

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF
NIGERIA



COMPETENCY BASED CURRICULUM FOR
JUNIOR RESIDENCY TRAINING

FACULTY OF OBSTETRICS & GYNAECOLOGY

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**FACULTY OF OBSTETRICS AND GYNAECOLOGY
NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA**



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FACULTY OF OBSTETRICS AND GYNAECOLOGY

**A COMPETENCY BASED CURRICULUM FOR TRAINING AND
ASSESSMENT**

AT THE JUNIOR RESIDENCY STAGE IN OBSTETRICS AND GYNAECOLOGY

**TOWARDS THE AWARD OF THE FELLOWSHIP OF THE MEDICAL
COLLEGE IN**

OBSTETRICS AND GYNAECOLOGY (FMCOG)

**RECOMMENDED BY THE COLLEGE DOCUMENTATION COMMITTEE ON
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CHAPTER 1: INTRODUCTION

1.0 PREAMBLE

The Faculty of Obstetrics and Gynaecology is one of the sixteen (16) faculties that make up the National Postgraduate Medical College of Nigeria. The National Postgraduate Medical College of Nigeria (NPMCN) was established by the National Postgraduate Medical College Decree No. 67 of 24th September, 1979, now Cap N59 Laws of the Federation 2004, as a body corporate with perpetual succession and a common seal. It was set up to be the tertiary institution at the apex of medical education in Nigeria and its main function is to produce specialists in all branches of medicine and dentistry.

1.1: A SHIFT TO THE COMPETENCY BASED CURRICULUM AND FELLOWSHIP TRAINING WITH SUB-SPECIALIZATION

The Faculty of Obstetrics and Gynaecology has operated a time-based general training curriculum since inception. However, in line with international current best practices in the specialty, the Faculty has decided to adopt the competency based training framework for the training of obstetricians and gynaecologists in Nigeria, hence forth. In addition, training has now been split into two distinct stages. The junior residency training now involves three years of general training in Obstetrics

and Gynaecology while the Senior Residency consists of three years of sub-specialization culminating in the award of the fellowship of the National Postgraduate Medical College with sub specialization in one of the defined subspecialty areas. Residents who do not have interest in sub-specialization will have the opportunity of training as general obstetricians and Gynaecologists by rotating through all the sub-specialty areas during the senior residency programme.

At both stages of training, learning content will be structured within well-defined themes, with clear definition of the levels of competences and milestones that must be achieved at each stage of training. This is complemented by periodic well-defined formative and summative assessments using objective tools at each stage of training to ensure that the goals of the training programmes, in terms of competencies to be attained at each stage of training, are attained.

It must be acknowledged, from the outset, that the committees that drew up the new framework did not set out to “reinvent the wheel”. The process of curriculum development has been greatly influenced by the principles enunciated in the following documents: Faculty of Obstetrics and Gynaecology, NPMCN curriculum 2015, the Canadian Medical Education Directives for Specialists (CanMEDS) 2015 Physician framework, the third edition of the RANZCOG Curriculum, 2016, Dutch National Competency Based Curriculum for Obstetrics & Gynaecology (NL),

Recommendations for Postgraduate Training and assessment in Obstetrics and Gynaecology, The European Board and College of Obstetrics and Gynaecology (EBCOG)) 2005, ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynaecology, 2017 and the RCOG Training curriculum. This curriculum has borrowed significantly from the frameworks for competency based learning at the postgraduate level contained in the aforementioned documents, for which the Faculty of Obstetrics and Gynaecology is eternally grateful. However, in adopting principles from frameworks used in more resource rich settings, the faculty is conscious of the need to adapt such to the peculiarities of our very different socio-cultural environment plagued by the relative dearth of both training personnel and well equipped hospitals in a bid to maximize the use of limited resources to achieve similar goals.

1.2. ALLOCATION OF CREDIT UNITS.

The training workload shall be weighted at each stage of the training using the National University Commission (NUC) guidelines for course credit.

1.2.1 Definition of a Credit Unit

One credit unit is allotted to the under listed;

- 1 hour /week of lectures or tutorials or self-instruction for 15 weeks = 15
Lecture hours or
- 3 hours/week of term paper work for 15 weeks = 45 term-paper hours or

- 3 hours/week of practical/clinical exposure for 15 weeks. = 45 Practical or Clinical hours.

Note: The residency training programme is continuous and not broken into semesters therefore credit allocation was not based on semesters but the total number of hours accumulated at each stage of training.

CHAPTER 2: VISION, MISSION AND SPECIFIC OBJECTIVES

Overall vision and specific objectives of the postgraduate training programme in Obstetrics and Gynaecology.

2.1 VISION

To train and produce highly competent Obstetricians and Gynaecologists that will deliver high quality and safe health care to women and their families in Nigeria and internationally.

2.2 MISSION

The Faculty will achieve her vision by promoting excellence in competency-based training, faculty-based courses, maintain uniform standards in accreditation of training institutions, ensuring trainees achieve recommended training milestones and minimum Entrustable Professional Activities (EPAs), and provide opportunities for continuing professional development.

The Faculty will also maintain the culture of inter-faculty training collaborations within the National Postgraduate Medical College and with sister colleges regionally and internationally.

2.3 MOTTO

Competency for improving women's health.

2.4 OBJECTIVES

At the end of this training, the successful trainee would have acquired the requisite knowledge, skills, attitude and competencies in Obstetrics & Gynaecology that will enable him/her to:

1. **BE A MEDICAL EXPERT:** Integrate and apply medical knowledge, clinical skills and professional values in the provision of high-quality and safe women-centred care within any community in Nigeria and elsewhere.
2. **BE AN EFFECTIVE COMMUNICATOR:** Facilitate effective communication with patients, provide relevant patient education during and after medical encounter and be able to utilize communication technology tools to improve health care delivery and best outcomes.
3. **BE AN ASTUTE COLLABORATOR:** Adapt to changing obstetric and gynaecologic practice settings by working with patients, families, and collaborating with diverse healthcare teams, other health professionals, and communities to achieve optimal delivery of care to women.
4. **BE AN EFFECTIVE LEADER:** Lead and engage with others to contribute to achievement of high-quality health care teams and take responsibility for the

delivery of excellent patient care as clinicians, administrators, scholars, and/or teachers.

5. **BE AN ADVOCATE:** To practice responsibly with high ethical standards and be able to advocate and influence the attainment of high-quality health and well-being of women in the population.

6. **BE A SCHOLAR:** Demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of knowledge.

7. **BE A PROFESSIONAL:** To demonstrate commitment to the health and well-being of women and society through ethical practice, professional regulation, and high personal standards of behaviour.

2.5: STRUCTURE AND MODE OF INSTRUCTION

This training programme in obstetrics and gynaecology will be a staggered, supervised training of minimum of 6 years, leading to the primary, Part I and Part II (final) FMCOG examinations with sub-specialization.

Mode of instructions consists of formal lectures, tutorials, seminar presentations, skills acquisition (ward/grand rounds, clinics and clinical drills), case presentation, online and onsite update courses and closely supervised implementation of a Dissertation following external formative assessment driven by senior academics in the specialty area of interest..

2.6: TRAINING CENTRES

Training will be undertaken in accredited institutions nationwide, the updated list of which is available from the college web site (www.npmcn.edu.ng). Part of the training may however be done in approved centres in other centres, where such centres offer the candidate to load and content exposure that may not be readily available locally. This will be encouraged during sub-specialization.

CHAPTER 3: CORE COMPONENTS AND COMPETENCIES

The core component of the curriculum in terms of range of competences that must be attained has been patterned after that contained in the RANZCOG Curriculum.

The expected core competencies and qualities of a specialist include:

- **Clinical Expertise;** this is a combination of medical expertise and effective communication (CE);
- **Academic Abilities;** comprising of self-learning, research abilities and the capacity to teach (AA);
- **Professional Qualities;** a blend of management responsibilities, practice review and development team work, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy (PQ).

3.1. Essential Characteristics and Key Competencies

This section defines the essential skills, attributes and key competencies for effective specialist practice within three domains:

- Clinical expertise (CE)
- Academic abilities and (AA)
- Professional qualities (PQ)s

These three domains/competencies on professional performance are intrinsically related as illustrated in Figure 1 below.



Figure 1: Professional profile of medical practitioner providing women's healthcare (Adapted from the RANZCOG curriculum)

3.2. CLINICAL EXPERTISE

The table below outlines the core areas that a specialist obstetrician and gynaecologist should demonstrate clinical expertise.

3.2.1 DEMONSTRATE PROFICIENCY IN THE FOLLOWING AREAS OF OBSTETRIC AND GYNAECOLOGICAL CARE:

1. Management of pre-conception, prenatal, intrapartum and postnatal care of low and high risk patients.
2. Management of common and emergency gynaecological conditions.
3. Practise a wholistic approach to patient management, by being able to:
 - Apply clinical reasoning and judgement and demonstrate capacity in patient's care.
 - Recognise the limits of medical knowledge.
 - Avoid paternalism in patient's care, ensuring informed patient-centred care.
4. Show diagnostic, therapeutic and surgical competence for the delivery of ethical and effective healthcare services by being able to:
 - source and utilize current medical knowledge in clinical practice in Obstetrics and Gynaecology.
 - recognise the impact on health and wellbeing of emotional and social needs of the populace.

- collaborate with other disciplines including law and social welfare for improved women care.

3.2.2 DEMONSTRATE CLINICAL PROFICIENCY IN SURGICAL PROCEDURE AND CARE.

1. Demonstrate knowledge and skill in Obstetric and Gynaecologic surgical procedures including:

- Maintenance and care of surgical equipment used in O & G procedures.
- Knowledge and application of specific procedures, including risk reduction strategies.
- Management of operative complications.

2. Ensure effective team work with allied staff in the operating theatre.

3.2.3 DEMONSTRATE PROFICIENCY IN ADVANCED OBSTETRIC AND GYNAECOLOGICAL CARE IN THE FOLLOWING AREAS:

- a. Advanced care of disorders in general obstetrics and gynaecology
- b. Sub specialties
 - Gynaecological oncology

- Maternal and fetal medicine
- Obstetric and gynaecological ultrasound
- Reproductive endocrinology and infertility
- Urogynaecology

c. Sexual and Reproductive Health

d. Academic practice in O & G

3.2.4 DEMONSTRATE CAPACITY FOR EFFECTIVE COMMUNICATION.

1. Establish effective rapport with women in their care, their spouses and families, using effective and sensitive listening, in order to:

- obtain and synthesize relevant clinical history.
- discuss appropriate information relating to patient's condition.
- plan and evaluate patient care and help patient reach an informed choice.

2. Establish effective professional relationships/ team with allied staff and other healthcare workers in order to:

- evaluate patient information.

- adopt management approaches and care options.

3. Demonstrate sensitivity to relevant socio-cultural issues that affect women's health by:

- Appropriate choice of words that dignifies women and their Healthcare in a courteous and empathic manner.
- Discussing history and management issues in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background.

3.3. ACADEMIC ABILITIES

It is recommended that the specialist Obstetrician and Gynaecologist be able to:

3.3.1. LEARN INDEPENDENTLY

1. Demonstrate self-learning in Obstetrics and Gynaecology and other relevant areas of medical practice, including:
 - An appreciation of the limits of their individual knowledge and capacities.
 - Critical appraisal of sources and reliability of medical information.

