

**Study Guide of Obstetrics & Gynecology Department
CMH Lahore Medical College
2023**

Dept of Obs Gynae Dept CMH Lahore Medical College

Dear students, this study guide is to be used as an adjunct to the curriculum of the National University Of Medical Sciences (NUMS) which is available at college website.

In this study guide , we will guide you how to learn Obstetrics and Gynecology effectively. We have compiled learning and assessment tips for some of the cases you will commonly encounter while on rotation in the department .

Topics :

Gynecology:

- 1-Abnormal uterine bleeding
- 2-Heavy menstrual bleeding
- 3-Amenorrhea
- 4-Cervical cancer
- 5-Post menopausal bleeding
- 6-Pelvic mass
- 7-Menopause & HRT
- 8-Adolescent gynecology
- 9-Subfertility
- 10-Uterovaginal prolapse
- 11-Urinary incontinence
- 12-Vaginal discharge
- 13-Gynecological procedures
- 14-Contraception

Topics:

Obstetrics:

1-Bleeding and pain in early pregnancy

2-Medical disorders in pregnancy

3-Anemia in pregnancy

4-Diabetes in pregnancy

5-Hypertensive disorders in pregnancy

6-Fetal growth abnormalities

7-multiple pregnancy

8-Liquor abnormalities

9-Fetal monitoring

10- Preterm labour

11- Infections in pregnancy

12-Post date pregnancy

13-Labour ward rotation

14-Obstertric procedures

15-Puerperium

Abnormal uterine bleeding

In Gynae OPDs , you will frequently encounter women with abnormal pattern of uterine bleeding. Some may be having continuous bleeding , others may complain of intermenstrual bleeding while there will be some (especially those at extremes of reproductive age) complaining of 'anovulatory' pattern of bleeding. These are quite bothersome complaints for women and they affect their quality of life adversely. You will learn in OPDs how to elucidate the diagnosis from their history , examination and investigations. You will also learn about the different hormonal and non hormonal medication used to treat these problems.

Suggestion : -Revise the normal menstrual cycle to understand the pathology better

-Read about Tranexamic acid, mefenamic acid, norethisterone , oral contraceptive pills and levonorgestrel Intra uterine system from your text books

Learning objectives :

You are expected to achieve following learning objectives:

- 1- Describe pattern of abnormal uterine bleeding
- 2- List the cause of abnormal uterine bleeding using the PALM-COIEN classification
- 3- Investigate abnormal uterine bleeding
- 4- Outline the management plan
- 5- Maintain follow up of the patient to see the effect of treatment

How to achieve the Learning objective :

You are going to learn this topic best by going to our Gynae OPD. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

b-Go through the topics in your list from Gynaecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Assist/ perform:

1- Speculum examination and Bimanual examination

2- Pap smear

3- Pipelle endometrial biopsy

(Note : We have models for practicing these skills in skill lab at CMH LMC)

4- Observe ultrasound of case of abnormal uterine bleeding

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

You will also undergo for DOPS for Pipelle sampling and pap smear

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ ,OSPE and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Heavy menstrual bleeding (HMB)

It is a common and frequently encountered problem in Gynecology clinics. You will see many patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion : Revise the normal menstrual cycle to understand the pathology better

Learning objectives :

You are expected to achieve following learning objectives:

- 1-Differentiate between heavy menstrual bleeding and abnormal uterine bleeding using clinical data PMAC
- 2-List the causes of heavy menstrual bleeding according to age group
- 3-Investigate HMB
- 4-Outline the management plan
- 5-Formulate a flow diagram for the treatment of heavy menstrual bleeding.

How to achieve the Learning objective :

You are going to learn this topic best by going to **Gynae OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

b-Go through the topics in your list from Gynecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Assist/ perform:

5- Speculum examination and Bimanual examination

6- Pap smear

7- Pipelle endometrial biopsy

(Note : We have models for practicing these skills in skill lab at CMH LMC)

8- Observe ultrasound of case of HMB

C- Counsel patient about diagnosis, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Amenorrhea

It is a common and frequently encountered problem in Gynecology clinics. You will see many patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Learning objectives:

You are expected to achieve following learning objectives:

1. Describe the features of normal menstrual cycle and the ovarian and endometrial changes that accompany them
2. Describe normal change of puberty Differentiate between primary and secondary amenorrhea
3. Describe a scheme for classifying the causes of amenorrhea based on the primary site of problem
4. Discuss appropriate investigations to reach a diagnosis of primary or secondary amenorrhea
5. Outline a management plan for the patient depending upon the cause

How to achieve the Learning objective:

You are going to learn this topic best by going to **Gynae OPD** on Wednesday.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-

b-Go through the topics in your list from Gynecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning use NICE guidelines, Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD, you are expected to acquire following skills:

A-Take a detailed relevant history of a woman complaining of amenorrhea & note in your structured history notebooks

B- Differentiate between primary and secondary amenorrhea

C-Assist/ perform:

- 9- Identification of secondary sexual characteristics
- 10- Tanner staging of breast and pubic/axillary hair development

11- Speculum examination and Bimanual examination

D- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment:

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative assessment:

This topic is assessed as SAQ, MCQ and as a long case. So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Cervical carcinoma

This is one of the malignant tumor of gynecology common in developed countries and one of the tumor with good screening and preventive strategies. You will get theoretical knowledge of it by lectures and further will assist you about preventive methods and management in clinical ward rotation

Suggestion:

Revise the normal anatomy of cervix and the transformation zone

Learning Outcomes:

At the end of Clinical ward rotation, students will be able to

1. Enlist risk factors for cervical carcinoma
2. Describe the screening method of cervical carcinoma
3. Enlist preventive strategies of cervical carcinoma
4. Describe FIGO staging of cervical cancer?
5. Outline management of cervical carcinoma according to staging.

How to achieve learning outcomes:

First get theoretical knowledge of subject from Gynecology by Ten Teachers 20th edition and look for normal images of normal cervix on Internet.

In OPD, take detailed history to identify risk factors , symptoms .

Make differential diagnosis

1.....

2.....

3.....

Interpretation of investigations

Staging of cervical carcinoma

Outline the management plan according to stage

Counsel every patient to enter into cervical screening program and explain benefits to enter into cervical screening program.

Skill in

1. Speculum examination for visualization of cervix. We have models of various cervical conditions in our skill lab to facilitate your learning
2. Assist and perform Pap smear in OPD
3. Perform liquid cytology using Cytobrush

Counselling

1. Explain the significance of pap smear result and appropriate management.
2. Explain the patient about prevention with HPV Vaccine with when and how to administer, its availability in our country with its rate of prevention

Formative Assessment:

You will undergo 2 minutes mini CEX during your rotation in OPD.

DOPS: Pap smear

Your facilitator will discuss the history, investigations and management options and will guide you further.

Summative Assessment

Knowledge by MCQS and SAQS

Skill by OSPE and Long Case

Post menopausal bleeding

It is a less common yet a serious complaint encountered in Gynaecology clinics. The reason to investigate it seriously is that it can be a presentation of Endometrial cancer. There would be less cases presenting with this problem, yet the principles of evaluation are same with the target to exclude malignancy and provide cause directed treatment.

We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion : Revise the risk factors of common Gynecologic malignancies.

Learning objectives :

You are expected to achieve following learning objectives:

1. Propose the Differential diagnosis of post-menopausal bleeding (PMB).
2. Investigate PMB
3. Outline the management plan
4. Formulate a flow diagram for the treatment of post menopausal bleeding.
5. Formulate a flow diagram for the stage-wise management of endometrial cancer.

