inpatient counselling regarding pregnancy care, prenatal vitamins, fetal monitoring, mode of delivery, breast feeding and post partum contraception.

Learn how to manage common problem of pregnant ladies eg. Heartburrn, leg crumps, postural hypotension, dizziness, headache.

Recognize when to refer patients to high risk pregnancy /feto-maternal medicine.

Objectives:

1. Learn communication skills and to establish a rapport with the patient in ambulatory clinic
2. Take a detailed and focus obstetrics history
3. Perform physical and obstetric examination
4. Recognize the routine prenatal drug e.g., vitamins, iron, calcium supplement.
5. Learn to manage minor pregnancy problem, heart burn, dizziness
6. Identify high risk pregnancy and referred to the dedicated clinic.

2. Gynecology Clinics

Practice and learn communication skills to establish rapport with patients in the ambulatory clinic, obtain history and perform physical examination.

You may participate or observe pelvic examination pap-smear and culture as indicated.

Learn when and how to do gynecologic screening procedure such as PAP-smear, pelvic examination, mammography and bone scan.

Participate in patient education and counseling regarding contraception, prevention of STD, menopause, abnormal bleeding, pelvic pain exercise and nutrition.

Learning the management of common Gynecologic problems.

Recognize when to refer patients to various sub-specialties like urogyne, gyne-oncology and infertility.

Objectives:

1. Learn communication skill and establish rapport with patient in ambulatory gynecology clinic.
2. Be able to take general history and focus detailed gynecology history
3. Participate and observe pelvic examination.
4. Observe minor procedure eg, Pap smear, endometrial sampling, high vaginal swab.
5. Participate in patient education and counseling regarding contraception, STD prevention.
6. Learn when to refer patient to various sub-specialties, e.g., urogynecology, oncology.

DO

• Ask the four cardinal questions of every pregnant woman:

1) Do you feel fetal movement? (expect this only after ~20 wks)
2) Are you having vaginal bleeding?
3) Do you have any leaking fluid?
4) Are you having contractions?

• If the patient has high blood pressure ask:

1) Do you have a persistent headache?
2) Do you have visual changes/scotomata?
3) Do you have Right Upper Quadrant (RUQ) pain?

These may be a symptoms of preeclampsia.

• Prioritize your time and questions for the patient to maintain efficiency in the clinic.

• Solicit feedback. Ask for feedback about your performance -your oral presentations, your written documentation, your technical skills (with deliveries or pelvic exams) and your ability to develop a differential diagnosis.

DON'T

• Perform breast or pelvic examination on a patient without a supervising provider--a chaperone is NOT enough.

• Be a wall flower; look for opportunities to see patients.

• Impose your own ethical beliefs and morals on patients - remember your value system is your own.

D. Gynecology Service

1. Gyne Round

Patients are usually admitted either from the Clinic or the ER. It is typically expected that you will round on patients whom you know - those whose operations you participated in or whom you saw in the ER.

Residents will assign a case for each students. You should come early and assess your patient before the rounds, during the rounds, give brief presentation about the case and answer any question about them.

You should learn about the common Gynecologic surgeries and list their indications and contraindications, learn how to take a consent and how to do Pre-operative evaluation.

How to provide Post-operative care and what are the common post-operative complications.

Objectives:

1. Be available early in the Ward to assess your patient before the teaching staff or consultant.
2. Be able to give a brief presentation of your case.
3. Recognize common gynecological surgery and list their indication, and contraindication.
4. Learn how to take a valid written consent.
5. Learn how to do pre-operative evaluation
6. Learn how to provide post-operative care and to manage post-operative complications

DO

• Arrive on time (before your resident) and complete your note on time. Give yourself enough time and come in early if you know that it takes you longer to see patients and write notes.
• Present the patients you are following to the residents and/ or attending physician. As a student, it is sometimes difficult to know what is most pertinent and how to prioritize the history. With practice, this becomes easier!
• Check any post-op labs and review them with your resident. • Volunteer to perform the post-operative check. All patients need an exam and note approximately six hours after surgery.

DON'T

• Eat on rounds!
• Ask questions that are easily answered if you take a moment to look them up. Asking questions is terrific, but be sure you are not asking information that should have been covered with a little preparation on your part.
• Come in late for rounding or assigned tasks. It is always a good idea to arrive at assigned duties at least 15 minutes early, and to have completed pre-rounding prior to your residents. It is always better to be waiting, than waited for.

2. Operating Room

Students assigned in operating room should evaluate their patients pre-operatively and know the indication of the procedure, brief history and any significant medical problems.

You should learn what prophylactic treatments were used, pre and post-operatively.

In operating room one student will be assigned to scrub for each case. You should learn the

scrubbing and sterile techniques, types of abdominal incision, simple suturing and dressing of the wounds.

Learn about the instruments used for common gynecologic procedures like, Laparoscopy, D&C and laparotomy.

The operating room is Theater 6 in main O.R.

Objectives:

1. Evaluation of patient pre-operatively, know the indication, and the procedure.
2. Know how to scrub (technique)
3. Assist in minimal procedure, simple suture.
4. Learn about the instrument used like D&C set, Laparoscopy, Laparotomy, Hysteroscopy.

DO

• Review the operative schedule ahead of time.
• Read in advance about the procedures being performed — the indications, risks/complications and anatomy — and about the actual patients undergoing the procedure.
• Introduce yourself to the patient, attending and OR staff, even if you have met them before. Write your name on the board and offer to pull your gown and gloves.
• Look for the routine that happens in every surgical case and try to integrate yourself (e.g. offer to help transport and move the patient on and off the OR table, put on the sequential compression devices (SCDs), stay with the patient until she gets to the recovery room).
• Get involved in procedures, but be sensitive to what's going on –that is, when blood is spurting into the operative field, don't ask questions about the anatomy.
• Eat, drink and go to the bathroom before you go to the operating room! • Look for opportunities to document the preoperative and operative note when appropriate. Have the residents review your entry.
• Stay engaged with your team. It is excellent to make use of down time by reading. Confirm that it is a good time to read and check in with your team periodically.
• Practice your knot tying in advance. You will want to be prepared when asked to tie a knot in the OR. Always begin with a 2-handed knot, unless asked to tie a 1-handed knot.