2. Actively source important information to boost their knowledge and clinical practices.
3. Understand the pathophysiological basis of health conditions, and the available assessment and management options in order to provide safe and effective care.
4. Demonstrate cognitive skills, particularly in the area of clinical problem solving.
5. Understand the principles and practice of evidence based medicine and research in a clinical setting, including:
 - Knowledge of relevant local, national and international guidelines and codes.
 - The application of appropriate qualitative and quantitative research tools and methods.
 - The contributions of research evidence to the generation of new knowledge, understanding and clinical practices.
6. Develop, implement and monitor a personal, ongoing professional development/continuing education strategy in order to:
 - maintain up-to-date knowledge and practices.
 - be flexible in terms of changes in career paths.

3.3.2. TEACH AND COMMUNICATE EFFECTIVELY

1. Enhance patients' knowledge to boost their autonomy, decision making capacity and compliance, including:
 - The appropriate use of words that enhances their learning, understanding and confidence.
2. Understand and applies principles of mentorship relating to trainees, medical students and other health professionals, including:
 - The provision of guidance and advice in a considerate and humane manner.
 - giving constructive feedback.
 - Evaluation of performance and learner accomplishments using a preset assessment tool.

3.4. PROFESSIONAL QUALITIES (PQ)

It is recommended that the Specialist Obstetrician and Gynaecologist should be able to:

3.4.1. PROVIDE EFFECTIVE TEAM MANAGEMENT AND LEADERSHIP IN THE CLINICAL SETTING:

1. Understand and implement basic human resources principles and staff management, and business and financial management.

2. Understand and deploy the effective use of communication technology.
3. Practice efficient and effective administrative skills, including time management.
3. Exhibit appropriate personal and interpersonal professional behaviours.
5. Collaborate with other health care providers by being able to:

Establish professional healthcare team.

- Make genuine contribution to interdisciplinary team activities'
- Respect the contribution of other health professionals in the workplace.

3.4.2 CONDUCT EFFECTIVE REVIEWS OF PROFESSIONAL PRACTICE.

1. Understands the principles and participates in clinical governance.
2. Actively engages in the practice of risk management/minimization by addressing and advocating safety and quality in healthcare practices, including:
 - Identification of potential risks, documentation of such risk and responding to adverse events.

- setting goals to improve safety and quality of practice.
- carrying out and implementing changes resulting from clinical audit.
- initiating change to reduce risk.
- carrying out quality improvement assessments.

3.4.3 SOURCE AND APPRECIATE CONSTRUCTIVE FEEDBACK ON PRACTICE.

1. Demonstrate the capacity to accept feedback from colleagues, allied health staff, patients and their families.
2. Recognize limitations of individual knowledge and experience, and seeks appropriate consultation where applicable.

3.4.4 MAINTAIN ETHICAL STANDARD AND CONDUCT.

1. Performs clinical duties with integrity, honesty, empathy and compassion.
2. Maintains ethical medical practice consistent with the obligations of a self-regulating profession.
3. Recognize the obligation to assist in an emergency situation.
4. Ensures patient autonomy and confidentiality as well as legal and moral obligations to women under their care.

5. Recognize duties in regard to courts, legislative and regulatory bodies, and notification obligations.

3.4.5 SHOW COMMITMENT TO THE PATIENT'S INTEREST AND THE PROFESSIONAL ETHICS.

1. Act as health advocate for the patient, by:

- acknowledging her rights and those of her other family members.
- advocating for patients with challenges/special needs.
- advocating for patients with vulnerabilities.
- Prudent management health resources.
- displaying sensitivity to cultural diversity and promoting cross cultural understanding.
- identifying the important determinants of health and well-being of women and their babies.
- Adequate use of time and resources to balance patient care, learning needs and lifestyle.

2. Contribute to the health of women and their babies and the development of the profession of Obstetrics and Gynaecology by being:

- An effective Faculty/ College member and contributor and recognizes the need to ‘give back’ to the profession.
- An advocate for appropriate resourcing of healthcare for women.
- Able to influence development of public policy that affects women’s health.

Chapter Four: Academic Knowledge Base for the Junior Residency Training in Obstetrics and Gynaecology

This section details areas of knowledge and underlying principles that underpin the practice of obstetrics and gynaecology. Understanding of these principles will develop with regular clinical experience. It is expected that the continual interaction between knowledge and practice will provide the firm basis for growth in clinical expertise. They are organized into courses, all of which are compulsory.

The areas of knowledge presented in this section include

A - Scientific and medical knowledge that forms the building blocks underpinning clinical practice and research.

B - Clinical knowledge and management skills required in obstetric and gynaecological care.

C - Contextual knowledge of ethics, cultural attitudes and the law that acknowledges the service obligations implicit in the practice of obstetrics and gynaecology.

Relevant knowledge may be accessed in a variety of ways, through text books, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication.

Teaching and Learning Strategies, and Assessment key:

UCB = Update Course (Basic Sciences)

UCP1 = Update Course (Pre-part one)

SL = Self Learning

ST = Supervised Training

IHT = In Hospital Training (includes, but not limited to: morning reviews, journal club, maternal morbidity and mortality meetings, perinatal morbidity and mortality meetings, postgraduate seminars, partograph/ CTG meetings, clinical /case review meetings, ward rounds, clinical meetings)

WS (U) = Workshop (Ultrasound)

WS (FOS) = Workshop (Foundations of Surgery)

WS (BOS) = Workshop (Basic Obstetric Skills)

WS (NNR) = Workshop (Neonatal Resuscitation)

LB = logbook

WE = Written Examination

OE = Oral Examination

OSCE = Objective Structured Clinical Examination

FAR = Formative Assessment Reports

APSS = Assessment of Procedural and Surgical Skills

IHCA (U) = In-hospital Clinical Assessment (Ultrasound): Formative & Summative

IHCA (C) = In-hospital Clinical Assessment (Colposcopy): Formative & Summative

IHCA (L) = In-hospital Clinical Assessment (Laparoscopy): Formative & Summative

IHCA (H) = In-hospital Clinical Assessment (Hysteroscopy): Formative & Summative

CB = Case book: Formative & Summative

W

COLLEGE AND FACULTY BASED COURSES

COURSES FOR THE FOUNDATION/PRE-PRIMARY EXAMINATION STAGE OF TRAINING

OBG 910: Epidemiology and Research Methods (4 Credits)

Learning outcomes:

Demonstrate self-learning in O & G – critical appraisal of sources and reliability of medical information (peer-reviewed publications).

Understand the principles and practice of evidence-based medicine and research in a clinical setting, including:

- Application of appropriate qualitative and quantitative research tools and methods.
- Contributions to the development of new knowledge, understanding and practices.

Actively seek relevant information to enhance their knowledge and practices to ensure that they maintain a contemporary service to women in their care.

Knowledge content	Teaching & Learning Strategies	Assessment
<p>1. Epidemiological terms in obstetrics, gynaecology and neonatal paediatrics</p> <p><i>Understand the following epidemiological terms:</i></p> <ul style="list-style-type: none"> • live birth, miscarriage, stillbirth, preterm birth, neonatal mortality, perinatal mortality, infant mortality, maternal morbidity, maternal mortality, low birth weight <p><i>Possess a national and global perspective of maternal and perinatal death rates and the major causes of maternal and perinatal morbidity and mortality.</i></p> <p><i>Identify the variance in outcomes for high-risk subgroups within national or international epidemiological reports.</i></p>	UCB, SL	WE
	UCB, SL	WE
<p>2. Biostatistics</p> <p><i>Understand statistical terms including:</i></p> <ul style="list-style-type: none"> • Quantitative variables (discrete and continuous) • Qualitative variables (categorical) <p><i>Understand summary statistics including:</i></p> <ul style="list-style-type: none"> • Measurements of central tendency: mean, median and mode • Symmetric (parametric) and asymmetric (non-parametric) frequency distributions • Measures of dispersion or variability: range and standard deviation • Standard error and confidence intervals • Hypothesis testing and level of significance <p><i>Know the different statistical tests used for data analysis</i></p> <ul style="list-style-type: none"> • Continuous data: parametric unpaired (T-test) and paired (paired T-test) and non-parametric unpaired (Mann-Whitney) and paired (Wilcoxon) • Categorical data: unpaired (Chi-square) and paired (McNemar's) <p><i>Understand sample size calculation</i></p>	UCB, SL	WE
	UCB, SL	WE
<p>3. Measurement of disease frequency</p> <p><i>Understand and apply the following:</i></p> <ul style="list-style-type: none"> • Occurrence: prevalence, incidence, cumulative incidence (attack rate) 	UCB, SL	WE

<ul style="list-style-type: none"> • Comparison in different populations: incidence rates, age-specific rates 	UCB, SL	WE
<p>4. Measurement of disease association</p> <p><i>Understand and apply the following:</i></p> <ul style="list-style-type: none"> • Relative risk, odds ratio • Attributable risk (risk difference) • Numbers needed to treat 	UCB, SL	WE
<p>5. Critically appraise the literature and quality of evidence</p> <p><i>Search literature and data bases purposefully including:</i></p> <ul style="list-style-type: none"> • Medline, Embase, Cochrane Database of Systematic Reviews <p><i>Understand study designs in relation to study objectives including:</i></p> <ul style="list-style-type: none"> • Experimental: RCT • Observational: cohort, case-control, cross-sectional analytical • Meta-analysis • Know different levels of evidence <p><i>Recognise and understand sources of bias affecting study outcomes re:</i></p> <ul style="list-style-type: none"> • Selection 	UCB, SL	WE
<p>6. Other epidemiological terms</p> <p><i>Understand and apply the following:</i></p> <p>Patterns of infection: endemicity, epidemics and herd immunity</p>		
<p>7. Research Skills</p> <p><i>Be able to:</i></p> <p>Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information.</p> <p>Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers.</p> <p>Conduct a literature review.</p> <p>Develop a hypothesis to be tested.</p> <p>Choose an appropriate research methodology and design a research study.</p> <p>Apply for ethics committee approval for a clinical or laboratory based study.</p> <p>Collect, collate and interpret data.</p> <p>Apply basic statistical analysis to clinical data.</p> <p>Develop an outline structure for a research paper.</p>		
<p>8. Apply the developed outline to write a research paper.</p>		
Knowledge content		
<p>6. Measurement</p> <p>7. Confounding</p>		

OBG 911: Obstetric and Gynaecologic Anatomy (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of anatomy relevant to The reproductive physiology and pathology relevant to women’s health

Knowledge content	Teaching & Learning Strategies	Assessment
<p>Descriptive anatomy <i>Be able to describe the anatomy of:</i></p> <ol style="list-style-type: none"> 1. Female bony pelvis 2. Musculature of the pelvic floor 3. Supports of the uterus and vagina 4. Musculature of the anterior and lateral abdominal wall 5. Viscera of the pelvis 6. Vascularisation and innervation of the pelvis, the pelvic floor and associated organs 7. Vascularisation and innervation of the anterior and lateral abdominal wall <ol style="list-style-type: none"> 8. The lymphatic drainage of the genital tract 9. External genitalia and perineum 10. Functional anatomy of the larynx and trachea pertaining to intubation 11. Breast (including anatomical changes during puberty and pregnancy) 12. Pituitary, thyroid and adrenal glands 13. Bladder, ureter and kidneys 14. Hypothalamus <p>Applied anatomy – pregnancy <i>Be able to describe:</i></p> <ol style="list-style-type: none"> 15. Anatomic changes in the woman caused by normal physiologic adaptation (all organs), including those as visualised by ultrasonography 16. Anatomy of pregnant uterus of the first, second and third trimester and its relation to surrounding organs 17. Presenting fetal part and its relation with the birth canal 18. Anatomic changes during parturition 19. Anatomic changes during puerperium (including breast) <p>Applied anatomy – surgery <i>Be able to describe:</i></p> <ol style="list-style-type: none"> 20. Anatomic relationship between reproductive organs and other viscera of the pelvis, including the impact of such relationships on surgical planes 21. Gross anatomic appearance of: <ul style="list-style-type: none"> • common Mullerian abnormalities • disorders of sexual differentiation 22. Findings (gross anatomy, histology, medical imaging) of: <ul style="list-style-type: none"> • common gynaecological malignant conditions such as cervical carcinoma, 	<p>UCB, SL</p>	<p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p> <p>WE</p>

Knowledge content	Teaching & Learning Strategies	Assessment
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<p>endometrial adenocarcinoma and ovarian carcinoma</p> <p>23. infectious diseases involving the genital tract, including sexually transmitted diseases</p> <p>24. common benign gynaecological conditions, such as myoma, ovarian cyst, ectopic pregnancy and endometriosis</p> <p>25. common conditions of the vaginal walls, such as in genital prolapse</p> <p>26. pathological conditions and dermatoses of the vulva and perineum</p>	UCB, SL	WE
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OBG 912: Placental Fetal and Early Neonatal Physiology (3 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of:

- Physiology associated with normal growth and development of the placenta, fetus and neonate and deviations from this.