How to achieve the Learning objective :

You are going to learn this topic best in **Gynae OPD** .Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-
- 4-

b-Go through the topics in your list from Gynecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed Gynecologic history & note in your structured history notebooks

B-Assist/ perform:

- Speculum examination and Bimanual examination
- Pipelle endometrial biopsy
(Note : We have models for practicing these skills in skill lab at CMH LMC)
- Observe ultrasound of case of PMB

C- Counsel patient about the diagnosis , treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS : Pipelle sampling

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Pelvic mass (ovarian tumor)

It is less common, yet important problem in Gynecology clinics. You will see patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion :

- Revise the normal menstrual and ovarian cycles
- Revise ovarian histology to understand the origin of different ovarian masses.
- Revise pelvic anatomy to understand the origin of various adnexal masses.

Learning objectives :

You are expected to achieve following learning objectives:

1. Provide a differential diagnosis of Adnexal masses.
2. Enlist types of ovarian tumors.
3. Enlist appropriate tumor markers relevant to age groups or presentation.
4. Enlist appropriate tumor markers for different ovarian tumors .
5. Outline the management plan for a given patient with adnexal mass.
6. Formulate a flow diagram for the management of adnexal masses in:
 - a. Young adolescent
 - b. Reproductive age women
 - c. Postmenopausal women.

How to achieve the Learning objective :

You are going to learn this topic best in **Gynae OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

1-

2-

3-

4-

5-

6-

b-Go through the topics in your list from Gynecology by ten teachers, RCOG green top guidelines flow charts before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE guidelines , RCOG guidelines or ACOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Assist/ perform:

- 1- Speculum examination
- 2- Bimanual examination
- 3- Pipelle endometrial biopsy

(Note : We have models for practicing these skills in skill lab at CMH LMC)

4- Observe ultrasound of case of adnexal mass

5- Suggest further Management plan

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Menopause and HRT

It is a common and frequently encountered problem in gynaecology clinics. You will see many patients late 40s and early 50s age groups presenting with this problem. Additionally, a few may present with premature menopause at a much younger age. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation.

Suggestion :

- Revise the normal menstrual cycle to understand the pathophysiology better.
- Revise the reproductive physiology.
- Revise the Hypothalamic-pituitary-ovarian axis and function of different female hormones in various body systems.

Learning objectives :

You are expected to achieve following learning objectives:

1. Differentiate between oligomenorrhoea and menopause.
2. Define menopause.
3. Define premature menopause.
4. Enlist perimenopausal symptoms.
5. Investigate premature/ age appropriate menopause.
6. Outline the management plan for different menopausal symptoms.
7. Outline management plan of premature menopause at different age-groups.
8. Formulate a flow diagram for the treatment of menopausal symptoms.

How to achieve the Learning objective :

You are going to learn this topic best by going to our **Gynae OPD**, and by find through guidelines of British Menopausal Society (BMS) . Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about different menopausal symptoms and make a list

- 1-
- 2-
- 3-
- 4-

5-

6-

b-Think about the menopausal complications and make a list.

Go through the topics in your list from Gynaecology by ten teachers, BMS guidelines before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE guidelines , RCOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed menopausal history & note in your structured history notebooks

B-Assist/ perform:

12- BMI calculation.

13- Speculum examination and comment on vulvovaginal health.

14- Pap smear

(Note : We have models for practicing these skills in skill lab at CMH LMC)

15- Observe ultrasound of case of ovarian failure.

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Adolescent Gynecology

Adolescent Gynecology is a vast set of complaints, very important in gynecology clinics. The importance lies in the fact that the patients are in dependent age-group, at borders of pediatrics and adolescents, sometimes not mature enough to understand the pathology and take their own responsibility. There would be less cases presenting with problems in this age group, yet the common problems are menstrual irregularities, precocious puberty, delayed puberty and disorders of primary amenorrhea. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion : Revise the hormonal physiology and process of menarche.

Learning objectives :

You are expected to achieve following learning objectives:

1. Propose the Differential diagnosis of primary amenorrhea.
2. Investigate Primary amenorrhea
3. Outline the management plan
4. Formulate a flow diagram for the causes of primary amenorrhea.
5. Formulate flow diagram for the management of precocious puberty and precocious pseudo-puberty.

How to achieve the Learning objective :

You are going to learn this topic best by going to our **Gynae OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-
- 4-

b-G o through the topics in your list from Gynaecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.

In OPD , you are expected to acquire following skills:

A-Take a detailed Gynecologic history & note in your structured history notebooks

B-Assist/ perform:

- Height assessment and charting
- BMI
- GPE with focus on tanner staging
- USG for primary amenorrhea

C- Communicate with the patient and her parents with explanation of the condition, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

SUBFERTILITY

There has been a small increase in the prevalence of reported subfertility, a condition which also has a strong emotional influence on the couple.

Revise the normal menstrual cycle for better learning.

Learning objectives:

You are expected to achieve following learning objectives:

1. Understand definition and causes of subfertility
2. Take a history from a couple presenting with subfertility and perform relevant examination
3. Enlist the investigations relevant to subfertility and justify them
4. Formulate a treatment plan for the infertile couple

How to achieve the Learning objectives:

You are going to learn this topic best by going to our **Gynae OPD**.

Instructional strategies:

Interactive lectures, SGD, Case presentation/OPD, Self-directed Learning

In OPD, you are expected to acquire following skills:

A-Take a detailed history & interpret reports of previous investigations and treatments, if any

B-Assist/ perform:

1. General physical examination
2. Abdominal examination
3. Speculum examination and Bimanual examination
4. Pap smear

C- Communicate with the patient with explanation of the condition, further investigations, treatment options and pros and cons of treatments keeping in view a sensitive and sympathetic approach.

Formative assessment :

2 minutes mini CEX in OPD

DOPS

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment :

SAQ, MCQ, OSCE, Long case.

UV PROLAPSE

Uterovaginal prolapse is not life threatening but it causes troublesome symptoms.

Revise the anatomy of supporting ligaments and fascia of the female pelvic organs for better learning.

Learning objectives:

You are expected to achieve following learning objectives:

1. Identify the risk factors and causes of uterovaginal prolapse
2. Understand the concept of POP-Q classification
3. Take a history from a patient presenting with uterovaginal prolapse and perform relevant examination
4. Appreciate the relationships between anatomical prolapse and functional symptoms including urinary, bowel and sexual dysfunction
5. Enlist relevant investigations and justify them
6. Formulate a treatment plan

How to achieve the Learning objectives:

You are going to learn this topic best by going to our **Gynae OPD** and Gynae ward.

Instructional strategies:

Interactive lectures, SGD, Case presentation/OPD, Self-directed Learning

In OPD/ward, you are expected to acquire following skills:

A-Take a detailed history identifying risk factors and causes of uterovaginal prolapse

B-Assist/ perform:

1. General physical examination
2. Speculum examination and Bimanual examination
3. Pap smear
4. Perform specific examination of prolapse including examination in Sim's position

C- Communicate with the patient with explanation of the condition, further investigations, treatment options explaining potential side effects and complications

Formative assessment :

2 minutes mini CEX in OPD/ward

DOPS

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment :

SAQ, MCQ, OSCE, Long case.

URINARY INCONTINENCE

Urinary incontinence is not life threatening but loss of urinary control can affect the social, psychological, domestic, occupational, physical, and the sexual aspects of patients' lives.

Revise the normal mechanism of continence for better learning in OPD.