DON'T

• Leave a surgical case in the middle, unless you are ill or have discussed it with the residents and/or attending ahead of time. This suggests a lack of interest.
• Stay scrubbed in if you feel you are going to be ill. Excuse yourself, step back and go get some fresh air.
• Scrub and enter the OR before your resident or attending. Stay at the scrub sink with your team and follow them in after they have entered the OR.
• Contaminate the sterile field. Be sure you understand what is sterile and what is not.
• Perform the EUA without having met the patient first and/or confirmed with your resident and attending that it is OK to examine the patient.

E. Ultrasound

Ultrasound is the most important diagnostic tool in Obstetrics and Gynecology and each students will be assigned daily for two hours.

You should attend early pregnancy and 2nd trimester detailed scans and learn what should be checked in a routine obstetric ultrasound.

You should know the normal gynecologic ultrasound findings and the indications for using vaginal versus abdominal probe.

Objectives:

1. Attend and learn about 1st trimester and second trimester USS and their interpretation.
2. Recognize normal gynecology USS and minor abnormal gynecology USS and their interpretation.

F. Emergency Room

Each student will be assigned daily for two hours.

You should participate in history and physical examination.

Know how to prioritize patients according to their clinical condition and stability.

Learn what investigation should be ordered and how to manage common cases seen in the OBGYN emergency such as dysmenorrhea and abortions.

You should also learn which cases need admission and which cases will be referred to the clinic or discharged.

Objectives:

1. Participation in history and physical examination.
2. Prioritize patient according to their condition.
3. Learn the applicable investigation for each case.
4. Manage common case, dysmenorrhea, menorrhagia
5. Select the patient who needs to be admitted and those to be referred to the clinic or discharge.

Skill Lab - Ob

Objectives:

- Learn how to do Obstetric examination. S.F. height / Leopold's maneuvers.
- Learn how to do cervical assessment for a patient in labour.
- Conduct a normal vaginal delivery . Each student should conduct a delivery.
- Deliver the placenta.
- Learn about episiotomy types, indication, complications and suturing.
- Learn the initial steps of newborne care. How to do suction, handle the baby and cut the cord
- How to do APGAR score assessment
- Learn how to conduct ventous/vacuum delivery and how to conduct forceps delivery.
  What are the pre-requisites for operative vaginal deliveries.
- Recognize the instruments used in the delivery room
  - Ventouse
  - Amnio hook
  - Cord clamps
  - Scissors for episiotomy
  - Needle holder
  - Obstetric Forceps
  - Fetal scalp electrode
  - Suction used for the new borne.
- Learn about monitoring of mother and fetus in labour
- How to do cardiotocography and how to interpret it

Skill Lab - Gynecology

Objectives:

A. Observe and Perform Pelvic Examination

1. Use of speculum
2. Pap Smear collection
3. Bi-manual examination
4. Cervical cultures collection for STD
5. Vaginal swab collection for vaginitis

B. When to perform a pelvic examination i.e., indication

- To look for any abnormalities of the vaginal wall or cervix
- To assess the amount of blood loss or type of discharge
- To collect samples for cultures and Pap Smear
- To assess pelvic organs for any abnormality tenderness or masses

C. Recognize the instruments used for pelvic examination

- Types of speculum
- Cyto brush
- Spatula
- IUCD
- Aspirator for endometrial biopsy
- Sponge forceps
- Vulsellum or tenaculum for holding the cervix

A FEW OTHER "DO'S " AND "DON'TS"

DO

• Understand the objectives for the rotation. Residents or attending will informally orient you to the different services. Clarify specific expectations, if you are unsure. Complete all required coursework (like evaluations) in a timely fashion.

• Read and ask questions. Read, read, read! Follow the objectives recommend one textbooks. Bring them with you. By reading ahead, you will become focused on the important aspects of the patients' care and you will learn in greater depth! Before and after surgical procedures, read about the topic, the procedure and the anatomy.

• Show respect. Being respectful makes you a more valuable team member. All team members, including nurses and other ancillary personnel, can teach you and they will be more likely to do so if you show respect. Address patients and residents/faculty by title (Ms./Dr. Last Name) unless the person instructs you otherwise.

• Learn from every patient — even if you're not going into obgyn, you will still learn things that will help you in every field. This may be your only opportunity to experience ob-gyn, so make the most of it.

• Take initiative. "How can I help out? I'll write the note on that patient…" goes a long way to make the team function better and gives the residents more time to teach you. Show interest beyond the basic requirements. Talking to the radiologist about the ultrasound findings or paying a visit to the oncology patient before afternoon rounds adds to patient care and to your experience.

• Teach the team. Volunteer to help the team by reading about topics in depth and by sharing what you have learned with the group.

• Dress appropriately. What you wear is very important for your professional identity and to show respect for your patients. In many offices and clinics, professional dress, not scrubs, is the

appropriate attire. In L&D or the OR, scrubs used in hospital are the appropriate attire. If you are not sure, ask.

• Be confident. Assume a confident and professional demeanor when interacting with patients, even if you don't feel confident.

• Be punctual. Being on time shows your enthusiasm for learning and respect for your team members.

• Develop an assessment on every patient. Taking the history and presenting it are the easy parts. Developing a differential is harder and shows your ability to integrate your didactic knowledge with clinical findings. You might even try suggesting a management plan!

• Ask for feedback. This is a terrific way to get some tips on how to succeed, and also to open the lines of communication with your team members.

• Your notes must be countersigned by the residents.

• Be enthusiastic. Enjoy your rotation and show your enthusiasm for learning.

• Use good judgment. Use good judgment in your communication both verbal and written with medical team members. Also use good judgment in social media with residents. Don't "friend" a patient ever.

DON'T

• Be afraid to be wrong. Make an educated guess, even if you are not sure. This is your opportunity to come up with a differential diagnosis and learn how to think like a doctor.

• Use abbreviations in any communication unless you understand what they mean.

• Use your mobile devices on rounds unless instructed to do so. Your attending and patient may perceive this as a lack of interest in the patient's health even if you are looking something up related to the patient.