<p>1.Fetal physiology</p> <p><i>Be aware</i> of barriers to the study of fetal physiology</p> <p><i>Describe</i> normal fetal weights and measures, including the change in fetal indices with advancing gestation.</p> <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> • The process of fertilisation • Factors thought to interrupt fertilisation such as failure of blastocyst to ‘hatch’ • Embryologic development of a singleton pregnancy and how this is visualised on ultrasound • Formation of the neural tube including neural tube defects • Organogenesis, in particular fetal circulation and pulmonary maturation • Development of genital organs • Defects of gender differentiation • Normal process of embryologic development of multiple pregnancy and how this is visualised on ultrasound • Factors influencing normal fetal growth • Endocrine regulation of fetal growth • Normal patterns of fetal activity, including fetal movements and fetal breathing movements • Fetal acid-base physiology, and oxygen and carbon dioxide transport • Fetal response to stress • Fetal hypoxia <p>2.Placental physiology</p> <p><i>Understand:</i></p> <ul style="list-style-type: none"> • The development of the placenta • Placental control of fetal metabolism • Nutrient transfer • Maternal nutrient consumption <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> • The formation of amniotic fluid, its composition and regulation • Placental transfer including rates and types of exchange <p>3.Neonatal physiology</p> <p><i>Understand physiological responses and changes to birth including:</i></p> <ul style="list-style-type: none"> • Initiation of respiration • Heart rate and circulation • Thermoregulation • Barometric homeostasis 	UCB, SL	WE
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OBG 913: Reproductive Physiology and Endocrinology (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of The reproductive physiology and endocrinology relevant to women’s health.

Knowledge content	Teaching & Learning Strategies	Assessment
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<p>1. Pre-pubertal physiology <i>Be able to understand and describe</i> the pre-pubertal reproductive endocrine and physiological status</p> <p>2. Peri-pubertal physiology <i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> • Hormonal changes leading to onset of menarche • Gonadostat hypothesis • Central maturational role of the CNS hypothesis • Hormone feedback loops • Physiological and anatomical changes during puberty • Breast development • Age at onset of menarche <p>3. Physiology of the reproductive years <i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> • Oogenesis and spermatogenesis • Physiological changes that occur in men and women during intercourse • Physiological and hormonal changes and their interaction during phases of the menstrual cycle • Cervical mucus changes during the menstrual cycle • Normal follicular atresia • Fimbrial capture and tubal function • Testicular function, ejaculation and sperm function • The role of pH in conception • Endocrine function of the placenta • The steroidogenesis, structure, transport, modulation, mode of action and metabolic effects of: <ul style="list-style-type: none"> - Oestrogens • Progestogens • Androgens • Corticosteroids • The thyroid gland including: <ul style="list-style-type: none"> • Basic physiology of the thyroid gland • Secretion of thyroid hormones • Action of thyroid hormones • Modification of thyroid function during pregnancy 	<p>UCB, SL</p>	<p>WE</p>
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Knowledge content	Teaching & Learning Strategies	Assessment
<p>- Thyroid activity in labour</p> <p>4.The hypothalamus and the pituitary gland including:</p> <p>- Anatomy and basic physiology of the hypothalamus</p> <ul style="list-style-type: none"> • Hypothalamic coordination of endocrine and neural control • Control of pituitary hormone secretion • Function of the pituitary in pregnancy • Hypothalamo-pituitary-adrenal axis • Pituitary hormones, their synthesis, function and mode of action <p>5.Physiological changes occurring during pregnancy, labour and the puerperium/lactation</p> <p><i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> • Very early changes to cardiovascular physiology • Changes to the respiratory system • Changes to the cardiovascular system • Changes to the haematological system • Changes to the breast during pregnancy and lactation • Metabolic and endocrine (especially adrenal and thyroid) changes • Changes to the alimentary, renal and urinary system • Changes to the genital system <p>6.The physiology and endocrinology of menopause</p> <p><i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> • The origin of post-menopausal oestrogen • Normal age range of onset • The physiology behind vasomotor symptoms • Effects on the central nervous system • Atrophic changes to genital organs • Demineralisation of bone • Osteoporosis • Hormonal changes and their emotional effects • Principles of hormone replacement therapy and role of oestrogen and progesterone • Changes to the adrenal cortex and medulla, and the thyroid gland • Premature menopause • The effect at cellular level of radiation therapy and chemotherapy • The metabolic changes that occur in patients with malignancies <p>7.Male reproductive physiology</p> <p><i>Be able to understand and describe testicular function, ejaculation and sperm motility</i></p>	UCB, SL	WE

OBG 914: Genetics (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of genetics relevant to:

- The reproductive physiology and pathology relevant to women’s health
- Normal growth and development of the fetus and neonate and deviations from this

Knowledge content	Teaching & Learning Strategies	Assessment
<p>1.DNA</p> <p><i>Have a basic understanding of:</i></p> <ul style="list-style-type: none"> • The structure and function of DNA the process of mitosis and meiotic segregation of chromosomes <p><i>Describe</i></p> <ul style="list-style-type: none"> • the nature, fertility implications and risks associated with aneuploidy, chromosomal translocations, duplications and deletions <p><i>Be familiar with:</i></p> <ul style="list-style-type: none"> • The fetal and postnatal phenotype associated with trisomy 21, trisomy 18, trisomy 13, monosomy, X (Turner syndrome), sex chromosomes, aneuploidies and triploidy <p>2.Heritability</p> <p><i>Understand the common patterns of inheritance, the associated risks of transmission or recurrence and common conditions of each type:</i></p> <ul style="list-style-type: none"> • Autosomal dominant inheritance; for example Marfan syndrome • Autosomal recessive inheritance; for example, thalassemia, cystic fibrosis • X-linked inheritance; for example Fragile X <p>3.Screening and Diagnosis</p> <p><i>Understand the principles, techniques of, and indications for prenatal screening, including:</i></p> <ul style="list-style-type: none"> • First and second trimester screening for trisomy 21, 18 and 13, and neural tube defects • Free fetal DNA assessment of fetal conditions • The use of ultrasound and another non-invasive methods for screening/diagnosis for trisomies 21, 18 and 13 • Cystic fibrosis screening • Haemoglobinopathies screening <p><i>Understand the principles and indications for prenatal diagnosis, including:</i></p> <ul style="list-style-type: none"> • Sampling (chorionic villus sampling and amniocentesis) and the risks of pregnancy loss <p><i>Have a basic understanding of the information obtained with prenatal diagnostic testing from:</i></p>	<p>UCB, SL</p>	<p>WE</p>

Knowledge content	Teaching & Learning Strategies	Assessment
<p>4. Fluorescent in-situ hybridisation (FISH), standard karyotyping by G-banding, microarray analysis</p> <p><i>Understand the principles and indications for pre-implantation genetic diagnosis, including:</i></p> <p>5. PGD for chromosomal or single gene disorders</p> <p><i>Understand the principles and methodology for newborn screening for genetic conditions including:</i></p> <p>6. Common conditions tested in Nigeria</p> <p>7. Cancer genetics</p> <p><i>Have a basic understanding of</i></p> <ul style="list-style-type: none"> • Inherited breast and ovarian cancer syndromes 	UCB, SL	WE

OBG 915: Pharmacology and Therapeutics (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of pharmacology and therapeutics relevant to:

- The reproductive physiology and pathology relevant to women’s health
- Normal growth and development of the fetus and neonate and deviations from this

Knowledge content	Teaching & Learning Strategies	Assessment
<p>1. Drugs in pregnancy</p> <p><i>Know:</i></p> <ul style="list-style-type: none"> • the pharmacokinetics of pregnancy • the principles of teratogenesis and other adverse drug effects • categories and adverse effects of pharmaceuticals in pregnancy (in Australia and New Zealand as per current edition of ‘Prescribing Medicines in Pregnancy’) • the adverse effects of drugs used during breastfeeding 	UCB, SL	WE

<ul style="list-style-type: none"> • teratogenicity of non-prescription drugs <p><i>Understand:</i></p> <ul style="list-style-type: none"> • transplacental drug transfer • the balance of adverse effects with clinical benefit for drugs used in pregnancy and breastfeeding • the benefits and risks of nutritional supplements <p>2. Pharmacology and therapeutics of specific agents commonly employed in obstetrics and gynaecology</p> <p><i>Understand the mechanisms of action of:</i></p> <ul style="list-style-type: none"> • Gonadal steroids: contraception, hormone replacement, menstrual disorders • Ovulation induction agents and drugs that affect the HPO axis • Prostaglandins • Prostaglandin inhibitors • Progesterone receptor antagonists (mifepristone) • Chemotherapeutic agents used in gynaecological malignancy • Magnesium Sulphate <p>3. Radiotherapy</p> <p><i>Know:</i></p> <ul style="list-style-type: none"> • Principles of radioactivity • Modes of administration: external beam, intracavity and radioisotope • Clinical uses • Adverse effects and safety issues 	<p>UCB, SL</p>	<p>WE</p>
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Knowledge content	Teaching & Learning Strategies	Assessment
<p>4. Electrosurgery</p> <p><i>Know:</i></p> <ul style="list-style-type: none"> • Principles of electro surgery and its practical implementation in gynaecological surgery • Potential dangers associated with the use of laparoscopic electrosurgery • Potential adverse effects and safety issues relating to the use of diathermy <p>5. Laser therapy</p> <p><i>Understand the basic concepts of:</i></p> <ul style="list-style-type: none"> • Medical applications of lasers • Light emission and the properties of laser light: coherence, collimation, monochromaticity • The effects of lasers on tissue and the relationship of temperature to effects • Clinical application and principles of CO2 lasers, Nd-YAG lasers, Green Light Lasers • The adverse effects and safety issues relating to lasers 	UCB, SL	WE

OBG 916: Clinical Imaging (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of clinical imaging relevant to:

- The reproductive physiology and pathology relevant to women’s health
- Normal growth and development of the fetus and neonate and deviations from this.