Learning objectives:

You are expected to achieve following learning objectives:

1. Identify the risk factors and causes of urinary incontinence
2. Classify urinary incontinence and differentiate between detrusor instability and urodynamic stress incontinence
3. Take detailed history from a patient presenting with urinary incontinence and perform relevant examination
4. Critically appraise the role of urodynamic investigations for the diagnosis of cause of urinary incontinence
5. Formulate a treatment plan

How to achieve the Learning objectives:

You are going to learn this topic best by going to our **Gynae OPD** .

Instructional strategies: Interactive lectures, SGD, Self-directed Learning

In OPD/ward, you are expected to acquire following skills:

A-Take a detailed history identifying risk factors and causes of urinary incontinence

B-Assist/ perform:

1. General physical examination
2. Abdominal examination
3. Speculum examination and Bimanual examination

C- Communicate with the patient with explanation of the condition, further investigations (bladder diary) and treatment options explaining potential side effects and complications

Formative assessment:

2 minutes mini CEX in OPD/ward

DOPS

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment :

SAQ, MCQ, OSCE, Long case.

Vaginal discharge

Evaluating and treating vaginal discharges requires sound theoretical knowledge so that you can take proper history , identify risk factors and carry out appropriate investigations

Suggestion : Go through the table in your Gynaecology text books and review the type of vaginal discharges and their appearances

Learning objectives :

You are expected to achieve following learning objectives:

- 1-Differentiate physiological vaginal discharge from lower genital tract infections
- 2-Provisionally diagnose type of vaginal discharge based on history and appearance of discharge
- 3-Prescribe appropriate treatment to patient
- 4-Identify those at risk of sexually transmitted infection

How to achieve the Learning objective :

You are going to learn this topic best by going to our GOPD . Be well prepared before going.

You are expected to acquire following skills:

A-Take a detailed history of vaginal discharge & note in your structured history notebooks

B-Assist/ perform:

1. Speculum examination
2. High vaginal swab
3. Interpretation of microscopy and culture report

C- Counsel patient about type of discharge , its likely cause , treatment and follow up

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and OSPE . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Gynecological procedures

Gynecology is a surgical specialty and the principles of good surgical practice should be known to you. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Learning objectives:

You are expected to achieve following learning objectives:

1. Know the key points of surgical anatomy applied to gynecology
2. Understand the purpose of careful pre assessment and postoperative care
3. Discuss how to minimize surgical risk during and immediately after surgery
4. Recognize the importance of fully informed consent
5. Understand the common gynecological procedures and their risks

How to achieve the learning objective:

You are going to learn this topic best by going to our **Gynae OPD** and visiting the operation theatre to watch the procedures going on. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a- Go through the topics in your list from Gynecology by ten teachers before going to OPD and operation theatre and note down relevant points. For additional evidence based learning you can watch videos of the gynecological procedures from authentic websites available on the internet

In OPD , you are expected to acquire following skills:

A-Counsel a patient regarding the procedure, its complications and postoperative care.

B- Take fully informed consent from the patient

C-Assist/ perform:

1. Speculum examination and Bimanual examination
2. Pap smear
3. Pipelle endometrial biopsy
4. Manual vacuum aspiration
5. (Note : We have models for practicing these skills in skill lab at CMH LMC)
6. Insertion of IUCD

In operation theatre, you are expected to acquire following skills:

Observe/Assist:

1. Common incisions used in gynaecological procedures(Pfannesteil, midline incision)
2. Different suture materials used
3. Diagnostic D & C
4. Hysteroscopy
5. Laparoscopy
6. Abdominal hysterectomy
7. Vaginal hysterectomy

Formative assessment:

DOPS

Summative assessment:

This topic is assessed as SAQ, MCQ and OSPE. So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Contraception

Birth control and birth spacing are one of the most important aspects of the maternal healthcare . It is your responsibility as a doctor to guide women about suitable contraceptive options for her.

We have a family planning center in our Gynecology OPD building. You should visit it and see how different methods are being prescribed to patients

Suggestion : Download the WHO MEC app in your smart phone . It will help you in selecting safe contraceptives for different patients

Learning objectives :

You are expected to achieve following learning objectives:

- 1-Explain different methods of contraceptives and their mechanism of action
- 2-Select appropriate contraceptive for patient using WHO MEC criteria
- 3-Enlist dosage and side effects of different contraceptive options

How to achieve the Learning objective :

You are going to understand this topic , apply your knowledge and practice your contraceptive counseling and prescribing skills in our GOPD , postnatal wards and the family planning center in GOPD . Be well prepared before going.

Here are a few suggestions to gain maximum learning:

You are expected to acquire following skills:

A-Take a detailed history and understand contraceptive needs of couple

B-Assist/ perform:

IUCD insertion and perform it on model

C- Use of WHO MEC Wheel

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS : IUCD insertion on model

Your facilitator will discuss contraceptive counseling and methods in detail with you

Summative Assessment :

This topic is assessed as SAQ, MCQ and OSPE . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Vaginal bleeding/abdominal pain in early pregnancy

It is a common and frequently encountered problem in gynaecology clinics. You will see many patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Learning objectives:

You are expected to achieve following learning objectives:

1. Know about implantation and establishment of pregnancy
2. Obtain detailed knowledge of clinical presentation and management of miscarriage and ectopic pregnancy
3. Discuss about less common early pregnancy conditions including recurrent miscarriages, gestational trophoblastic disease and hyperemesis gravidarum
4. Counsel a patient regarding follow up for gestational trophoblastic disease

How to achieve the Learning objective:

You are going to learn this topic best by going to our **Gynae OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-

b-Go through the topics in your list from Gynecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning use NICE guidelines, Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD, you are expected to acquire following skills:

A-Take a detailed relevant history of a woman complaining of vaginal bleeding and/or abdominal pain in early pregnancy & note in your structured history notebooks

B- Differentiate between different types of miscarriages on basis of examination and ultrasound findings

C-Assist/ perform:

1. Speculum examination and Bimanual examination
2. Observe ultrasound findings in early pregnancy

C- Communicate with the patient with explanation of the condition, treatment options and complications.

D- Identify a patient at high risk for ectopic or molar pregnancy and suggest suitable investigations

Formative assessment:

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative assessment:

This topic is assessed as SAQ, MCQ, OSPE and as a long case. So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Presenting complaint: Medical disorders in pregnancy

It is a common and frequently encountered problem in obstetrics clinics. You will see many patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion: Revise the physiological changes occurring in pregnancy to understand the pathology better

Learning objectives:

You are expected to achieve following learning objectives:

- 6- Know effects of common medical disorders on maternal and fetal outcome
- 7- Know effects of pregnancy on common medical disorders
- 8- Take history to find out the cause and severity of various medical disorders in pregnancy
- 9- Perform relevant examination and pick up signs of medical disorders
- 10- Investigate various medical disorders in pregnancy
- 11- Interpretation of investigations
- 12- Outline the management plan according to the disease
- 13- Counsel a pregnant patient about a medical disorder in pregnancy

How to achieve the Learning objective:

You are going to learn this topic best by going to our **Maternity OPD**. Be well prepared before going.

Go through the topics in your list from Obstetrics by ten teachers before going to OPD and note down relevant points in history , examination and investigations.