• Complain. If you have constructive feedback, please share suggestions for improvement in a professional manner.

• Miss time without communicating with your team and supervisor. Plan and request ahead of time if you anticipate needing to be absent.

As a medical student, you are an adult learner. Now is a good time for you to consider your knowledge and abilities, and set some individual learning goals. Share your goals with your team and your clerkship director, so they can provide you with appropriate assistance and support.

Learning Effectively on the Course

Students learn differently. Reading about, discussing and seeing patients with different clinical problems reinforces and consolidates your knowledge base. Seek out opportunities to practice your physical exam and technical skills, whenever possible. Certain topics are encountered by nearly all students during the ob-gyn clerkship. In obstetrics, common problems include bleeding, contractions, leaking fluid, swelling, abdominal pain and concern that the baby is not moving. In gynecology, common complaints include vaginal discharge, abnormal bleeding, abdominal/pelvic pain, abdominal/pelvic mass, annual exam, contraceptive counseling, unintended pregnancy, difficulty conceiving and abnormal Pap smear. For a broad overview, two texts are commonly used in ob-gyn clerkships: Essentials of Obstetrics and Gynecology, by Hacker & Moore, and Obstetrics and Gynecology, by Beckmann & Ling. These brief, but comprehensive texts cover the range of ob-gyn topics.

Seeing Patients in the Clinical Setting

Much of the time spent on your clerkship will involve being a member of a care team. Teams consist of multiple members, including residents, attending physicians, nurses, social workers, nurse practitioners, nurse midwives and breastfeeding educators. You can learn from all team members, so treat each one with respect. Your team may include some of your peers. Look out for your fellow medical students. If you've seen a certain procedure when your colleague has not, divide up the learning opportunities fairly. You look good

when you help your colleagues look good. As a team member, you will learn the most by active participation, such as going out of your way to see patients in clinic and preparing in advance for surgical procedures. Residents and attending physicians will play a major role in your education, not only in assisting you to acquire didactic knowledge, but also in helping you accomplish the many tasks important to patient care, such as writing notes and orders, and performing procedures. Mastering these skills will help you prepare for your residency. The pace on inpatient services is variable and unpredictable. Always have something to read. Downtime can be used productively for ongoing study and reading about your patients. Link your reading to the patient problems you are encountering in clinic, on the wards and on L&D. Check with your resident to be sure all of the team's work is completed before you sit down to read. Learning on your rotation will involve taking histories and performing physical exams. Your success on the clerkship will depend on your ability to gather relevant patient data, prioritize patient problems and report on your patients in a clear, organized fashion, whether orally or in writing. Along with your emphasis on the oral presentation and written documentation, it is equally important to develop a differential diagnosis and next steps in the workup of your patient. The next step after you report on your patients is to interpret patient data and come up with an assessment and plan (A/P). Interview your patients independently, whenever possible. You will learn the most from the patient interviews you conduct, synthesize and record yourself. Get involved as early as possible after the patient's presentation/admission. Follow your patients throughout their clinic or hospital course. Read specifically about your patient's presenting clinical concern/problem. Elicit feedback from residents and attending physicians on your clinical performance.

Professional Behaviour

We control our individual and collective professional destiny by adhering to a code of ethics and behaving in a manner that demonstrates high standards. Empathy, sensitivity and compliance with the patient's wishes are essential. Specific professional behaviors are expected of medical students during all their clerkships, including the ob-gyn clerkship. The principal behaviors include:

Respect

Demonstrate respect for yourself, for those with whom you work and study, and for patients. Signs of respect include professional grooming and dress, as well as how, where, and when you talk to and about your patients.

Confidentiality

Law and professional codes of conduct dictate keeping written and verbal patient information confidential. You must refrain from accessing patient information (manually or electronically) unless you are a member of the patient's primary health care team. Keep patient's privacy in mind while discussing your day in the elevator, cafeteria or on your phone.

Responsibility

As a medical student, you are responsible for your actions, both clinical and academic. You are responsible for your education, including self-directed learning and meaningful participation in group activities. You are responsible for complying with institutional policies and following institutional procedures. Finally, you are responsible for addressing conflicts or problems as they arise, with involvement of appropriate authorities (e.g., clerkship director) as necessary.

Integrity

Be honest with yourself, your colleagues, and your patients in intellectual, clinical and personal pursuits.

Timeliness

Being timely in completion of your tasks is a crucial part of being an effective physician. Complete tasks on or before deadlines and respond to pagers, emails and other forms of communication as soon as possible.

Reflection

Professional behavior requires active reflection on your actions, experiences and emotions. Discussing specific events and your responses to them with peers and mentors can be extremely helpful. Expect to make errors, both because you are a learner and because you are human. The key is learning from your mistakes.

Communication

Communicate concisely and clearly, both verbally and in writing. Include your name and indicate your student status in all of your notes.

Social Networking

Remember that as a developing physician your behavior reflects on the medical community. Don't post any patient or clinical information online. Don't post discussion of your day to day activities; this may be misinterpreted or offensive to others.

The **Doctor-Patient Relationship**

While patient rapport is important for all physicians, the unique and intimate nature of our specialty makes rapport especially important for ob-gyns. Empathy, sensitivity and compliance with patient wishes are essential. Asking patients if you can observe or participate in their care is common courtesy. Most patients gladly accept students as part of their health care team, but this is always the patient's choice. Graciously comply with patients' wishes regarding student involvement in their care.

Males in Ob-Gyn

Medical students have expressed concerns that males may have difficulty on the ob-gyn clerkship - that female patients may not want to see a male student. Do not assume your gender will interfere with your ability to take care of patients. In truth, there are a few patients that do not want a student involved in their care, regardless of gender. Do not let this interfere with your learning on this rotation. There will be patients that will welcome your involvement.