Knowledge content	Teaching & Learning Strategies	Assessment
<p><i>Demonstrate knowledge and understanding of:</i></p> <p>1. Ultrasound</p> <ul style="list-style-type: none"> • Clinically relevant aspects of the physics of diagnostic ultrasound • The clinical applications (indications, limitations) of ultrasound • The criteria for diagnosing early pregnancy loss and uncertain viability • The distinguishing features of early intrauterine pregnancy, miscarriage and ectopic pregnancy • The common appearances of a corpus luteum in the context of early pregnancy assessment • Dating the pregnancy - crown rump length (CRL), biparietal diameter (BDP) • Fetal biometry – Estimated Fetal Weight (EFW), biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC) and femur length (FL). • Principles of determining chorionicity in multiple pregnancies • Deepest pool of amniotic fluid • Assessment of placental position • Assessment of fetal growth and wellbeing • The principles and use of Doppler ultrasound • The application of umbilical and middle cerebral artery Doppler ultrasound • Screening for aneuploidy and the current processes used • The efficacy of ultrasound scan detection of fetal abnormality including by organ system • Basic principles of gynaecological scanning • Ultrasound reporting - demonstrate adequate report writing with all relevant information <p>2. Radiological and nuclear medicine investigations including, but not limited to:</p> <ul style="list-style-type: none"> • Plain X-ray • CT scan • MRI • VQ scan 	<p>UCB, SL</p>	<p>WE</p>

Knowledge content	Teaching & Learning Strategies	Assessment
<p>3. Indications for these studies in both an obstetric and a gynaecological patient population</p> <ol style="list-style-type: none"> 1. Why and when these studies would be used as an adjunct to or in preference to ultrasound, in both an obstetric and gynaecological patient 2. Why and when these studies would be used as an adjunct to ultrasound, to provide further information, in both an obstetric and gynaecological patient 3. What further information may be provided by these investigations and how this will change management for both obstetrical and gynaecological patients 4. The limitations of each of these modalities in terms of suitability for imaging the reproductive tract in both obstetric and gynaecological patients 5. The safety aspects of all these imaging modalities, for both gynaecological and obstetric patients 6. Risks to the individual – short and long term 7. Risks to the fetus – short and long term 	UCB, SL	WE

OBG 917: Pathology and Haematology (4 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of pathology and haematology relevant to:

- The reproductive tract and conditions affecting women’s health
- Deviations from the normal growth and development of the fetus and neonate

Knowledge content	Teaching & Learning Strategies	Assessment
<p>1. Pathology</p> <p><i>Understand and apply:</i></p> <ul style="list-style-type: none"> • the principles related to the collection and preservation of specimens (including forensic specimens) for pathological assessment • the clinical value of adult, neonatal and fetal autopsies <p><i>Be able to explain:</i></p> <ul style="list-style-type: none"> • the biological effects of radiation related to therapy and its complications • the structural and functional manifestations of: 	UCB, SL	WE

<ul style="list-style-type: none"> • Anomalous development of the urogenital tract (i.e. Mullerian abnormalities, Wolffian remnants) • Benign and malignant neoplasia of the breast and reproductive tract (including fibromyoma, endometrial hyperplasia and cervical intraepithelial neoplasia) <ul style="list-style-type: none"> • Anatomical pathology <p><i>Be able to:</i></p> <ul style="list-style-type: none"> • describe the normal pathology and histology of the endometrium and ovary at different stages of the menstrual cycle • recognise normal and abnormal histology of the reproductive tract • describe the normal anatomical and histological changes to the genital tract during the women's life • describe the macroscopic appearance and histology of normal and abnormal placental development (particularly trophoblastic disease) • describe the pathology and histology of macroscopic diseases of the reproductive tract and breast • describe the normal and abnormal cytology of the vagina, cervix and endometrium, (Papanicolaou smears) <p><i>Understand:</i></p> <p>the pathogenesis and epidemiology of malignancy of the breast and reproductive tract</p> <ul style="list-style-type: none"> • the pathogenesis and epidemiology of non-malignant neoplasms 		TSR
<p>Knowledge content</p>	<p>Teaching & Learning Strategies</p>	<p>Assessment</p>
<p>2. Haematology</p> <p><i>Be able to describe the haematological changes in normal pregnancy and in pregnancy complications, including but not limited to:</i></p> <ul style="list-style-type: none"> • Blood volume changes and their effect on normal values • Changes in iron and other haematinics associated with erythropoiesis • Coagulation alterations in normal pregnancy and coagulation disorders <p><i>Understand the haematological implications of pre-eclampsia, placental abruption and massive blood loss</i></p> <p>3. Biochemistry</p> <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> • biochemical changes in normal pregnancy including changes in glucose and lipid metabolism biochemical changes in common disorders of pregnancy 	UCB, SL	WE

OBG 919: Immunology (2 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of immunology relevant:

- The reproductive physiology and pathology relevant to women’s health
- Normal development of the fetus and neonate and deviations from this

Knowledge content	Teaching & Learning Strategies	Assessment
<p>1. Basic immunology <i>Be able to describe:</i></p> <ul style="list-style-type: none"> • the normal immune response to antigens, including the production of antibodies and subsequent immunity, hormone-mediated immunity, cell-mediated immunity and phagocytosis • auto- and iso-immunisation <p><i>Understand natural and acquired resistance to infection</i></p> <p>2. Immunology and cancer <i>Understand the principles of the immune response to malignancy</i> <i>Be able to explain the body’s response to malignancy treatments</i></p> <p>3. Immunological tolerance in pregnancy <i>Be able to describe:</i></p> <ul style="list-style-type: none"> • Immunological effects of hormones in pregnancy • Maternal immune response during pregnancy • Immunological mechanisms in implantation and pregnancy • Immunological tolerance: preeclampsia and recurrent miscarriage <p>4. Fetal immunology <i>Be able to describe the development of fetal immunological response</i></p>	<p>UCB, SL</p>	<p>WE</p>

THE UPDATE/REVISION COURSE FOR THE PRIMARY EXAMINATION AND THE PRIMARY EXAMINATIONS

The Faculty, in conjunction with the West African College of Surgeons, will organize an Update/Revision Course for candidates preparing for the Primary examination of our college twice a year. The details of the course shall be announced on the college website, through

posters and handbills and via social media well ahead of each course. The course will last for a week and comprise of 6 days (48 hours) of lectures equivalent to 3 credit hours of lectures.

The Primary examination of the College will be administered by CBT in centres nationwide. It will comprise of 200 multiple choice questions of the single best option type with four stems. The test items will be drawn from the courses listed above following a blue print with weighting based on the number of credits. The pass mark for each examination shall be determined by standard setting following the modified Angoff model.

COURSES FOR THE PRE-PART I STAGE OF RESIDENCY TRAINING

COLLEGE BASED COURSES

PMC 901 ATLS

PMC 902 ACLS

FACULTY BASED COURSES

OBG 920: Medical and Surgical Conditions in Pregnancy (6 Credits)

Learning Outcomes:

Demonstrate knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following medical and surgical conditions, including:

- The condition, its effects and any necessary therapy during pregnancy
- The effect the condition and any necessary therapy has on the physical and emotional wellbeing of the woman and her family
- The effects the pregnancy has on the condition
- The implications of the conditions for anaesthesia

Knowledge content	Teaching & Learning Strategies	Assessment
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<ul style="list-style-type: none"> • Wound infection and prophylaxis, wound care • Thromboembolism prophylaxis • Analgesic options • General fluid management 		
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Knowledge content	Teaching & Learning Strategies	Assessment
18.Trauma <ul style="list-style-type: none"> a. Management after motor vehicle accident b. Assault c. Major trauma 	IHT, SL, ST, UCP1	WE, OE, OSCE

**OBG 921: Clinical Knowledge and Management Skills: Obstetrics (Pre-pregnancy Care)
(1 Credit)**

Learning Outcomes:

Demonstrate clinical expertise in the management of women in the pre-pregnancy period.

Pre-pregnancy:	Teaching & Learning strategies	Assessment
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<p>7. carrier testing for monogenic conditions if family history or high risk population (including CF, SMA, fragile X) and referral for genetic counselling if appropriate</p> <p>8. screening for haemoglobinopathies</p> <p>9. screening for infections during pregnancy, including HIV, measles, chickenpox, rubella, cytomegalovirus, parvovirus, and toxoplasmosis</p> <p>10. counselling before testing and after results</p> <p>11. appropriate first-visit education</p> <p>12. advising pregnant women to complete a depression screener such as the Edinburgh Depression Scale questionnaire and a validated psychosocial questionnaire</p> <p>13. understand and apply the principles of management of pregnancy in women with pre-existing or current medical and surgical disorders and be able to access appropriate advanced services</p> <p>Clinical skills and gaining experience in ultrasound scanning: By the end of Year 2 of the training program, trainees are expected to gain experience, know their limitations and know when to refer for the following areas of transabdominal and transvaginal ultrasonography</p>		
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<p>Practical aspects of ultrasound scanning</p> <ol style="list-style-type: none"> 1. Machine settings required to optimise image 1. Probe orientation and manipulation 2. Systematic scanning approach to the examination 3. Probe sterilisation and care of the machine <p>Obstetrics</p> <ol style="list-style-type: none"> 4. Identify uterus, endometrium and cervix 5. Identify an intrauterine pregnancy in the first trimester >6 weeks 6. Recognise number of fetuses 7. Measure gestation sac to obtain a MSD 8. Measure CRL 9. Recognize the presence/absence fetal heart motion using M-mode 10. Determine presentation of pregnancy 11. Measure deepest vertical pool 12. Locate the placenta <p>Report writing</p> <ol style="list-style-type: none"> 13. Demonstrate adequate report writing with all relevant/necessary information <p>By the end of Year 2 of Core Training, all trainees are required to undertake assessment of competency in the following areas of transabdominal and transvaginal ultrasound:</p> <ol style="list-style-type: none"> 14. Identify uterus, endometrium and cervix 15. Identify an intrauterine pregnancy in the first trimester >6 weeks 16. Recognise number of fetuses 17. Measure gestation sac to obtain a MSD 18. Measure CRL 19. Recognize the presence/absence fetal heart motion using M-mode 20. Determine presentation of pregnancy 21. Measure deepest vertical pool (DVP) 22. Locate the placenta 23. Report writing 	<p>WS(U)</p>	<p>LB, APSS ,OE</p>
<p>Antenatal Care:</p>	<p>Teaching & Learning strategies</p>	<p>Assessment</p>

<p>Obstetric management</p> <p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ol style="list-style-type: none"> 1. Identify, evaluate and manage a normal pregnancy 2. Provide routine antenatal and intrapartum care in collaboration with other healthcare practitioners including midwives, GPs and allied health workers, if patient suitable for shared care 3. Counsel a patient regarding warning signs of adverse pregnancy events 4. Perform and interpret antepartum diagnostic tests accurately and integrate results of such tests into clinical management of a patient 5. Counsel a patient with an abnormal fetus regarding management options; be able to refer to and access appropriate services 6. Counsel a patient regarding options for antenatal genetic testing; be able to refer to access appropriate counselling services if necessary 7. Understand and apply appropriately the principles of pharmacology in pregnancy 8. Assess, recognise and manage pre-existing or current medical and surgical disorders in pregnancy 9. Assess, recognise and manage early obstetric complications 10. Identify the need for intervention that is additional to routine care only when it is clinically indicated 11. Interpret tests of fetal well-being including cardiotocography, ultrasound, Doppler studies and biophysical assessment <p><i>Assess and manage common clinical problems that arise in pregnancy by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ol style="list-style-type: none"> 12. Antenatal nausea, vomiting, abdominal and pelvic pain, abdominal 	<p>IHT, SL, ST, UCP1, CS/FP, WS (U)</p>	<p>WE,OE</p>
<ol style="list-style-type: none"> 13. mass, bleeding, discharge, fever, itch, rash, jaundice, genital lesions, diarrhoea, constipation, PR bleeding 14. Chest pain, cough, breathlessness, palpitations, fainting, collapse 		