(For additional evidence based learning , use NICE Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD, you are expected to acquire following skills:

A-Take a detailed history and identify the maternal and fetal complications & note it in your structured history notebooks

B-Assist/ perform:

1. General physical examination including measurement of B.P. and examination of thyroid gland where required
2. Obstetric examination
3. Urine dipstick test for proteinuria
4. Elicit ankle jerk and clonus

5. Check random blood sugar with glucometer

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment:

You will undergo 2 minutes mini CEX during your posting at GOPD

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment:

This topic is assessed as SAQ, MCQ and as a long case. So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Anemia in pregnancy

It is a common and frequently encountered problem in obstetric clinics. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion: Revise the classification of anemia to understand the pathology better

Learning objectives:

You are expected to achieve following learning objectives:

1. Know effects of anemia on maternal and fetal outcome
2. Know effects of pregnancy on anemia
3. Take history to find out the cause and severity of anemia in pregnancy
4. Perform relevant examination and pick up signs of anemia
5. Investigate anemia in pregnancy
6. Interpret the patterns of abnormality found on full blood count that are indicative of iron deficiency anemia, beta thalassemia minor, vit. B12 or folic acid deficiency anemia
7. Outline the management plan

How to achieve the learning objective:

You are going to learn this topic best by going to our **Maternity OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

Go through the topics in your list from Obstetrics by ten teachers before going to OPD and note down relevant points in history, examination and investigations.

(For additional evidence based learning use NICE guidelines, Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD, you are expected to acquire following skills:

A-Take a detailed history about anemia & note in your structured history notebooks

B-Assist/ perform:

1. General physical examination
2. Obstetric examination

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment:

You will undergo 2 minutes mini CEX during your posting at Obstetrics OPD

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment:

This topic is assessed as SAQ, MCQ and as a long case. So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

Diabetes in pregnancy

Diabetes is one of the three disease (others being anemia and gestational hypertension/ pre eclampsia) which are common in Pakistani women in pregnancy. Uncontrolled diabetes can have serious impact on the fetomaternal well being . A good obstetrician must be able to screen a pregnant patient for diabetes, guide her about diet and exercise to maintain blood sugar levels , select safe medications for her and maintain follow up to help her have a safe delivery of a healthy baby .

Suggestion : Go through the chapter on Diabetes in pregnancy from your textbooks before coming to OPD

Read about low glycemic index food from the internet and make a meal plan for a patient

Learning objectives :

You are expected to achieve following learning objectives:

- 1- Screen patient for diabetes in pregnancy
- 2- Explain the oral glucose tolerance test and its interpretation to the patient
- 3- Plan investigations for women with diabetes
- 4- Outline the management plan
- 5- Counsel women regarding blood sugar control, diet and exercise
- 6- Maintain follow up of patient

How to achieve the Learning objective :

You will frequently encounter pregnant women with diabetes in maternity ward as well as OPDs.

Maternity ward provides the best learning opportunity as you can follow the patient during admission

and learn about investigations , treatments and their effect on pregnancy

Here are a few suggestions to gain maximum learning:

a-Bring your examination kit with you in maternity ward

b-Build good rapport with your patient , guide her about diet and exercise

c-Ask the nursing staff to show you how to check blood sugar levels using glucometer . Learn to do this yourself.

d-Watch how insulin is stored and how it is injected. In wards , you will get opportunity to see different insulin preparations. Learn how to inject insulin subcutaneously

e-Present your case during ward rounds and make notes of areas you need to work on

Skills you need to achieve in maternity ward:

1-Calculate Body mass index (BMI) of your patient

2-Check blood sugar level with glucometer

3-Prepare and inject subcutaneous dose of insulin

4-Determine symphysis fundal height ,lie, presentation of fetus and assess liquor volume

5-Interpret oral glucose tolerance test report

6-Interpret obstetric ultrasound report

7-Perform and comment on CTG

8-Monitor labour using Partograph

9-Perform maneuvers for shoulder dystocia on mannequin

Formative assessment :

You will be expected to present your case during ward round

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ,OSPE and as a long case . You are expected to be competent in screening patient for diabetes, doing examination and in interpreting investigation. You are also expected to have a sound theoretical knowledge of management of the condition in pregnancy

Hypertensive disorders in pregnancy

It is the common medical disorder we will encounter in pregnant patients in Obstetric OPD and emergency ward. Learning of this topic already we have started from third year and fourth year to get theoretical knowledge of it through lectures which continuous in final year. We will assist you in depth learning of knowledge and skill in clinical rotation in maternity ward by teaching ward rounds, Case presentation and Case based discussion and drills.

Suggestion:

Revise and refresh your knowledge of normal physiological changes in pregnancy and pathophysiology of hypertension in pregnancy

Learning Outcomes:

1. Categorize a hypertensive patient in pregnancy according to standard classification
2. Identify women at risk of hypertensive disorders of pregnancy and how and when to start prophylactic treatment.
3. Differentiate between gestational hypertension, pre eclampsia and eclampsia.
4. Diagnosis and identify fetal and maternal complications of gestational hypertension, pre eclampsia and eclampsia
5. Investigate gestational hypertension and pre eclampsia.
6. Treatment of gestational hypertension and Critically appraise the drugs used in the management of pre eclampsia.
6. Emergency management of pre eclampsia and eclampsia

How to achieve learning outcomes:

You will learn this topic in Maternity OPD and in wards.

Come in OPD well prepared by getting knowledge by reading your textbook Obstetric by Ten Teachers 20th edition and NICE guidelines on management of hypertensive disorders of pregnancy.

In OPD, take history try to identify women at high risk of hypertension in pregnancy. Ask about symptoms of hypertension and get detailed history and note on your history book.

Make differential diagnosis

1...

2...

3....

Make a provisional diagnosis

See what medications are giving to these patients

Make Follow up plan keeping in mind its maternal and fetal complications

Make plan of delivery

Postpartum plan

Plan for next delivery prophylactic management

You are required to learn following Skills

1. Measure B.P using mercury sphygmomanometer
2. How to perform urine dip stick test and its interpretation
3. Perform abdominal examination for fetal assessment
4. Assist and how to check patellar reflexes and clonus
5. How to check pedal edema
6. Observe ultrasound of the patient and umbilical artery Doppler waveforms
7. How to perform cardiotocography for fetal assessment.
8. Interpret following investigations
7. Renal function tests
8. Liver function tests
9. Coagulation tests
9. **Counselling** of patient regarding maternal and fetal complications of pre eclampsia and eclampsia
10. 10 . Analyze the ethical issues relevant to delivery of a baby for maternal versus fetal safety

Formative Assessment:

You will be assessed in OPD by 2 minutes exercise Mini CEX

Clinical Case Presentation

Case Based Discussion

Skill drills of management of eclampsia

Summative Assessment

Knowledge by MCQ and SAQs

Skill and Attitude by long case and OSPE

Fetal growth abnormalities

Sometimes you encounter pregnant women with babies who are either small for expected gestational age or large for expected gestational age . These fetal growth abnormalities may be simply due to mistaken date of last menstrual period leading to wrong calculation of gestation or these may actually represent babies with underlying problems.