Assessment Methods/Tools for Gynecology and Obstetrics Clerkship

A. Cognition Assessment (Knowledge & Cognitive Skills**)**

1. MCQ: Single best answer
2. SQA (Short Answer Question)
3. Flip Classroom (Discussion)

B. **Skills Assessment (Psychomotor Skills) & Communication, Information Technology** *and Numerical Skills*

Clinical Assessment/Procedural Assessment

1. OSCE
2. Mini-CEX
3. Case Discussion
4. Log Book
5. DxR

C. **Attitudes***: (Interpersonal Skills & Responsibility)*

a. 360^0C Evaluation 9MSF) points could be included in the logbook.

A.	**Midterm and Continuous Assessment**	**(40%)**
	1. MCQs (50-60 in number)	20%
	2. DxR	5%
	3. Log Book (including MSF items in logbook	5%
	4. Case Discussion (Flipped Classroom)	5%
	5. Min CEX	5%

B.	**Final Examination**	**(60%)**
	1. MCQs (80-100 in number	20%
	2. OSC (6-10 STATIONS; Hx, Exam, Counseling , IT task	25%
	3. Short Answer Questions relevant to clinical competencies using images and clinical scenarios (instruments identification, interpretation of investigations, clinical reasoning, management	15%

Schedule of Assessment Tasks for Students during the Semester

	Assessment task (e.g. essay, test group project, examination, speech, oral presentation, etc)	Week due	Proportion of Total Assessment
1	Continuous Assessment : Case based discussion	**Weekly**	**5%**
2	Continuous Assessment : Log Book	**Before the final exam**	**5%**
3	Continuous Assessment : Mini-CEX (2 for each student)	**Before the final exam**	**5%**
4	Continuous Assessment : DxR – student assignments	**Before the final exam**	**5%**
5	Mid Term MCQ assessment (50-60 MCQS)	**?Week-6**	**20%**
6	Final Examination : MCQ assessment (50-60 MCQS)	**/Week-10**	**20%**
7	Final Examination : OSCE (6-10 stations)	**/Week-10**	**25%**
8	Final Examination: Short Answer Questions relevant to clinical competencies using images and clinical scenarios (instruments identification, interpretation of investigations, clinical reasoning, management) (8-10 SAQS)	**/Week-10**	**15%**
	TOTAL		**100%**

REMINDER:

In the clinical assessment, each students is responsible to inform the teaching staff for their schedule in the MINI CEX.

	NQF Learning Domains And Course Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
1.0	**Knowledge**		
	1. Anatomy of the Female Genital Organs, Bonny Pelvis and Fetal Skull	-Interactive lectures -Videos and Case based discussions	1. Formative Feedback during lectures, tutorials and clinical activities 2. Midterm Examination in form of MCQs and SAQs 3.Final examination in form of written Exam (MCQ and SAQs)
	1) Describe anatomy of female bonny pelvis and its diameters		
	2) Discuss the important landmarks and anatomical features in the female pelvis that play an important in progress of normal vaginal delivery.		
	3) List the types (i.e shapes) of female pelvis and the importance of the pelvic shape in normal vaginal delivery.		
	4) Describe the fetal skull anatomy, landmarks, diameters, that affect the pelvic capacity in normal vaginal delivery.		
	5) Identify the blood supply, venous drainage, nerves and lymphatic drainage of female genital organs.		
	2. Physiology of Menstrual Cycle		
	6) Describe the hypothalamic –pituitary –ovarian axis which controls the menstrual cycle.		
	7) Define the Ovarian cycle, ovulation and identify ovarian hormones (ovarian hormones: estrogen, progestin, androgens, DHEAS).		
	8) Define uterine cycle.		
	9) Describe the function of Corpus luteum, and relate it to symptoms of corpus luteum insufficiency.		
	3. Physiological changes in Pregnancy		
	10) Discuss the maternal physiologic and anatomic adaptation to pregnancy related to the following: • Cardiovascular system • Respiratory system • Renal system • Endocrine system • Weight gain		
	11) Describe the mechanisms of maternal and-fetal transfer of substances across the placenta.		
	12) Describe the placental transfer of oxygen and CO2 of the fetal circulation.		
	13) Describe components of the fetal circulation.		
	14) Explain how the fetal circulation differs from the adult circulation.		
	15) Discuss the properties, functions and interactions of pregnancy related hormones.		

	4. Preconception and prenatal care/ screening for congenital infections and congenital malformations		
	16) Define Pre-Conception Care and list its components.		
	17) Explain the importance of Antenatal Care.		
	18) Describe tests to confirm pregnancy and determine viability.		
	19) Estimate gestational age and expected date of confinement.		
	20) Discuss Antenatal visits frequency in normal and high risk patients and patients with medical disorders in pregnancy.		
	21) Share in providing advice to pregnant women for alleviation of unpleasant symptoms, and about nutrition, life style and breastfeeding.		
	5. Antenatal Fetal Assessment		
	22) Describe how to test for each of the following: • Fetal well-being. • Fetal growth. • Fetal movements. • Amniotic fluid volume. • Fetal lung maturity		
	6. Normal Labour and Intrapartum care and Intrapartum Fetal Surveillance		
	23) Describe the mechanism of labor		
	24) Describe the four stages of labor and recognize common abnormalities.		
	25) Outline the clinical management during the different stages of labor.		
	26) Discuss the options for pain relief during labour.		
	27) Describe the techniques of fetal surveillance.		
	28) Discuss the fetal blood sampling in labor in terms of indication and management		
	29) Discuss the complications of abnormal fetal heart rate patterns including asphyxia and meconium aspiration.		
	7. Induction of Labour (IOL)		
	30) Differentiate between IOL and augmentation of labor.		
	31) List the indications and contraindications for IOL?		
	32) List the methods used for IOL and their complications: i. Mechanical ii. Artificial rupture of Membranes(ARM) iii. Pharmacologic • Prostaglandin • Oxytocin		
	8. Post-Term Pregnancy		
	33) Define post-term pregnancy.		
	34) Identify the incidence and etiology of post term pregnancy.		
	35) Describe the methods used for diagnosis and evaluation of prolonged gestation.		