15. Urinary retention, loin pain, dysuria, haematuria, oedema, headache, hypertension, proteinuria, seizures		
16. Breast pain, breast lump, galactorrhoea, mood and behavioural		

Antenatal Care:	Teaching & Learning strategies	Assessment
<p>changes</p> <p>17. Mobility problems, weight gain, weight loss</p> <p>18. Large and small for dates, reduced fetal movements</p> <p><i>Assess and manage clinical conditions specific to pregnancy by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</i></p> <p>19. Hyperemesis gravidarum</p> <p>20. Incarcerated uterus, congenital or other genital tract anomalies affecting pregnancy, female genital mutilation</p> <p>21. Congenital fetal malformations, fetal genetic disorders, disorders of fetal growth</p> <p>22. Pre-eclampsia, abruption, placenta praevia, abnormal cord insertion, abnormal placental attachment, abnormal liquor volume</p> <p>23. Multiple pregnancy</p> <p>24. Isoimmunisation</p> <p>25. Preterm labour, preterm rupture of the membranes, malpresentation and prolonged</p>	<p>IHT, SL, ST, UCP2, CS/FP,</p>	<p>OE,WE,OE</p>
<p>26. pregnancy</p> <p>27. Malpresentation and abnormal lie</p> <p>28. Midtrimester fetal loss or perinatal death including grief counselling and consent for pathology or autopsy where appropriate</p> <p>29. Prolonged pregnancy</p>		

<p><i>Demonstrate an understanding of the underlying principles (including basic sciences, evidence base and clinical principles) of the following conditions or circumstances:</i></p> <ul style="list-style-type: none"> 30. Prenatal diagnostic techniques, amniocentesis and CVS 31. Fetal therapy including fetal surgery and associated interventional techniques 32. Twin-twin transfusion 33. High order multiple pregnancy 34. General and regional obstetric anaesthesia Non gynaecological surgery in the pregnant patient (e.g. appendix, 	<p>IHT, SL, ST, UCP2, CS/FP, WS (U)</p>	<p>WE, OSCE, OE</p>
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Antenatal Care:	Teaching & Learning strategies	Assessment
<p>gall bladder)</p> <ul style="list-style-type: none"> 36. Trauma in the pregnant patient 37. The pregnant patient in intensive care <p><i>Safely conduct or refer for all obstetric procedures involved in antenatal care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ul style="list-style-type: none"> 38. cervical cerclage (evidence base, indications, application and complications) 39. invasive fetal procedures 40. amnioreduction 41. adnexal surgery in a pregnant patient 	<p>IHT, SL, ST, UCP2,</p>	<p>APSS, LB, OE</p>

OBG 923: Clinical Knowledge and Management Skills: Obstetrics (Intrapartum care) 4 Credits

Learning Outcomes:

Demonstrate clinical expertise in the management of the intrapartum period of pregnancy

Intrapartum Care	Teaching & Learning strategies	Assessment
<p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ol style="list-style-type: none"> 1. Perform and interpret fetal monitoring during labour: implement appropriate clinical interventions for fetal heart rate abnormalities. 2. Use and interpret tests of fetal well-being, underpinned by an understanding of test reliability 3. Assess and manage a normal labour and birth 4. Provide subsequent routine intrapartum care in collaboration with other healthcare practitioners including midwives, GPs and allied health workers 5. Assess and manage abnormal labour and birth 6. Use evidence-based medicine to inform discussion of mode of delivery 7. Assess and manage labour following a previous Caesarean section 8. Assess and manage labour complicated by maternal medical conditions 9. Recognise and manage maternal and fetal complications, which may develop during labour, including pre-eclampsia and fetal distress. <p><i>Be able to assess and manage common clinical problems that arise in the intrapartum period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ol style="list-style-type: none"> 10. Intrapartum pain, labour after previous caesarean, uterine tenderness, non-reassuring fetal status, meconium liquor, 	<p>IHT, SL, ST, UCP2,</p>	<p>APSS, LB. OE</p>
Intrapartum Care	Teaching & Learning strategies	Assessment
<p>abnormal CTG, abnormal progress haemorrhage, pyrexia, tachycardia, breathlessness, collapse, seizure, abnormal second stage</p> <p><i>Assess and manage clinical conditions specific to the intrapartum period by demonstration of an understanding of the aetiology, pathogenesis,</i></p>	<p>IHT, SL, ST, UCP2</p>	<p>APSS, LB, OE</p>

<p>pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</p> <ol style="list-style-type: none"> 1. malpresentation, malposition, cord prolapse, fetal hypoxia, chorioamnionitis, Group B streptococcal (GBS) carriage, uterine atony, coagulopathy, amniotic fluid embolism, labour after previous caesarean, uterine scar dehiscence uterine rupture, caesarean hysterectomy, shoulder dystocia, cervical laceration, vaginal and perineal trauma <p><i>Understand the types of anaesthesia appropriate for control of pain during labour and birth and their benefits and complications with respect to mother and fetus.</i></p> <p><i>Safely manage and conduct all obstetric procedures involved in intrapartum care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ol style="list-style-type: none"> 2. Spontaneous vaginal birth 3. Induction of labour, including use of appropriate cervical ripening agents 4. Intrapartum fetal scalp blood sampling 5. Augmentation of labour with amniotomy and/or oxytocin 6. Administration of local anaesthesia including pudendal block 7. Management of cord prolapse 8. Vaginal breech birth 9. Vaginal twin birth, including podalic version and breech extraction 10. Instrumental vaginal birth, including safe and appropriate vacuum and forceps deliveries including instrumental delivery for a persistent transverse or posterior position 11. Shoulder dystocia management 12. Preterm Birth 13. Caesarean Section including LSCS, repeat LSCS, and classical CS 14. Complicated Caesarean Section, i.e. failed instrumental birth 15. Visceral and vascular trauma sustained at CS 		
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B.1.3. Intrapartum Care	Teaching & Learning strategies	Assessment
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<ol style="list-style-type: none"> 1. Perimortem Caesarean Section 2. Episiotomy and repair 3. Repair of perineal, vaginal and cervical lacerations, including third and fourth degree tears 4. Manual removal of placenta 5. Management of maternal collapse 	IHT, SL, ST, UCP2	APSS, LB, OE
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OBG 924: Clinical Knowledge and Management Skills: Obstetrics (Post-partum and Neonatal care) 3 Credits

Learning Outcomes:

Demonstrate clinical expertise in the management of the post-partum period and neonatal care

Post-partum Care	Teaching & Learning strategies	Assessment
<p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ol style="list-style-type: none"> 1. Manage a normal puerperium <p><i>Be able to assess and manage common clinical problems that arise in the puerperium by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ol style="list-style-type: none"> 2. Perineal pain, swelling, discharge 3. Postpartum haemorrhage 4. Postpartum fever 	IHT, SL, ST, UCP2	APSS, OE, LB

<p>5. Postpartum blues, depression, anxiety</p> <p>6. Symptoms of depression and anxiety by advising women to complete a depression screener such as the Edinburgh Postnatal Depression Scale questionnaire and a validated psychosocial questionnaire within 4 weeks of birth</p> <p>7. Breastfeeding difficulty and complications, including the role of the Lactation Consultant in management</p> <p>8. Urinary incontinence and urinary retention</p> <p>9. Postpartum collapse</p> <p>10. Discussion of patients' contraception, sterilisation and future pregnancies.</p> <p><i>Assess and manage clinical conditions specific to the post-partum period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management</i></p>	WS(CS/FP)	APSS, OE, LB
<p>and prognosis of the following conditions:</p> <ol style="list-style-type: none"> 1. Perineal trauma (including perineal haematoma, 3rd and 4th degree tear) 2. Injury to the urinary tract 3. Retained placenta 4. Acute uterine inversion 5. Retained products of conception 6. Deep vein thrombosis &/or pulmonary embolism 7. Postnatal depression and other affective disorders 8. Endometritis, mastitis, cystitis, wound infection 9. Perinatal death (including grief counselling and investigation that may include obtaining consent for an autopsy) <p><i>Safely manage and conduct all obstetric procedures involved in postpartum care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ol style="list-style-type: none"> 10. Procedures employed for control of postpartum haemorrhage (including B Lynch suture, uterine tamponade balloon, internal iliac artery ligation and postpartum hysterectomy) 11. Repair of the vaginal and perineal tears including 3rd and 4th degree tears 	IHT, SL, ST, UCP2	APSS, LB, OE

Neonatal Care	Teaching & Learning strategies	Assessment
<p><i>Be able to provide and organise the routine care of a healthy neonate.</i></p> <p><i>Assess and manage clinical conditions specific to the neonatal period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</i></p> <p>1. Aberrations of growth (growth restriction and macrosomia), prematurity, neonatal jaundice, respiratory distress, cardiac arrest, sepsis, birth asphyxia, birth trauma, common congenital and genetic anomalies, fetal alcohol syndrome, neonatal abstinence syndrome, the neonate of a diabetic mother, hypoxic ischaemic encephalopathy, necrotising enterocolitis, seizures, and babies exposed to maternal medication.</p>	<p>IHT, SL, ST, UCP2, WS(NR)</p>	<p>APSS, LB, OE</p>

Neonatal Care	Teaching & Learning strategies	Assessment
<p><i>Perform an immediate assessment of the newborn child and determine if resuscitative measures are indicated.</i></p> <p><i>Resuscitate a newborn baby, including rapid clinical assessment of neonatal asphyxia, external cardiac compression of neonate, use of bag and mask ventilation and use of endotracheal adrenaline (Note: neonatal resuscitation is a logbook requirement for all Year 1 trainees).</i></p> <p><i>Perform a routine neonatal assessment and be able to manage common problems found during this assessment.</i></p> <p><i>Recognise neonatal abnormalities requiring paediatric care (for example, congenital dislocation of hips, oesophageal atresia, cardiac murmurs, neonatal jaundice).</i></p>	<p>IHT, SL, ST, UCP2, WS(NR)</p>	<p>APSS, LB, OE</p>

OBG 925: Clinical Knowledge and Management Skills: Gynaecology 16 Credits

Learning Outcomes:

- Demonstrate clinical expertise pertaining to common and critically important gynaecological conditions.