Your job as an Obstetrician is to identify which babies are having underlying pathological problem , investigate them further and monitor their pregnancies to ensure best possible fetal outcome

Suggestion :

Learn to calculate gestational age correctly with menstrual calendar , dating scan as well as second trimester scan

In IVF , Date of embryo transfer is used to calculate EDD

Follow these guidelines for calculating gestational age from ultrasound:

1. Crown rump length (CRL) of 10 mm (7 weeks)
2. When CRL > 84 mm , use Bi parietal diameter (BPD) or head circumference (HC)
3. Second trimester = Multiple parameters are superior to single parameter

Learning objectives :

You are expected to achieve following learning objectives:

1. Determine gestational age accurately
2. Identify fetus which is large or small for gestational age
3. Enlist causes for small and large for gestational age babies
4. Enlist investigations to confirm growth abnormalities and for elucidating underlying cause
5. Manage a case of small for gestational age pregnancy based on Doppler of umbilical artery and biophysical profile
6. Manage a case of large for gestational age pregnancy

How to achieve the Learning objective :

You are going to learn this topic best by going to OPDs as well as maternity ward . Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Interpret ultrasounds of all obstetric patients you encounter to see if growth is appropriate for gestation

b-Use flow charts in NICE guidelines to formulate evidence based treatment for the small for gestational age fetuses

You are expected to acquire following skills:

- A. Take a detailed history to elucidate cause for growth abnormalities
- B. Assist/ perform cardiotocography and interpret it
- C. Communicate with the patient with explanation of the condition, management and neonatal problems
- D. Monitor labour and maintain partograph
- E. Demonstrate shoulder dystocia for large for dates baby on mannequin

Formative assessment :

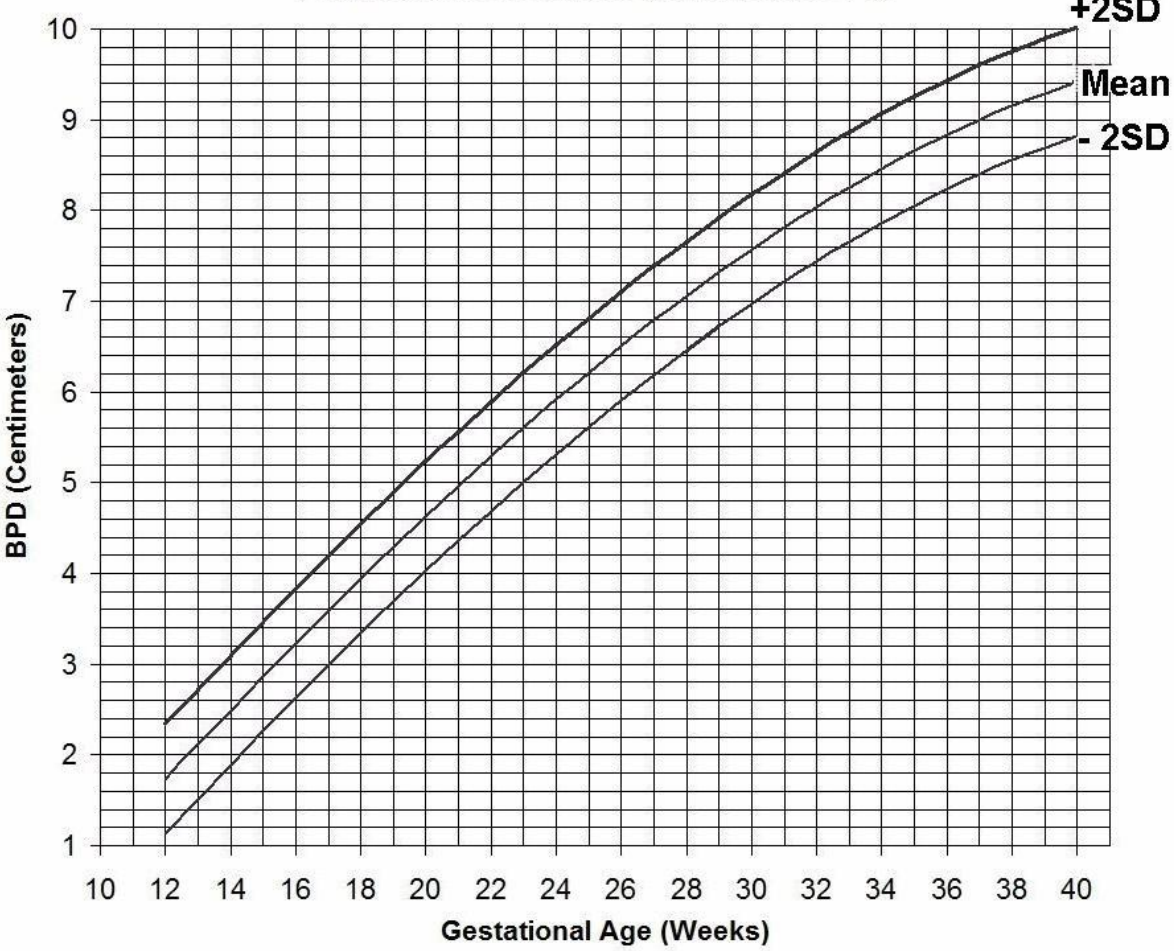
You will be expected to present the case on your maternity ward rotations and show how you interpreted growth of the fetus for gestation.

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

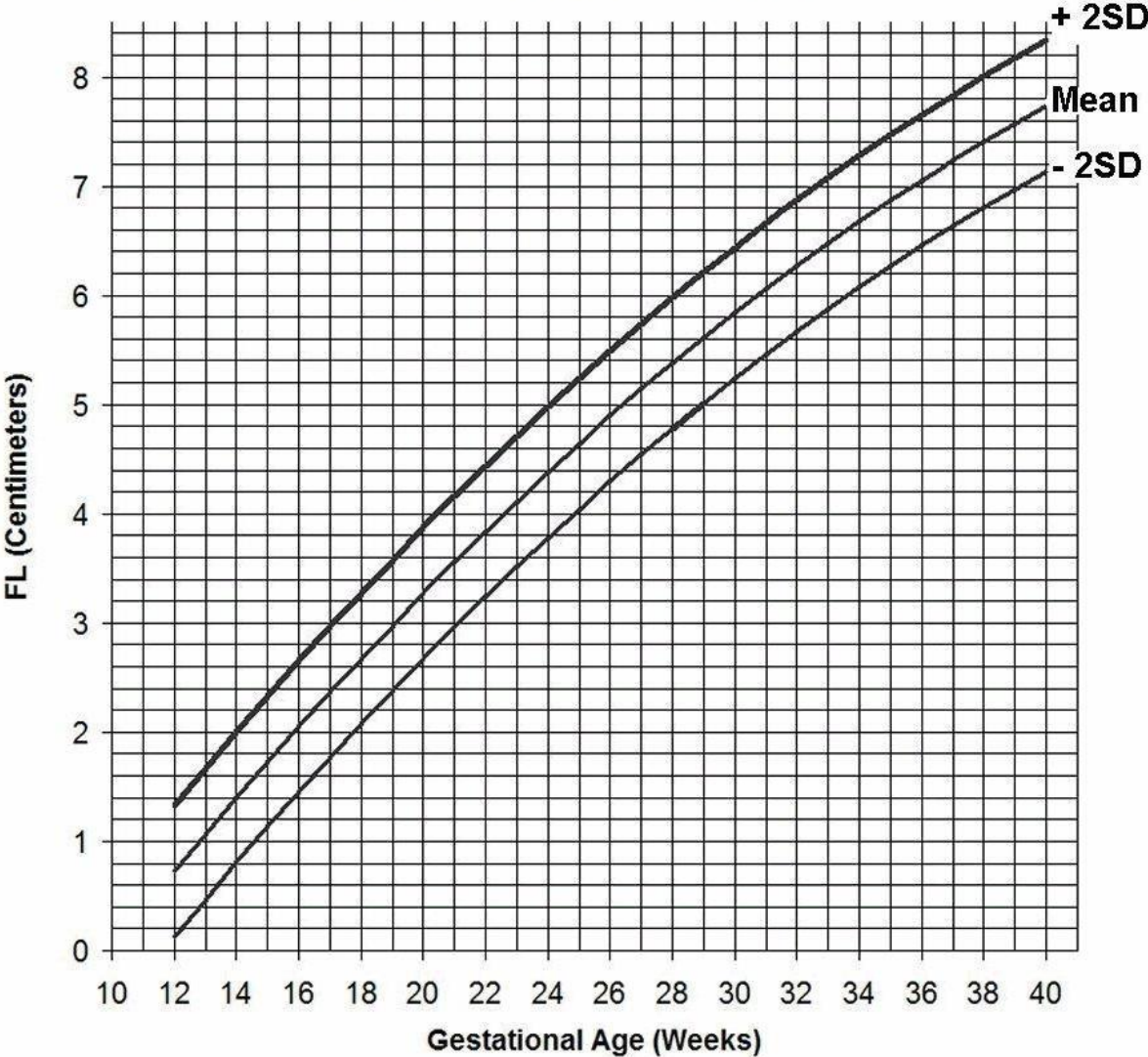
Summative Assessment :