	36) Discuss the antepartum and intrapartum management of prolonged pregnancy.		
	37) List the complications of prolonged pregnancy.		
	9. Fetal circulationand newborn care		
	38) Describe the fetal circulation changes that occur at birth.		
	39) Describe how to assess the overall status of the newborn using Apgar score.		
	40) Describe the steps for newborn care following delivery.		
	41) Discuss the etiology of neonatal cardio-respiratory depression.		
	10. Postpartum Care		
	42) Define the puerperium.		
	43) Discuss the anatomic and physiologic changes in puerperiun.		
	44) Describe the components of normal postpartum care including: • Perineum and episiotomy care and complications • Micturition • Bowel problem • Psychological problems • Abdominal pain and back pain • Breast feeding • Contraception		
	45) Discuss serious maternal health problems in the postpartum period including: • Postpartum blues, depression and psychosis (definition, risk factors and management options) • Postpartum haemorrhage primary and secondary • Anemia • Thromboembolism • Pyrexia		
	11. **Bleeding in early pregnancy** **a. Abortion**		
	46) Define vaginal bleeding in early pregnancy.		
	47) List the differential diagnosis for bleeding in early pregnancy +/- abdominal pain.		
	48) Define spontaneous abortion and mention its incidence. 49) Mention types of spontaneous abortion.		
	50) Discuss the maternal and fetal factors that result in abortion.		
	b. **Ectopic Pregnancy and Acute Abdomen in Pregnancy**		
	51) Define ectopic pregnancy.		
	52) Identify the morbidity mortality rate of ectopic pregnancy.		
	53) Mention the risk factors for ectopic pregnancy.		
	54) Describe a diagnostic approach for ectopic pregnancy and highlight the importance of early diagnosis.		
	55) Discuss the management of ectopic pregnancy.		
	56) Differentiate between the obstetric and non-obstetrics causes of acute abdomen in pregnancy.		

	57) Discuss the clinical presentation, diagnostic methods and management of acute abdomen in pregnancy.		
	c. Gestational Trophoblastic Disease		
	58) Mention the definition of Gestational trophoblastic diseases		
	59) Identify the incidence, etiology and risk factors for gestational trophoblastic diseases.		
	60) Discuss signs and symptoms of vesicular mole.		
	61) Describe diagnostic protocols for vesicular mole.		
	62) Discuss treatment options for a patient with vesicular mole.		
	63) Identify the maternal morbidity and mortality in molar pregnancy.		
	64) Discuss follow up and contraception methods for patient with trophoblastic disease.		
	12. Gestational Diabetes Mellitus (GDM)		
	1) Define GDM and Pre-gestational DM		
	2) Identify how common is GDM in Saudi Arabia and worldwide.		
	3) Discuss how pregnancy predisposes to the development of GDM		
	4) Describe the maternal and fetal complications of D.M.		
	5) Describe the screening and diagnostic tests for GDM.		
	6) Identify the importance of multidisciplinary approach of management of these cases.		
	13. Urinary tract infection (UTI) and pyelonephritis in pregnancy		
	7) Define symptomatic UTI and asymptomatic bacteriuria in pregnancy.		
	8) Describe the incidence, causes and epidemiology of urinary tract infection (UTI) including pyelonephritis and asymptomatic bacteria in pregnancy.		
	9) Describe a diagnostic approach to a patient presenting with UTI.		
	10) Outline the plan of management for UTI in pregnancy.		
	11) Describe the Impact and complications of UTI on pregnancy and on maternal health.		
	14. Anemia in Pregnancy, Thyroid in Pregnancy and Heart Diseases in Pregnancy		
	12) Define anemia in pregnancy.		
	13) Identify the common types of anemia in pregnancy diagnosed in Saudi Arabia		
	14) Identify the causes and complications of iron-deficiency anemia in pregnancy.		
	15) Describe the clinical picture of anemia in pregnancy.		
	15. Thyroid Disease in Pregnancy		
	16) Describe the effect of pregnancy on thyroid function.		
	17) Identify the causes of maternal hypothyroidism.		
	18) Describe the clinical picture of maternal hypothyroidism.		
	19) List the causes of maternal hypothyroidism.		
	20) Describe the clinical presentation of maternal hyperthyroidism.		

	21) List the investigations for maternal hyperthyroidism.		
	22) Discuss the management of maternal hyperthyroidism.		
	16. Cardiac Disease		
	23) Identify the different type of heart disease in pregnancy.		
	24) Identify the maternal and fetal risks.		
	25) Identify the important components of counseling a cardiac patient who wants to get pregnant.		
	26) Describe the management of a cardiac patient during pregnancy and labour.		
	17. Thromboembolic Disease in Pregnancy		
	27) List the predisposing factors for thromboembolism in pregnancy.		
	28) Discuss the clinical presentation and management of superficial thrombophlebitis.		
	29) Discuss the clinical presentation and management of deep vein thrombosis.		
	30) Discuss the clinical presentation and management of pulmonary embolism in pregnancy.		
	18. Pre-Eclampsia / Eclampsia / Gestational Hypertension		
	31) Classify hypertensive disorders of pregnancy.		
	32) Explain the pathophysiology of hypertensive disorders of pregnancy.		
	33) Describe the signs and of pre-eclampsia-eclampsia.		
	34) Describe the evaluation and management plan for patient with preeclampsia / eclampsia including antenatal, intrapartum and postnatal management.		
	19. Rh IsoImmunization		
	35) Define Rh Isoimmunization and determine its incidence.		
	36) Describe the indications, timing and benefits for immunoglobulin administration.		
	20. Multiple pregnancy		
	37) List the risk factors for multiple pregnancy.		
	38) Identify the incidence of multiple pregnancy.		
	39) Describe the classification of twinning (dizygotic and monozygotic) and relation between timing of cleavage and the nature of the membranes in twin gestations.		
	40) Describe the abnormalities of twinning process: a. Conjoined twins b. Placental vascular anastomoses c. Twin-twin transfusion syndrome d. Fetal malformations		
	41) Describe how to diagnose multiple pregnancy.		
	42) Mention delivery options for multiple pregnancy.		
	43) List the potential maternal and fetal risks of multiple pregnancies		
	21. Intrauterine Fetal Growth Restriction (IUGR)		