Gynaecological Health, Menstrual Disorders & Menopause	Teaching & Learning strategies	Assessment
<p>Gynaecological health</p> <p><i>Understand gynaecological management in order to:</i></p> <ol style="list-style-type: none"> 1. Advise on breast screening, pelvic muscle exercises, contraception, and safe sex education 2. Advise on lifestyle and hygiene issues to optimise sexual and reproductive health and minimise the risk of developing malignancies 3. Assess and manage sexual problems, and sexual and domestic violence 4. Perform gynaecological speculae and bimanual examination properly and appropriately <p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of congenital anomalies of the genital tract.</i></p> <p><i>Demonstrate a contemporary evidence-based knowledge of the following:</i></p> <ol style="list-style-type: none"> 5. Psycho-sexual disorders 6. Menarche and common adolescent gynaecological conditions 7. Appropriate knowledge of cervical pathology including the principles 	<p>IHT, SL, ST, UCP1, UCP2, WS(CS/FP)</p>	<p>WE, OE, OSCE, APSS, LB</p>

Gynaecological Health, Menstrual Disorders & Menopause	Teaching & Learning strategies	Assessment
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<p>and practice of colposcopy</p> <p><i>Understand principles of a paediatric gynaecological examination</i></p> <p>Paediatric and Adolescent Gynaecology</p> <p><i>Demonstrate an understanding of and an ability to assess and initiate management of:</i></p> <ol style="list-style-type: none"> 1. Pre-pubertal vaginal discharge and bleeding 2. Congenital anomalies of the genital tract 3. Disorders of puberty (see reproductive endocrinology) 4. Menstrual disorders in adolescents (irregular or heavy bleeding, amenorrhoea) 5. Paediatric and adolescent tumours of the genital tract 6. Adolescent sexual issues including high risk behaviour, contraception, STIs, HPV vaccination 7. Suspected adolescent or child sexual abuse <p>Menstrual disorders</p> <p><i>Demonstrate a contemporary evidence-based knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of menstrual disorders in order to:</i></p> <ol style="list-style-type: none"> 8. Assess and manage a woman with menstrual disorders 9. Assess and manage oligomenorrhoea, amenorrhoea, hirsutism, acne 10. Assess and manage premenstrual symptoms, premenstrual syndrome and premenstrual dysphoric disorder 11. Diagnose and initiate management of a woman with dysfunctional or abnormal uterine bleeding 	<p>IHT, SL, ST, UCP1, UCP2, WS(CS/FP)</p>	<p>WE, OE, OSCE, APSS, LB</p>
<p>Contraception</p> <p><i>Demonstrate a contemporary evidence-based knowledge of contraception in order to:</i></p> <ol style="list-style-type: none"> 1. Discuss with a woman and her partner family planning and contraceptive issues 2. Assess and manage contraception <p>Gynaecological infections</p>	<p>IHT, SL, ST, UCP1, UCP2, WS(CS/FP)</p>	<p>WE, OE, OSCE, APSS, LB</p>

<p>Psychosocial issues in gynaecological care</p> <ul style="list-style-type: none"> 12. Obtain legal consent from an incompetent patient 13. Sensitively and appropriately manage a patient with a psychological or psychiatric disorder or substance abuse problem 		
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B.2.1. Gynaecological Health, Menstrual Disorders & Menopause	Teaching & Learning strategies	Assessment
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<p>42. Recognise common indicators that a patient has suffered sexual assault</p> <p>43. Respond appropriately to a patient who discloses sexual assault</p> <p>44. Provide appropriate counselling and referrals to a victim of sexual assault</p> <p>45. Recognise common indicators that a patient has suffered domestic violence</p> <p>46. Respond appropriately to a patient who discloses domestic violence</p> <p>47. Provide appropriate counselling and referral to a victim of domestic violence</p> <p>48. Understand the principles of a forensic examination and how to write a forensic report</p> <p>49. Assess and manage a woman with premenstrual syndrome and dysphoric disorder (PMDD)</p> <p>50. Assess the impact of socioeconomic factors on a woman's health</p>	IHT, SL, ST, UCP1, UCP2, WS(CS/FP)	WE, OE, OSCE, APSS, LB
<p>Ultrasound</p> <ul style="list-style-type: none"> • Approach to transvaginal and transabdominal ultrasound scanning • Identify the uterus, cervix and endometrium in the presence of a positive pregnancy test 	IHT, SL, ST, UCP1, UCP2, WS(CS/FP)	WE, OE, OSCE, APSS, LB

B.2.2. Gynaecological Surgery	Teaching & Learning strategies	Assessment
<p><i>Demonstrate a detailed knowledge of the following gynaecological operations:</i></p> <ul style="list-style-type: none"> • Surgical management of miscarriage and termination of pregnancy • Surgical treatment of ectopic pregnancy • Surgical management of molar pregnancy • Diagnostic hysteroscopy • Operative hysteroscopy • Sterilisation procedures • Diagnostic laparoscopy • AGES Skill Levels 1-3 laparoscopic surgery • Surgical treatment of cervical pathology • Hysterectomy: abdominal (total and sub-total), vaginal and 	IHT, SL, ST, UCP1, UCP2, BOS, FOS, WS(L), WS(H), WS(C)	WE, OE, OSCE, APSS, LB, IHCA (L) IHCA(C), IHCA(H)

B.2.2. Gynaecological Surgery	Teaching & Learning strategies	Assessment
<p>laparoscopic assisted</p> <ol style="list-style-type: none"> 51. Myomectomy 52. Endometrial ablation 53. Open surgical management of a benign adnexal mass 54. Diagnostic cystoscopy 55. Primary prolapse surgery, including anterior and posterior colporrhaphy/colpoperinorrhaphy and technique(s) for vaginal vault suspension 56. Primary surgical procedure(s) for urodynamically proven GSI (genuine stress incontinence) 57. Simple vaginal tumour surgery 58. Surgery of benign vulvar and perineal conditions <p><i>In principle, show an understanding of the indications, technique, anatomy and potential complications for the following operations:</i></p> <ol style="list-style-type: none"> 59. Operations relating to the subspecialty of gynaecological oncology 60. AGES Skill Levels 4-6 operative laparoscopy 61. Complex hysteroscopic surgery: resection of septa, sub-mucosal myomectomy 62. Operative procedures specific to infertility and reproductive medicine 63. Complex urogynaecological procedures, including repeat procedures for incontinence, fistula surgery and surgical management of detrusor instability 64. Adolescent gynaecological procedures (neo-vagina etc.) 65. Complex pelvic floor surgery, such as mesh repairs and their complications, recurrent vault prolapsed and less commonly performed operations such as LeForts 66. Surgical management of operative complications involving related specialities: 67. Bowel injury/resection/anastomosis 68. Bladder and ureteric injury 69. Vascular injury 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS, WS(L), WS(H), WS(C)</p>	<p>WE, OE, OSCE, APSS, LB, IHCA (L) IHCA(C), IHCA(H)</p>

B.2.3. Reproductive Endocrinology	Teaching & Learning strategies	Assessment

<p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <p>1. androgen insensitivity, hyperandrogenism, disorders of sex hormone synthesis, disorders of puberty, hypothalamic insufficiency, hyperprolactinaemia, polycystic ovary syndrome, pituitary failure,</p>	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB
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B.2.3. Reproductive Endocrinology	Teaching & Learning strategies	Assessment
<p>ovarian failure, testicular failure</p> <p>70. tubal disease, female and male infertility, unexplained infertility</p> <p><i>Demonstrate a contemporary evidence-based knowledge of the investigation and basic treatment of the infertile couple.</i></p> <p><i>Manage and counsel (in consultation with other health professionals) a couple with primary or secondary infertility (including scrotal examination and semen analysis); be able to communicate to patients the medical and/or surgical treatments (and their associated outcomes and risks) for the common causes identified.</i></p> <p><i>Counsel a woman about the concept of ovarian reserve, how this is calculated and its limitations.</i></p> <p><i>Manage, under direct supervision, the patient requiring induction of ovulation with clomiphene.</i></p> <p><i>Understand the principles of assisted conception techniques.</i></p>	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB

B.2.4. Early Pregnancy Care	Teaching & Learning strategies	Assessment
<p><i>Assess and manage early pregnancy pain and bleeding</i></p> <p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, diagnosis, management and prognosis of miscarriage, recurrent miscarriage, ectopic pregnancy and trophoblastic disease.</i></p> <p><i>Perform, interpret and communicate both sensitively and comprehensively:</i></p> <ul style="list-style-type: none"> • <i>diagnostic tests to confirm an early spontaneous miscarriage.</i> • <i>diagnostic tests to confirm an ectopic pregnancy.</i> <p><i>Medically or surgically manage:</i></p> <ul style="list-style-type: none"> • a woman experiencing a miscarriage and the complications that may arise. • a woman with an ectopic pregnancy and complications that may arise, including post-pregnancy care and prognosis for future pregnancies. • a woman requesting termination of pregnancy (or refer accordingly) 	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB

<p><i>Investigate and manage</i> a couple experiencing recurrent early pregnancy loss</p> <p>Counsel patients in an acute and outpatient environment</p>		
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B.2.5. Gynaecological Oncology	Teaching & Learning strategies	Assessment
<p><i>Demonstrate an understanding of:</i></p> <p>1. <i>the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of malignant tumours of the genital tract, premalignancy including vulval/vaginal/cervical intraepithelial neoplasia and endometrial hyperplasia.</i></p> <p><i>Demonstrate:</i></p> <p>2. <i>a contemporary evidence-based knowledge of the principles of treatment and follow up of gynaecological malignancy, including surgery, chemotherapy and radiation.</i></p> <p><i>Diagnose and manage trophoblastic disease with appropriate referral.</i></p>	<p>IHT, SL, ST, UCP1, UCP2, WS (C), WS(H),</p>	<p>WE, OE, OSCE, APSS, LB, IHCA (H), IHCA(C),</p>

B.2.6. Urogynaecology	Teaching & Learning strategies	Assessment
<p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ol style="list-style-type: none"> 1. Cystocele, rectocele, uterine and vaginal vault prolapse 2. Urinary stress incontinence, detrusor instability/overactive bladder, neurogenic incontinence, voiding difficulties, cystitis 	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB

B.2.6. Urogynaecology	Teaching & Learning strategies	Assessment
<p>71. Gynaecological fistulae, anal sphincter damage</p> <p><i>Be able to manage and assess the following clinical problems: pelvic organ prolapse, urinary urgency, frequency and incontinence, dysuria, haematuria, urinary retention.</i></p> <p><i>Diagnose and arrange appropriate management of gynaecological fistulae.</i></p> <p><i>Understand and counsel women on the principles of urodynamic investigations.</i></p> <p><i>Be able to communicate effectively to a patient:</i></p> <ol style="list-style-type: none"> 72. The causes and pathogenesis of female urinary incontinence 73. The appropriate investigation and treatment of female urinary incontinence, including gynaecological fistulae 74. The roles of urodynamic investigations 75. The pathogenesis, investigation and management of utero-vaginal prolapse, including recurrent prolapse 	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB

B.2.7. Critical Care in Gynaecology and Obstetrics	Teaching & Learning strategies	Assessment
<p><i>Apply critical care skills in the areas of:</i></p> <ul style="list-style-type: none"> • Toxic shock syndrome • Septic shock • Eclampsia 	IHT, SL, ST, UCP1, UCP2	WE, OE, OSCE, APSS, LB

<ul style="list-style-type: none">• Amniotic fluid embolism• Adult respiratory distress syndrome• Pulmonary and cardiovascular disease in pregnancy• Haemodynamic monitoring/hypovolemic shock• Cardiopulmonary resuscitation• Allergic (or adverse) drug reactions• Ovarian hyperstimulation syndrome• Resuscitate an adult patient, including intubation		
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OBG 923: General Surgical Principles

(Applicable to both gynaecological and obstetric surgery)

Learning Outcomes:

- Demonstrate medical expertise in core areas of surgical procedure and care.
- Demonstrate medical expertise in core areas of obstetric and gynaecological care.
- Demonstrate pre, intra and postoperative use of Surgical Safety checklists.