- 1. This topic is assessed as SAQ, MCQ and as a long case .
- 2. You need to be competent in history taking , examination and interpretation of investigations.
- 3. We have given expected fetal growth charts based on bi parietal diameter , femur length, abdominal circumference and the expected fetal weight at different gestations. Use these charts with ultrasound of fetus to assess if the growth is appropriate for gestation
- 4. You should have a strong theoretical knowledge of cause and management of both small and large for dates babies.

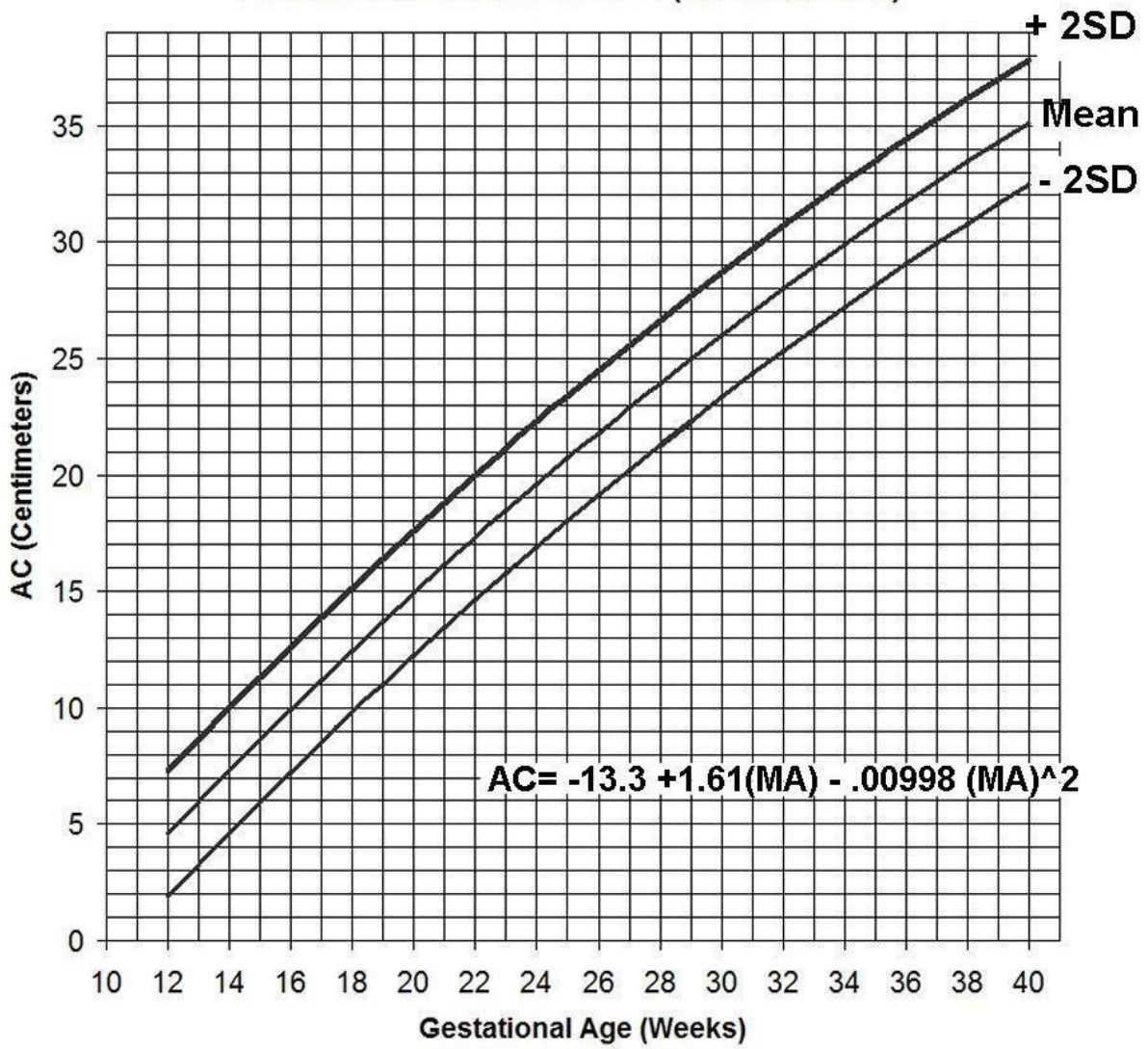
Biparietal Diameter (Hadlock1984)



Femur Length (Hadlock1984)



Abdominal Circumference (Hadlock1984)



Estimated Fetal Weight (Hadlock 1991)



Web reference for the graphs :

<http://perinatology.com/calculators/Estimation%20of%20Fetal%20Weight%20and%20Age.htm>

MULTIPLE PREGNANCY

Multiple pregnancies now constitute approximately 3% of live births. Complications and maternal risks in multiple pregnancies are higher than for singleton pregnancies.

Learning objectives:

You are expected to achieve following learning objectives:

1. Understand classification of multiple pregnancies
2. Identify risk factors for multiple pregnancies and why prevalence is increasing
3. understand the increased complications that occur in multiple pregnancies
4. Perform clinical examination and interpret ultrasound findings in patients with multiple pregnancies
5. Formulate a management plan for antenatal care and delivery of women with multiple pregnancies

How to achieve the Learning objectives:

You are going to learn this topic best by attending antenatal clinics on Monday and Thursday. Detailed history taking, clinical examination and case discussions will also be carried out on admitted patients in maternity ward.

Instructional strategies:

Interactive lectures, SGD, Case presentation/OPD, Self-directed Learning

In OPD and ward, you are expected to acquire following skills:

A-Take a detailed history & note in your structured history notebooks

B-Assist/ perform:

1. General physical examination
2. Obstetrical abdominal examination
3. Observe obstetrical ultrasound

C- Counsel patient about condition, treatment options and complications.

Formative assessment :

2 minutes mini CEX in OPD and wards

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment :

SAQ, MCQ, OSCE, Long case.

LIQUOR ABNORMALITIES

Amniotic fluid serves a vital function in protecting the developing baby from pressure or trauma. Too little (Oligohydramnios) or excess (polyhydramnios) of amniotic fluid leads to multiple complications.

Revise the production and functions of amniotic fluid for better learning.

Learning objectives:

You are expected to achieve following learning objectives:

1. Understand physiology of amniotic fluid
2. Identify causes for liquor abnormalities
3. Enlist complications that occur in pregnancies with liquor abnormalities
4. Diagnose a case with liquor abnormalities on the basis of history, clinical examination and ultrasound findings
5. Formulate a management plan for antenatal care and delivery of women with liquor abnormalities

How to achieve the Learning objectives:

You are going to learn this topic best by attending antenatal clinics on. Detailed history taking, clinical examination and case discussions will also be carried out on admitted patients in maternity ward.