	44) Define IUGR.		
	45) Describe maternal, placental, and fetal causes of fetal growth restriction.		
	46) List methods of detection of fetal growth restriction.		
	47) Describe the prevention and management of fetal growth restriction.		
	22. Intrauterine Fetal Death (Demise)		
	48) Define intrauterine fetal demise.		
	49) Define the symptoms of fetal demise.		
	50) List the causes associated with fetal demise (maternal, fetal, placenta).		
	51) Describe the diagnostic methods to confirm the diagnosis and etiology of fetal demise.		
	52) Describe the management approaches of patient diagnosed with fetal demise.		
	53) Describe screening tests required to try to decrease the risk of IUD in following pregnancies.		
	23. Operative Delivery		
	54) Identify the incidence of operative delivery.		
	55) Mention the indications for operative deliveries including the pre-requisites to be fulfilled before applying forceps or ventouse.		
	56) Identify the rate of caesarean deliveries, their mortality and fetal and maternal morbidity.		
	57) Discuss the types of cesarean deliveries and their complications.		
	58) Indicate when a trial of normal labor may be offered after caesarean section delivery.		
	59) Describe the measures to reduce Caesarean section rates.		
	60) Describe common measures for the prevention of infections, deep vein thrombosis and other complications of operative delivery.		
	61) List the key components of postoperative care.		
	24. Abnormal Presentations (Malpresentation)		
	62) Define fetal malpresentations.		
	63) List the predisposing factors for malpresentations.		
	64) Identify the types of fetal malpresentations and the recommended delivery options for each.		
	25. Antepartum hemorrhage		
	65) Mention the definition of antepartum hemorrhage.		
	66) List the predisposing factors to antepartum haemorrhage.		
	67) Compare the clinical presentations of different maternal and fetal causes of antepartum haemorrhage.		
	68) Define morbidly adherent placenta and its predisposing factors.		
	69) Compare and list the risk factors for different types of antepartum haemorrhage.		

	70) Develop an evaluation and management plan for patient with antepartum hemorrhage including consideration of various resource settings.		
	71) Discuss maternal and fetal morbidity and mortality from antepartum hemorrhage.		
	26. Preterm Labour		
	72) Define preterm labor		
	73) Determine the incidence of preterm labour and its contribution to neonatal morbidity and mortality.		
	74) Describe the etiology and the risk factors of preterm labor		
	75) Describe diagnostic criteria of preterm labor		
	76) Describe a management plan that considers the indications and contraindications of: a) tocolytic therapy b) glucocorticoids for fetal lung maturity		
	27. Premature Rupture of Membranes (PROM)		
	77) Define premature rupture of the membranes (PROM) and preterm PROM (PPROM).		
	78) Describe clinical presentation of patients PROM.		
	79) List the diagnostic tests to confirm PROM.		
	80) Describe the etiology and risk factors for PROM.		
	81) Compare the risks and benefits of conservative expectant management and immediate delivery.		
	82) Describe the methods used for maternal and fetal monitoring during expectant management.		
	83) Discuss the drugs used in the management of PPROM in terms of indications, contraindications and side effects (antibiotics, tocolytics, and glucocorticoids).		
	84) Describe the management of chorioamnionitis.		
	28. Postpartum hemorrhage		
	85) Mention the definition of postpartum hemorrhage (early and late).		
	86) Identify the incidence of postpartum hemorrhage.		
	87) List the risk factors and causes of postpartum hemorrhage.		
	88) Outline a management plan for patients with postpartum hemorrhage.		
	89) Discuss maternal and fetal complications from postpartum hemorrhage.		
	29. Puerperal Sepsis		
	90) Define puerperal sepsis		
	91) Identify the incidence of puerperal sepsis.		
	92) Explain the pathophysiology of puerperal sepsis.		
	93) List the predisposing factors for puerperal sepsis.		
	94) Describe the clinical features of puerperal sepsis.		
	95) Outline a management plan for the patient with puerperal sepsis.		

	30. Embryology of the female genital organs, congenital malformation and intersex		
	96) List the steps that determine the sexual differentiation into male or female during embryonic development.		
	97) Describe the embryologic development of the female genital tract (internal and external).		
	31. Congenital Malformations of the Genital Tract		
	98) Identify the incidence, clinical presentation, complication and management of the various types of congenital tract malformation including: a) Mullerian agenesis b) Disorder of lateral fusion of the mullerian ducts (Uterus didelphys, septate uterus, unicornuate uterus, bicornuate uterus). c) Disorder of the ventricle fusion of the mullerian ducts (1) (Vaginal septum, cervical agenesis, dysgenesis) d) Defects of the external genitalia. (1) Imperforate hymen (2) Ambiguous genitalia 99) List the steps that determine the sexual differentiation into male or female during embryonic development.		
	32. Intersex (Abnormal Sexual Development)		
	100) List the causes of abnormal sexual development		
	101) List the types of intersex : a. Masculinized female (congenital abdominal hyperplasia or maternal exposure to androgen) b. Under masculinized male (anatomical or enzymatic testicular failure or endogen insensitivity) c. True hemaprodites		
	102) Discuss the various types of intersex in term of clinical presentation, differential diagnosis and management.		
	33. Family Planning		
	103) Discuss each of the longer term, hormonal, barrier and behavior methods of contraception in terms of: a. Mechanism of action. b. Effectiveness and failure rate.		
	104) Describe the benefits of contraceptives other than birth control.		
	105) Identify the absolute and relative contraindications and risks of different contraceptive methods		
	106) Discuss the Male and Female Surgical Sterilization methods in terms of : a. Types b. Reversibility c. Long Term follow-up results		
	34. Lower Genital Tract Infection		