B.3.1 Preoperative	Teaching & Learning strategies	Assessment
<p><i>Prepare a specific patient for a specific operation by being able to:</i></p> <ol style="list-style-type: none"> 1. Conduct a pre-operative assessment including appropriate surgical procedure for the clinical problem 2. Demonstrate knowledge of risks, outcomes, alternatives, potential complications and their incidence 3. Perform a pre-operative anaesthetic assessment 4. Assess for risk of thromboembolism and understand the principles of thromboembolism prophylaxis 5. Ensure understanding and obtain specific informed consent, including consent for audit, research and new procedures where appropriate 6. Assessment of acuity, including intra-abdominal bleeding, resuscitation of the haemodynamically compromised patient (principles of surgical triage) 7. Ensure that correct instruments, equipment and suture material are available 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>

B.3.2 Intra-operative	Teaching & Learning strategies	Assessment
<p><i>Demonstrate:</i></p> <ul style="list-style-type: none"> • Competence in basic CPR, with knowledge of principles of advanced airway management and cardiac arrest/arrhythmia management • A teamwork approach to peri and intra-operative patient care • Knowledge of patient safety peri-operatively (transfers, positioning) <p><i>Demonstrate competence in the management of all types of equipment utilised</i></p>	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>

B.3.2 Intra-operative	Teaching & Learning strategies	Assessment
<p><i>in operative O&G:</i></p> <ol style="list-style-type: none"> 1. Surgical instruments 2. Disposables, including sharps handling and disposal, and principles of managing exposure to potentially contaminated body fluids. 3. Electrosurgical instruments 4. Laser if appropriately trained and credentialed 5. All laparoscopic equipment (instruments, disposables, power and light sources, insufflation media, recording equipment) <p><i>Demonstrate an understanding of:</i></p> <ol style="list-style-type: none"> 6. Prophylaxis of VTE (venous thromboembolism), VTE riskassessment and evidence-based approach to therapy. 7. The principles of management of unexpected intra-operative surgical complication (bleeding, injury to organ or viscus, unexpected pathology) 8. The principles of surgical assisting <p><i>Apply clinical knowledge and surgical skills to:</i></p> <ol style="list-style-type: none"> 9. Open and close abdomen, using both vertical and transverse incisions 10. Show competence in basic gynaecological and obstetricsurgical skills, and laparoscopic and hysteroscopic skills 11. Show consistent competency in technique in regard to instrument, tissue and aseptic management, in major and minor procedures 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>

<ol style="list-style-type: none"> 12. Correctly use laparoscopic techniques for abdominal entry 13. Correctly use and care for instruments, equipment and suture material 14. Safely use electrodiathermy (and laser where applicable) 15. Identify the ureter and internal iliac artery 16. Be consistently safe with sharps with respect to self, assistant, scrub nurse and patient 17. Manage a needle-stick injury 18. Apply surgical principles to prevent adhesions during surgery 19. Demonstrate dissection of proper fascial planes in repair surgery 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>
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B.3.2 Intra-operative	Teaching & Learning strategies	Assessment
<ol style="list-style-type: none"> 1. Manage fluid and electrolyte balance 2. Manage intravenous therapy, including use of blood and blood products 3. Recognise injuries to the ureter, including those which become apparent postoperatively 4. Recognise bladder and bowel trauma, including those which become apparent postoperatively and undertake appropriate management 5. Insert a suprapubic catheter 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>

B.3.3 Postoperative	Teaching & Learning strategies	Assessment
<p><i>Apply clinical knowledge and surgical skills in the management of post-operative complications to:</i></p> <ol style="list-style-type: none"> 1. Assess complications as immediate (requiring re-operation/return to theatre), early, as inpatient (bleeding, infection, or related system) or late (after discharge) 2. Detect and manage postoperative complications, including pain, fever, oliguria, infection, thrombosis, reactionary and secondary haemorrhage, obstruction, paralytic ileus and urinary retention 3. Diagnose and initiate management of pulmonary embolus 4. Manage a patient with circulatory shock 	<p>IHT, SL, ST, UCP1, UCP2, BOS, FOS</p>	<p>WE, OE, OSCE, APSS, LB</p>

B.3.4 Operative records	Teaching & Learning strategies	Assessment
<p><i>Be aware of and maintain accurate and detailed operative records for:</i></p> <ol style="list-style-type: none"> 1. Surgical audit, outcome reporting, sentinel event reporting, root cause analysis 2. Surgical research, evaluation of new techniques etc. 	<p>IHT, SL, ST, UCP1, UCP2,</p>	<p>WE, OE, OSCE, APSS, LB</p>

B.3.5 Research	Teaching & Learning strategies	Assessment
<p><i>Be aware of and carry out detailed research and analysis for:</i></p> <ol style="list-style-type: none"> 1. Case reports and commentaries. 2. Dissertation/ thesis. 	<p>IHT, SL, ST, UCP1, UCP2, HMC, DB, CB</p>	<p>FAR, OE</p>

B. 3.6 Community Obstetrics/Gynaecology	Teaching & Learning strategies	Assessment
<p><i>Be aware of peculiar case presentations and management/ logistic challenges in the rural communities:</i></p> <p>1. Rural community posting.</p>	<p>IHT, SL, ST, RCP</p>	<p>OELB, IHCA</p>

CHAPTER FIVE: LEVEL OF COMPETENCE DURING TRAINING AND MILESTONES

Levels of competences that must be attained at each level of training and milestones that must be met before progress to new levels of training.

Competencies are a series of identified, observable abilities applied within explicitly defined contexts that define a spectrum of achievement from beginner to an expert. For each individual competence, there is a spectrum of capabilities from beginner to master.

Competency milestones within each role have been established to describe physician skills across the continuum of medical education: from admission into postgraduate training, throughout residency, transitioning into practice, throughout independent practice, and transitioning out of professional practice. Milestones refer to the capabilities expected of a trainee at defined stages of their training. Milestones form a developmental model of training, with descriptions of behaviours that must be observable or demonstrable and that have a goal to make unambiguous what is understood. Milestones serve as a learning roadmap for trainees, and they allow trainers to track the progression from a dependent to an independent learner.

- Essential Characteristics and Key Competencies

This describes the skills, attributes and key competencies considered necessary for effective specialist practice within three domains:

- Clinical expertise (CE)
- Academic abilities (AA)
- Professional qualities (PQ)s

Professional performance profile comprised of three overlapping domains, to guide the practice of Obstetricians and Gynaecologists throughout their careers.

Entrustable Professional Activities (EPAs) are “activities or units of professional practice, defined as meaningful clinical tasks or responsibilities that residents are entrusted to perform when they have reached the appropriate level of competence. EPAs are independently executable, observable, and measurable in their process and outcome, and therefore, suitable for entrustment decisions.” RANZCOG Curriculum 2016

Milestones show the progression in the levels of competence acquired by a trainee in the performances of particular tasks over time. A Milestone is “a defined, observable marker of an individual’s ability along a developmental continuum.” RANZCOG Curriculum 2016

COMPETENCY-BASED MEDICAL EDUCATION (CBME) IN OBSTETRICS AND GYNAECOLOGY.

The EPAs are essential professional activities that include:

1. Specify knowledge, skills, and attitudes;
2. Lead to recognized outputs of professional work;
3. Can be independently executed;
4. Are observable and measurable; and
5. Encompass a set of competencies across different roles.

LEVEL OF COMPETENCY FOR OBSTETRICS AND GYNAECOLOGY TRAINING.

LEVEL OF COMPETENCY	DEFINITION
1	Learner only observe modelled behaviour, because they do not have the skills or knowledge to perform a specific EPA, even with full supervision
2	Learner practice the EPA under controlled circumstances with full supervision
3	Learner practice the EPA with supervision on demand
4	Unsupervised practice is allowed, with the caution that learners will seek help when their capabilities are insufficient to competently complete the task
5	Able to supervise others and teach them through entrusting

NOTE: THE LEVELS OF COMPETENCES WILL BE INCLUDED IN THE LOG BOOK ASSESSMENT.

Benchmarks for attaining levels of competency (levels 1 to 5) throughout training	Benchmark 1 Year 1	Benchmark 2 Year 2	Benchmark 3 Year 3
Uncomplicated antenatal care	2	5	5
Complicated antenatal care	3	4	5
Intrapartum care	3	5	5
Complicated childbirth	2	3	5
Basic high-risk childbirth	2	3	5
Uncomplicated postpartum and newborn care	2	5	5
Complicated postpartum and newborn care	2	3	5
Basic reproductive medicine	2	2	5
Benign outpatient gynaecology cases	2	3	5
Basic gynaecology surgery	2	3	4
Basic urogynaecology and pelvic floor Surgery	2	2	3
Sexual health	2	3	5
Basic Gynaecologic oncology	2	2	3
Perioperative care	2	3	4

CHAPTER SIX: POSTINGS AND TARGETED COMPETENCIES

Postings that residents go through at each stage of the Junior Residency training and the duration and targeted competencies.

ADMISSION INTO THE JUNIOR RESIDENCY TRAINING

PROGRAMME

Eligibility for admission into the Junior Residency training programme requires that the trainee has sound knowledge of the scientific basis of Obstetrics and Gynaecology as demonstrated by passing the Primary examination of the college or its equivalent.

The preliminary stage of the training comprises self-directed learning and attendance at college organized didactic lectures /courses which covers the following courses described in details in chapter 4.

- OBG 910: Epidemiology and Research Methods (4 Credits)
- OBG 911: Obstetric and Gynaecologic Anatomy (4 Credits)
- OBG 912: Placental Fetal and Early Neonatal Physiology (3 Credits)
- OBG 913: Reproductive Physiology and Endocrinology (4 Credits)
- OBG 914: Genetics (3 Credits)
- OBG 915: Pharmacology and Therapeutics (4 Credits)
- OBG 916: Clinical Imaging (4 Credits)
- OBG 917: Pathology and Haematology (4 Credits)
- OBG 918: Microbiology (2 Credits)

BREAK DOWN OF JUNIOR RESIDENTS’ ROTATION

1. LABOUR WARD POSTING		
POSTING TYPE		COMPULSORY
DURATION		3 MONTHS (13 WEEKS)
CONTACT LECTURES/ SESSIONS		<p>Early morning review [1Hr/day X 5days X 13 weeks = 65 hrs],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 13 weeks = 130 hrs],</p> <p>Departmental scientific meeting [2Hr/week X 13 weeks = 26 hr]</p> <p>Total = 221 hours equivalent to 15 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK		<p>Supervision of labour & Conduct of deliveries, Operating theatre sessions.</p> <p>[4Hr/day X 5days X 13 weeks = 260 hrs]</p> <p>Total = 260 hours equivalent to 6 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS DURING CALL HOURS		<p>Supervision of labour & Conduct of deliveries, Emergency Operating theatre sessions.</p> <p>Total call hours is 320/month. 2/3 of this is 213 hours/month X 3months = 639hrs]</p>

		Total = 639 hours equivalent to 14 credit units
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS JUNIOR RESIDENCY
Intrapartum care	5	≥100 deliveries
Complicated Childbirth	5	≥25 caesarean sections ≥15 vacuum extractions ≥15 outlet forceps delivery ≥3 manual placental removals ≥20 repairs of 2nd degree tears/episiotomies
Basic High Risk Childbirth	3	≥10 multiple deliveries ≥5 vaginal breech births
Uncomplicated Postpartum & Newborn Care	5	≥50 cases

Complicated Postpartum & Newborn Care	5	<p>≥10 postpartum pyrexia</p> <p>≥15 neonatal resuscitation</p>
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EPA/Theme - Intrapartum Care

<p>Medical Diagnosis and advise & Conservative treatment</p> <p>Treatment requiring specific Skills</p>	<p>Managing physiological childbearing including fetal monitoring. Manage intrapartum fever, intrapartum bleeding, post-partum haemorrhage and meconium. Understands indications for tocolysis, augmentation of labour and assisted delivery. Follows the indications for paediatric consultation. Managing the patient and her partner with handover to general practice.</p> <p>Physical examination during labour and delivery. Management of labour and delivery, including fetal monitoring. Management of the third stage.</p> <p>Repair of episiotomy and 1st and 2nd degree tears. Initial care of the newborn, including resuscitation. Possess adult resuscitation techniques.</p>
Communicator	<p>Providing patient-specific information to the patient (and her partner) about diagnoses and management. Handover with team members. Communicate with obstetrician when transferring a patient from general practice. Communicate back to referring obstetrician and general practitioners.</p>
Scholar	<p>Educate maternity care trainees. Applies EBM in practice.</p>
Collaborator	<p>Participate in the multidisciplinary obstetric team.</p>
Manager	<p>Management of multiple delivery rooms. Manage antepartum transfers. Provide leadership to the obstetric team.</p>

Health Advocate	Provide information for pregnant women and their partners.
Professional	Reflect on own functioning and that of the team members in the delivery rooms during the debriefing. Psychiatric counselling in the delivery room.