Instructional strategies:

Interactive lectures, SGD, Case presentation/OPD, Self-directed Learning

In OPD and ward, you are expected to acquire following skills:

A-Take a detailed history & note in your structured history notebooks

B-Assist/ perform:

1. General physical examination
2. Obstetrical abdominal examination
3. Observe obstetrical ultrasound

C- Counsel patient about diagnosis, treatment options and complications.

D- Counsel a patient of polyhydramnios regarding her discomfort with empathy

Formative assessment :

2 minutes mini CEX in OPD and wards

Your facilitator will discuss the history, investigations planned and management options with you and guide you further

Summative Assessment : SAQ, MCQ, OSCE, Long case.

FETAL MONITORING

Learning objectives:

You are expected to achieve following learning objectives:

1. Enlist the various methods (FKC charting, CTG, USG, Doppler) of antepartum and intrapartum fetal monitoring
2. Understand the principles and benefits of various methods of fetal monitoring
3. Enlist the uses of ultrasound in antepartum fetal monitoring
4. Perform and interpret normal and abnormal CTG
5. Interpret Biophysical profile
6. Interpret Doppler ultrasound in monitoring and guiding the management of high risk pregnancies

How to achieve the Learning objectives:

You are going to learn this topic best by attending maternity and labor wards.

Instructional strategies:

Interactive lectures, SGD, Case presentation, Self-directed Learning

In maternity and labor ward, you are expected to acquire following skills:

A- Review the ultrasound reports

B-Assist/ perform:

1. General physical examination
2. Obstetrical abdominal examination
3. CTG

C- Counsel patient about need for fetal monitoring and effectiveness of different methodologies

D- Complete a partograph of laboring patient in labor ward

Formative assessment :

2 minutes mini CEX in OPD and wards

DOPS

Your facilitator will discuss the indications, interpretation and management options with you and guide you further

Summative Assessment :

SAQ, MCQ, OSCE

Pre Term labour

This is common problem you will encounter in OPD and Emergency ward in pregnant patients and its timely management will reduce the incidence of preterm birth which is perinatal health problem worldwide. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are in clinical ward rotation.

Suggestion: Revise the normal physiology of labour at term to understand the risk and pathophysiology of preterm labour.

Learning Objective:

1. What is preterm labour and to differentiate between suspected, diagnosed and established preterm labour
2. Identify risk factors for preterm labour
3. Enlist causes of preterm labour
4. Clinical assessment of preterm labour
5. How to investigate to reach diagnosis
6. Outline management plan

How to achieve the Learning Objectives:

You are going to learn this topic best by seeing patients in Obstetric OPD and in clinical wards during your clinical rotation of maternity ward.

Few suggestions for you to gain your interest and to get maximum learning.

Before coming to ward, get your knowledge by reading topic from Obstetrics by Ten Teachers 20th edition and NICE Guidelines on preterm labour.

In OPD

1. Take detailed history of the patient and note in you history book given. Identify risk factors in patient
2. Do your clinical assessment
3. Make differential diagnosis
 - a.....
 - b.....
 - c.....
4. Interpretation of investigations (Dating Scan, ultrasound assessment of cervical length, fetal fibronectin testing)

Assist/Perform

1. Abdominal examination for uterine contractions for diagnosis of labour
2. Speculum examination (note: We have models for practicing this skill in skill lab at CMH LMC)
3. Digital Vaginal examination
4. Observe ultrasound and cervical length assessment
5. Magnesium sulphate administration with monitoring
6. Oral administration of Nifedipine with blood pressure monitoring
7. **Communicate** with neonatologist and patient with explanation of in utero transfer and need for NICU
8. Counselling about health problems for premature neonates

Formative Assessment

You will undergo 2 minutes mini CEX during your rotation in OPD.

Your facilitator will discuss the history, investigations and management options

Summative Assessment

Knowledge by MCQS and SAQS

Skill by OSPE and Long Case

Infections in Pregnancy:

Viral and bacterial infections are very common in pregnancy and can have significant consequences for both the pregnant mother and her infant. You will get theoretical knowledge of the commonly encountered and important infections, both bacterial and viral, that affect pregnancy.

Suggestion:

Come with well-prepared knowledge of epidemiology of these infections in addition to the screening and diagnostic test used in routine practice

Learning Outcomes:

At the end of Clinical ward rotation, students will be able to

1. Enlist infections causing congenital abnormalities
2. What are the screening methods for these infections
3. Which investigations are included in routine pregnancy screening
4. What are principles of their management?
5. What are the consequences of perinatal infections on the developing fetus

How to achieve learning outcomes:

First get theoretical knowledge of subject from Gynecology by Ten Teachers 20th edition and look for normal images of infections on Internet.

In OPD, take detailed history to identify risk factors , clinical features .

Make differential diagnosis

1.....

2.....

3.....

You will learn about Interpretation of investigations(Screening methods) and their management

Skill : How to take high vaginal swabs

Counselling

- 1.Explain the risk of congenital anomalies with infections
2. Explain the consequences of perinatal infections on the developing fetus

Formative Assessment:

You will undergo 2 minutes mini CEX during your rotation in OPD.

Your facilitator will discuss the history, investigations and management options

Summative Assessment

Knowledge by MCQS and SAQS

Skill by OSPE and Long Case

You are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Perform obstetric examination

C-Perform a pelvic examination and determine Bishop score

(Note : We have models for practicing these skills in skill lab at CMH LMC)

D-Describe induction of labour process

E-Counsel the patient about post date pregnancy and induction of labour

Formative assessment :

You will present your patient's case including Partograph during ward rotation . It should be maintained in your structured history notebooks.

Your facilitator will discuss management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above

The Labour Ward rotation

We are sure you are looking forward to this part of Obs & Gynae rotation with great excitement . Most students are very excited to observe delivery of a baby .If you are proactive and willing to learn , you will gain a lot from this rotation

- Suggestion :**
- 1- Review the three stages of labour from text books
 - 2-Bring your Partographs (they are attached at end of your history notebooks)
 - 3-Wear your white overalls and closed shoes . Girls should tie hair
 - 4-Follow your facilitator's guidance as ethics are most important in labour ward
 - 5-You must follow the case you are monitoring till delivery so that you know how labour progresses , how it may deviate from normal and how decisions are made for fetomaternal safety

Learning objectives :

You are expected to achieve following learning objectives:

- 1-Diagnose labour with history and examination
- 2-Perform fetal and maternal monitoring in labour
- 3-Maintain and interpret Partograph
- 4-Perform normal vaginal delivery under supervision
- 5-Explain steps of neonatal care of healthy new born

How to achieve the Learning objective :

Please ensure you do not miss the ward rotations. You should try to stay in labour ward with the duty registrars on 24 hours duty in order to gain maximum exposure to patients and have a good opportunity to assist and perform delivery

You are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Assist/ perform:

- 1-Perform and interpret CTG
- 2-Monitor labour
- 3- Make and interpret Partograph
- 4- Explain mechanism of normal labour using mannequin in skill lab at CMH LMC
- 6-Perform normal vaginal delivery under supervision
- 7-Assist/perform under supervision episiotomy and its repair
- 8-Assist mother in initiation of breast feeding

C- Counsel patients about postpartum care including breastfeeding and lactation

Formative assessment :

Your Partographs will be reviewed by your facilitator in one on one sessions

DOPS: Conduct of normal vaginal delivery , CTG , Episiotomy , Postpartum counseling for breastfeeding

Summative Assessment :

This topic is assessed as SAQ, MCQ and as an OSPE station.