	107) List the causes of vaginal discharge		
	108) Outline a plan for diagnosis and management for yeast, bacterial vaginosis and trichomoniasis vulvovaginitis		
	35. Pelvic Inflammatory Disease / Pelvic Abscess		
	109) Identify the prevalence of Pelvic Inflammatory Disease (PID)		
	110) Explain the causes and pathogenesis of PID		
	111) Describe the symptoms and signs of PID.		
	112) Describe the management of PID and list the criteria for hospitalization and parental treatment		
	113) List the complications of PID		
	114) Discuss the tubo-ovarian abscess in terms of: a) Incidence b) Etiology c) Diagnosis d) Management e) Sequelae		
	36. Dysmenorrhoea		
	115) Define primary and secondary dysmenorrhoea.		
	116) List causes of secondary dysmenorrhoea.		
	117) Explain the pathophysiology of dysmenorrhoea.		
	37. Endometriosis and Adenomyosis		
	118) Define endometriosis.		
	119) Explain the pathogenesis of endometriosis theories.		
	120) List the common sites of occurrence of endometriosis.		
	121) Describe the symptoms and signs of endometriosis.		
	122) List the investigations required to confirm the diagnosis of endometriosis.		
	123) Describe the management options for endometriosis (Medical & Surgical).		
	38. ADENOMYOSIS		
	124) Describe the symptoms and signs of adenomyosis.		
	125) Define adenomyosis and describe its gross pathological appearance.		
	126) Describe the treatment options for adenomyosis.		
	39. Pelvic Floor Dysfunction		
	127) Define Pelvic organ prolapse (POP).		
	128) Describe the types of POP and their clinical picture.		
	129) Discuss the etiology of POP.		
	130) List surgical and non-surgical management options for POP.		
	40. Urinary Incontinence		
	131) Define urinary incontinence.		
	132) Identify the incidence of urinary incontinence.		
	133) Identify the effect of urinary incontinence on quality of life.		
	134) Compare between the different types of urinary incontinence.		

	41. Puberty & Disorders of Pubertal development		
	135) Describe the endocrinological-Hypothalamus-Pituitary-gonadal axis and target organ in normal Puberty.		
	136) Describe the different stages of somatic and psychological changes of puberty.		
	137) Define puberty abnormalities (Precocious and delayed puberty).		
	138) List types of female precocious puberty.		
	139) Mention the investigations used to evaluate precocious and delayed puberty.		
	140) List treatment options of precocious and delayed puberty		
	42. Amenorrheoa		
	141) Define primary and secondary amenorrhea		
	142) Explain the pathophysiology of amnorrhoea and identify the following types of primary amenorrhoea: a. Amenorrhea with no breast development and sexual infantilism. b. Amenorrhea with breast development and mullerian anomalies. c. Amenorrhea with breast development and normal mullerian structures.		
	143) Explain the pathophysiology and identify the etiology of secondary amenorrhoea including: a. Pregnancy b. Hypothalamic causes c. Pituitary causes d. Ovarian causes e. Uterine causes f. Hyperandrogenism		
	144) Describe the symptoms and signs of amenorrhea		
	145) Outline a plan for investigation and management of amenorrhoea.		
	43. Abnormal Uterine Bleeding		
	146) Describe the physiology of normal menstrual cycle.		
	147) Define abnormal uterine bleeding (AUB).		
	148) Explain the pathophysiology of AUB.		
	149) Describe the steps in the evaluation and the management of AUB including medical hormonal, non-hormonal and surgical methods.		
	44. Polycystic Ovary Disease		
	150) Describe the Pathogenesis of PCO.		
	151) Identify the clinical picture of PPCO.		
	152) List the investigations required to diagnose PCO.		
	153) List the Health hazards associated with PCO.		
	154) Describe the management options to treat PCO.		
	45. Infertility and Assisted Reproductive Technologies		

	155) Define primary and secondary infertility.		
	156) Enumerate the etiologic factors of female and male infertility.		
	157) List the basic investigations for infertility categorized according to etiological factors.		
	158) Discuss the treatment options for infertility and mention their complications.		
	159) Determine the overall success of infertility therapy.		
	160) Identify the normal value of male semen analysis.		
	161) List the types of assisted reproductive technologies.		
	46. Menopause and Peri and Post Menopause		
	162) Define climacteric and menopause		
	163) Explain the hormonal changes in peri-menopause and menopause.		
	164) Describe the Clinical manifestations related to menopause		
	165) List the investigations related to menopause.		
	166) Discuss the management options for climacteric including lifestyle changes and alternate treatments.		
	167) Identify the relative risks associated with hormonal replacement therapy.		
	47. Cervical Dysplasia and Cancer		
	168) Determine the incidence and mortality of cervical cancer		
	169) Discuss the etiology of cervical cancer		
	170) List Risk factors for cervical cancer		
	171) Describe the primary prevention methods for cervical cancer.		
	172) List the guidelines for screening among asymptomatic women (The American College of Obstetrics & Gynecology).		
	173) Discuss how to evaluate a patient with an abnormal Pap smear.		
	174) Describe treatment options for cervical intraepithelial neoplasia and invasive cervical cancer according to stage.		
	48. Benign and Malignant Ovarian Tumour		
	175) List the differential diagnosis of an ovarian mass.		
	176) Mention the classification of ovarian neoplasms.		
	177) Compare between functional ovarian cysts, benign ovarian tumours and ovarian cancers in terms of: a. Etiology & risk factors b. Cell type of origin c. Characteristic clinical features d. Findings in diagnostic investigations e. Management options f. Describe staging of primary carcinoma of the ovary		
	49. LEIOMYOMA		
	178) Identify the prevalence of leiomyomas.		
	179) Describe the clinical picture of patient with leiomyoma.		

	180) List the different types of uterine leiomyoma.		
	181) Describe the diagnostic methods to confirm uterine leiomyoma.		
	182) Discuss the treatment options for leiomyoma (medical and surgical)		
	183) Identify the risk of malignant changes that might occur in leiomyoma		
	50. ENDOMETRIAL HYPERPLASIA & CARCINOMA		
	184) Mention the differential diagnosis of post-menopausal bleeding.		
	185) List the risk factors for endometrial hyperplasia and endometrial cancer.		
	186) Mention types of endometrial hyperplasia.		
	187) Discuss diagnosis and management of endometrial hyperplasia.		
	188) Describe the signs and symptoms of endometrial cancers.		
	189) Discuss the diagnostic work up for a patient with postmenopausal bleeding.		
	190) Describe the staging of endometrial carcinoma.		
	191) Discuss management of endometrial cancer according to stage.		
	192) Discuss the prognosis of endometrial carcinoma versus sarcoma.		
2.0	**Cognitive Skills**		
2.1	Synthesize essential information obtained from the history to generate a problem list.	-Flipped Classroom (Videos and case-based discussions) -Clinical teaching and case-based discussions in:	1. Feedback and discussion during tutorials, and clinical activities 2. Log Book for: • Attendance of clinical sessions • Ability to complete requested tasks
2.2	Reprioritize the problem list based on new findings obtained from physical examination to reach a differential diagnosis.		
2.3	Select the suitable investigations for the patient condition and justify reasons for and against potential diagnostic investigations and prioritize them accordingly.		
2.4	Interpret results of the following investigations: • CBC, blood film, ESR, renal functions, liver functions, lipid profile and blood gasses. • Fetal CTG with senior assistance • Common pelvic and obstetrics imaging studies • Relevant hormonal profile(hypothalamic-pituitary-gonadal axis) • Pregnancy test (serum and urine)		