Obstetric procedures

In your Obstetric ward rotations. We will ensure you have ample opportunity to learn about the common obstetric procedures. Your facilitator can help you practice these procedures in skill lab on mannequin. Be proactive!

Obstetric procedure list for undergraduates:

1. Episiotomy and its repair
2. Operative vaginal delivery (OVD) , both Forceps and vacuum
3. Caesarean section

Learning objectives :

You are expected to achieve following learning objectives:

1. Enlist indications for these procedures
2. Describe the steps of these procedures
3. Enlist their complications

How to achieve the Learning objective :

Episiotomy is best learned in the labour wards. Try to observe and assist as many deliveries as possible and see how episiotomy is performed and how it is repaired. Develop a sound knowledge of the procedure . You are expected to perform and repair episiotomy under supervision.

For OVD , you may get a chance to observe in labour wards. Your facilitator will teach you how to perform these on mannequin. Practice this procedure many times as its part of your assessment and an important obstetric skill

Acronyms

Vacuum delivery:

Memorize the following acronym **ABCDEFGHIJ** to learn about Vacuum delivery steps:

A= Address the patient and discuss the risks and benefits of operative vaginal delivery.

Assistants should be on hand for delivery and for neonatal resuscitation

Analgesics should be administered, if needed.

B=Bladder should be emptied to avoid risk of injury.

C=Cervix should be completely dilated.

D=Determine position of the fetal head. Consider shoulder dystocia (HELPERR mnemonic)

E=Equipment should be checked to ensure adequate suction.

F=Flexion point. This is where center of cup should be

G=Gentle traction at right angles to the plane of the cup during the contraction

H=Halt traction when there are three disengagements of the vacuum (or “pop-offs”), more than 20 minutes have elapsed, or three consecutive pulls result in no progress or delivery.

I=Incision for episiotomy when perineum distends

J=Jaw is visible then remove vacuum cup

Forceps delivery

Memorize the following acronym **ABCDEFGHIJ** to learn about Forceps delivery steps:

A= Address the patient and discuss the risks and benefits of operative vaginal delivery.

Assistants should be on hand for delivery and for neonatal resuscitation

Analgesics should be administered, if needed.

B=Bladder should be emptied to avoid risk of injury.

C=Cervix should be completely dilated.

D=Determine position of the fetal head. Consider shoulder dystocia (HELPERR mnemonic)

E=Equipment should be checked to ensure adequate suction.

F=Forceps ready. Left blade , left hand , left side of patient

Right blade, right hand, right side of patient

Think about **Position For Safety** :

Posterior fontanelle midway between shanks and 1 cm above plane of shanks

Fenestration should not admit more than tip of finger

Sutures (lambdoid) should be above and equidistant from upper surface of each blade

G=Gentle traction (Pajot maneuver)

H=Handle elevated to follow J shaped pelvic curve

I=Incision for episiotomy when perineum distends

J=Jaw is visible then remove forceps

Caesarean section:

You will observe caesarean section when you are on your operation theatre rotation. You can shadow our trainees and observe how C sections are performed. Your theoretical knowledge should be very good about the procedure before going to OT. Make yourself familiar with the instruments used in C section. You will get a chance to assist C sections. Be proactive ! The more you take interest ,the more you will learn

Formative assessment :

You will undergo DOPS when you scrub up in the OTs and as you assist the C sections. This will help your facilitator give you formative feedback and identify areas where you do well and where you need to do better.

The ward assessment will include assessment of your knowledge about instruments used in C section as well as the steps of C section

Summative Assessment :

These topic are assessed as OSPE interactive stations . So you need to have a strong theoretical as well as practical skills to pass the exam

Puerperium

This is very important time for mother and should be addressed to promote breast feeding in our country . This time is almost ignored by doctors and paramedical staff with feeling that patient has been delivered safely with healthy baby. You will start management of these patients in post natal ward and then you will interact these patients in gynaecology OPD for follow up.

You will get theoretical knowledge of subject through lectures and will assist you in clinical ward rotation in maternity ward and OPD.

Suggestions:

Come well prepared in ward with baseline knowledge of puerperium, normal physiological changes occurring in puerperium

Learning Outcomes:

At the end of clinical rotation, student should be able to

- a-Describe what are normal physiological changes of puerperium
- b-Enlist the complications of puerperium
- c-Define lactational amenorrhoea
- d-Explain medical and psychiatric disorders of puerperium
- e- Describe puerperal pyrexia, postpartum pyrexia
- f-Compare the benefits of breast feeding and bottle feeding
- g-Manage postpartum amenorrhoea, lactational problems, medical and psychiatric disorders, puerperal pyrexia, postpartum pyrexia on the basis of its etiology

How to achieve learning Outcomes:

You will get knowledge of subject from text book Obstetrics by Ten Teachers 20 th edition

In post natal ward round, Get history of patients of patient and identify risk factors for any complication of puerperium

Learn to make **discharge Performa** which should include encouragement of breast feeding, Contraception plan and counsel about symptoms of postpartum depression.

Follow up after 6 weeks to confirm contraception, breast feeding and to identify any risk of postpartum depression.

Skills in OPD and Postnatal ward:

1. Counsel a woman on exclusive breast feeding.
- 2- Counsel a woman regarding postpartum contraception
- 3- Prepare discharge/ follow up proforma of patient

Formative Assessment:

You will be assessed in postnatal wards by 2 minutes exercise Mini CEX and your counselling skills will be checked (breastfeeding , contraception, maternal supplement)

Summative assessment:

Skill by OSPE (Counselling on breastfeeding)

Knowledge by MCQS and SAQS

Presenting complaint : **Heavy menstrual bleeding (HMB)**

It is a common and frequently encountered problem in gynaecology clinics. You will see many patients in various age groups presenting with this problem. We will give you a theoretical knowledge of the subject through lectures and we will assist you in learning the topic while you are on clinical rotation

Suggestion : Revise the normal menstrual cycle to understand the pathology better

Learning objectives :

You are expected to achieve following learning objectives:

- 14- Differentiate between heavy menstrual bleeding and abnormal uterine bleeding using clinical data PMAC
- 15- List the causes of heavy menstrual bleeding according to age group
- 16- Investigate HMB
- 17- Outline the management plan
- 18- Formulate a flow diagram for the treatment of heavy menstrual bleeding.

How to achieve the Learning objective :

You are going to learn this topic best by going to our **Gynae OPD**. Be well prepared before going.

Here are a few suggestions to gain maximum learning:

a-Think about your differential diagnosis and make a list

- 1-
- 2-
- 3-
- 4-

5-

6-

b-Go through the topics in your list from Gynaecology by ten teachers before going to OPD and note down relevant points in history , examination and investigations.(For additional evidence based learning , use NICE Green top guidelines , RCOG guidelines or ACOG guidelines).

In OPD , you are expected to acquire following skills:

A-Take a detailed menstrual history & note in your structured history notebooks

B-Assist/ perform:

4. Speculum examination and Bimanual examination
5. Pap smear
6. Pipelle endometrial biopsy
 - i. (Note : We have models for practicing these skills in skill lab at CMH LMC)
7. Observe ultrasound of case of HMB

C- Communicate with the patient with explanation of the condition, treatment options and complications.

Formative assessment :

You will undergo 2 minutes mini CEX during your posting at GOPD

DOPS

Your facilitator will discuss the history , investigations planned and management options with you and guide you further

Summative Assessment :

This topic is assessed as SAQ, MCQ and as a long case . So you need to have a strong theoretical knowledge of the subject as well as practical skills described above