2.5	Synthesize and summarize essential information from the patient records, history, physical exam, and diagnostic investigations results to reach a diagnosis.	-Rounds in inpatient wards -Ambulatory care settings -OR	• Ability to contribute to discussion 3. Midterm Examination in form of MCQs and MEQs 4.Final examination in form of written Multiple ChoiceQuestions and Objective Structures Clinical Examination (OSCE) .
2.6	Develop a plan of management for patients presenting with common Obstetrics and Gynecological conditions that includes: • Laboratory and diagnostic studies • Treatment options, both medical and surgical • Patient education • Continuing care plans • Consideration for evidence based medicine.		
2.7	Recognize Obstetric and Gynecologic emergencies and life threatening conditions and properly evaluate and assess hemodynamic stability and perform life saving measures.		
2.8	Assess the patient pre- and postoperatively for pain and physical signs and recognize when there are abnormalities.		
2.9	Recognize limits of their own competences and identify when to refer or consult.		
2.10	Apply medications utilization information of the common drugs including dose adjusting for age, weight, allergies, pregnancy, lactation states and renal and hepatic dose diseases, while aware of the indications, contraindications co-morbid conditions and side effects.		
2.11	Recognize and avoid errors by using safety alerts (e.g. drug-drug interaction) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.		
2.12	Demonstrate how to write Problem-oriented discharge notes with results of examination, investigations, procedure performed, final diagnosis and Management process, outcome and follow up plan.		
2.12	Assess patient risk of sexually transmitted diseases, breast malignancy, gynecologic malignancies and nutrition/obesity.		
2.13	Assess patient's adherence to the recommended screening measures.		
2.14	Apply a systematic approach to ethical dilemmas based on ethical principles and Islamic rules.		
3.0	**Interpersonal Skills & Responsibility**		
3.1	Take a comprehensive and focused women's history including: • Menstrual history • Obstetric history		1. Feedback during tutorial and practical

	• Gynecology history • Contraceptive history • Sexual history • Family/genetic history • Social history	Interactive lectures. Simulation.	activities (Bed Side Teachings, Clinic, Rounds).
3.2	Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age and disability in order to: • Explain to the patient and/or family members the patient's condition, required investigation and interventions • Obtain and record needed consents • Break bad news • Educate and explain about health promotion and prevention guidelines including screening procedures • Be advocate for quality patient care	Ambulatory care teaching. Bed-side teaching. Role modeling	2. OSCE 3. Log Books 4. Mini-Cex
3.3	Demonstrate, during physical examination, interactions with the patient that gains her confidence and cooperation and assures her comfort and dignity.		
3.4	Council patients regarding the following and suggest appropriate referral if necessary: • Contraception • Prevention of sexually transmitted infections • Immunizations • Diet/nutrition • Exercise • Seat belt use • Post-partum depression • Tobacco use		
3.5	Work cooperatively and communicate effectively with members of the health care team to: • Effectively "hand over" patients • Provide all relevant information in a consultation request • Ask for help when needed • Contribute to the learning of other health care team members.		

3.6	Demonstrate respect for patient privacy and confidentiality of their information.		
3.7	Present orally well-organized reports to communicate findings of the history, physical examinations and investigations results.		
3.8	Share patients in decision making regarding their management plan.		
3.9	Adopt a holistic patient centered approach to patient care.		
3.10	Identify his points of strength, weaknesses and develop an improvement plan using available resources and technology.		
3.11	Prioritize team needs over personal needs in order to optimize delivery of care.		
3.13	Respect the patient's right to know and share in decision making		
3.14	Manage time and resources effectively and set priorities in response to patient needs and urgent tasks.		
3.15	Respect the team schedule and be punctual in attendance.		
3.16	Engage in daily safety habits (e.g. universal precautions, hand washing, time-outs)		
3.17	Accept constructive criticism & appreciate ethical issues when interacting with patients and caregivers, colleagues, nurses and professions allied to medicine.		
4.0	**Communication, Information Technology, Numerical**		
4.1	Use ICT to search for, collect and interpret heath and biomedical information	Observation -Supervised practical training -PowerPoint Presentations planning and delivery -Small group tasks and assignments	-Assignments and case presentations using IT and multi-media
4.2	Retrieve patient information from the hospital health information system		
4.3	Use ICT to communicate effectively in writing		
4.4	Document and present patient data in an organized and informative manner using ICT		
4.5	Make judgments about the validity and reliability of information of variable quality available from the internet or from other communication media.		
5.0	**Psychomotor**		
5.1	Perform abdominal examination accurately and in a systematic patient sensitive approach	Simulation.	• OSCE

5.2	Demonstrate speculum exam/PAP smear and gynecologic pelvic examination in the clinical skills lab	Supervised Real clinical patient encounters	• Mini-Cex • Direct observation of procedures (DOPs)
5.3	Assess fundal height and perform Leopods's maneuver in a pregnant woman presenting to the antenatal care clinic		
5.4	Check fetal heart sounds		
5.5	Demonstrate how to assess a newborn and provide immediate neonatal care in the Clinical Skills lab		
5.6	Scrub in a C-section and follow patient pre- and postoperative		
5.7	Scrub in a gynecological surgery and follow the patient pre- and postoperatively		