EPA/Theme: Complicated Childbirth

<ul style="list-style-type: none"> • Medical intervention • Diagnosis and advice <ul style="list-style-type: none"> • & Conservative treatment • • Treatment requiring specific skills 	<p>Diagnose obstetrical complications and summarize complex cases. Discuss consequences for next pregnancy. Provide pharmacological therapy for haemorrhage.</p> <p>Performance of assisted -delivery including caesarean section. Treat bleeding, shoulder dystocia and uterine inversion.</p> <p>Repair 3rd and 4th degree lacerations and cervical lacerations.</p>
Communicator	<p>Provide patient –specific information to patient (and partner) about diagnosis, management and patient organizations that may be of use. Inform stakeholders (obstetrical team, obstetrician, general practitioner). Delivery of bad news and grief counselling.</p>
Scholar	<p>Applies EBM in the practice. Educates team members.</p>
Collaborator	<p>Practices teamwork and takes appropriate control in acute situations. Ensures a suitable role distribution between residents, gynaecologist and differentiated gynaecologist and other participants in the care network.</p>
Manager	<p>Triage and deal with primary, secondary and tertiary care institutions. Management of multiple delivery rooms. Organize the aftercare process.</p>

Health Advocate	Counsel patient on preventative measure for next pregnancy if applicable.
Professional	Support the patient and family during this life event. Reflect on own management and experiences of events.

EPA/Theme Basic High Risk Childbirth

Treatment requiring specific skills	Breech extraction and delivery of twin and higher order multiple gestations.
Communicator	Consults supervisor appropriately. Counselling about breech extraction and delivery of multiple gestation.
Scholar	Applies EBM in the practice. Participates in consortia.
Collaborator	Adequately distributes tasks to the team and takes control when necessary.
Manager	Ensures availability of adequate infrastructure (e.g. Operating theatre and paediatricians). Emergency skills drill with the team.
Health Advocate	
Professional	Able to maintain an overview. Reflect on complications.

EPA/Theme: Uncomplicated Postpartum and Newborn Care

Medical intervention Diagnosis and advice & Conservative treatment	Management of the physiologic postpartum period (post vaginal birth and caesarean section) and management of the healthy newborn. Recognition of pathology in the postpartum period and in the newborn. Assessment of the immediate neonatal period and appropriate consultation with the paediatrician. Bring to practice, knowledge on breastfeeding and medication. Examination of the newborn.
Communicator	Deal with emotionally laden situations. Inform patient and partner. Communicate with primary care obstetrician.
Scholar	Applies EBM in the practice.

Collaborator	Discuss the management plan with patients, nurses and obstetricians, and other members of the team.
Manager	Arrangement for NICU care for the newborn if needed.
Health Advocate	
Professional	

Theme: Complicated Postpartum and Newborn Care

<p>Medical intervention Diagnosis and advice & Conservative treatment</p> <p>Treatment requiring specific skills</p>	<p>Management of pathology in the postpartum period with e.g.: Abnormal bleeding, infection, urinary retention, suspicion of thromboembolic processes, vulvar hematoma, hypertension, preeclampsia and HELLP. Management of pathology in the newborn and appropriate paediatric consultation.</p> <p>Manages retained placenta.</p> <p>Manages hematoma and abscess.</p>
Communicator	<p>Informs patients and partner of diagnosis and prognosis.</p> <p>Delivery of bad news and grief counselling.</p> <p>Provides information about patient organizations.</p>
Scholar	Applies EBM in the practice.
Collaborator	Ensures a suitable role distribution between residents, gynaecologist and differentiated gynaecologist and other participants in the healthcare network.
Manager	<p>Appropriate use of the NICU-care.</p> <p>Organizes the aftercare process for parturient and newborn.</p>
Health Advocate	Ensures adequate documentation and facilitate interment process.
Professional	Demonstrates responsibility for continuity of care.

POSTING TYPE (COMPULSORY)		OBSTETRICS POSTING
Duration		6 MONTHS (25 WEEKS)
Contact hours		<p>Early morning review [1Hr/day X 5days X 25 weeks = 125 hrs],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 25weeks = 250 hrs],</p> <p>Departmental scientific meeting [2Hr/week X 25 weeks = 50 hrs]</p> <p>Total = 425 hours equivalent to 28 credit units</p>
Clinical/Practical hours		Outpatient clinics, Operating theatre sessions, Ward work=20x25 (500hours=11 credit units)
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
Uncomplicated Antenatal care	5	<p>20 half days - low risk office hours</p> <p>One week rotation in primary care</p>
Complicated Antenatal Care	3	<p>20 half days - high risk office hours</p> <p>50 x biometry/global US screening 20 x at level 4</p> <p>6 x prenatal advanced ultrasound screening</p>

EPA/Theme: Uncomplicated Antenatal Care

Diagnosis and advice	<p>Providing preconception advice.</p> <p>Counselling about prenatal diagnostic testing, pregnancy complications, intrapartum analgesia, postpartum care and breastfeeding. Discuss management of malpresentation, fetal growth restriction, polyhydramnios and oligohydramnios and possible rupture of membranes.</p> <p>Is familiar with electronic fetal monitoring and indications for its use. Assess feasibility of induction of labour.</p> <p>Able to conduct a basic obstetrical ultrasound (fetal biometry, umbilical</p>
Treatment requiring specific skills	<p>cord pulsatility index, fetal screening for most common anomalies with the exception of NT, detailed anatomical ultrasound and advanced screening for congenital anomalies.</p>
Communicator	Obstetrical Counselling,
Scholar	<p>Modifies obstetrical care protocols based on the current literature.</p> <p>Knowledge of teratology.</p> <p>Applies EBM in the practice.</p>
Collaborator	Collaboration with primary care healthcare providers.
Manager	Participates in the obstetrical care system.
Health Advocate	<p>Is compliant with WGBO (Dutch Medical Treatment Contracts Act).</p> <p>Initiates appropriate maternity care interventions.</p> <p>Prevention by informing.</p>
Professional	Constructive participation in integrated obstetrical care.

EPA/Theme: Complicated Antenatal Care

Diagnosis and advice & Conservative treatment	Diagnosis of and counselling about abnormal pregnancy, e.g.: hyperemesis, recurrent abortion, ectopic pregnancy, congenital anomalies, hypertensive disorders of pregnancy, intrauterine fetal death, blood loss,, abdominal trauma, diabetes in pregnancy, infection, pre-existing disease complicating pregnancy, cervical incompetence, intrahepatic cholestasis of pregnancy, multiple gestation, postdates pregnancy, pelvic complaints, blood group incompatibility, addiction and psychiatric problems, teen pregnancies and late-maternal age pregnancies.
Communicator	Counselling about obstetric complications and pathology.
Scholar	Applies EBM in the practice.
Collaborator	Participates (as a main practitioner) in multidisciplinary treatment team.
Manager	Organize transportation. Participates in organizing multicentre research. Assumes control in acute situations.
Health Advocate	Management of perinatal mortality and (late) termination of pregnancy Work with organizations for healthcare for pregnancies complicated by addiction and psychiatric disorders.
Professional	Provides extra counselling when necessary.

2. GYNAECOLOGY POSTING		
POSTING TYPE		COMPULSORY
DURATION		6 MONTHS (25 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK		<p>Early morning review [1Hr/day X 5days X 21 weeks = 125 hrs],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 25weeks = 250 hrs],</p> <p>Departmental scientific meeting [2Hr/week X 25 weeks = 50 hr]</p> <p>Total = 425 hours equivalent to 28 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK		Outpatient clinics, Operating theatre sessions, Ward work=20x25 (500 hours=11 credit units)
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
Basic Reproductive Medicine	4	15 half days - indication determination of fertility problems and treatment with clomiphene citrate 20 x ultrasound- follicle count
Benign Outpatient Gynecology	4	50 half days - outpatient care gynecology 40 x gynecological US. 20 x at level 4
Basic Surgery	5	15 x diagnostic laparoscopy + 10 x at level 4 5 x laparoscopic adhesiolysis 10 x salpingectomy including ectopic pregnancy 10 x cystectomy + 5 x at level 4 15 x diagnostic hysteroscopy + 10 x at level 4 5 transcervical removal of a polyp + 5 x level 4 5 x transcervical removal of a myoma type 1 5 x transcervical removal of a myoma type 2

		<p>5 x Bartholin's gland marsupialization + 5 x at level 4</p> <p>3 x minor treatment of vulva</p> <p>15 x prolapse surgery</p> <p>5 x cone biopsy + 5 x at level 4</p> <p>10 x dilatation & curettage + 10 x at level 4</p> <p>5 x participation in myomectomy</p> <p>10 x any form of hysterectomy - partly done</p> <p>10 x abdominal incision other than caesarean section</p>
Basic Urogynecology & Pelvic floor	3	30 outpatient clinic Urogynecology patient encounters
Peri-Operative Care	4	-
Sexual Health	4 4	5 hours of participation in sexual health office hours
Basic Oncology	3	10 half days gynecological oncology outpatient care
Vulnerable elderly	3	-

EPA/Theme: Basic Reproductive Medicine

<p>Medical intervention</p> <p>Diagnosis and advice</p> <p>Conservative treatment</p> <p>Treatment requiring specific skills</p>	<p>Displays knowledge of basic reproductive endocrinology and endocrine abnormalities that could lead to cycle disorders.</p> <p>Applies knowledge of the causes, diagnosis and treatment of primary and secondary amenorrhea, oligomenorrhea, galactorrhea, hyperprolactinemia and hirsutism.</p> <p>Understands prognostic factors for pregnancy, the causes and the diagnosis for male and female subfertility, risks and complications of ovulation-induction and assisted reproduction techniques.</p> <p>Determines indications for fertility assessment and perform tests for fertility assessment and then create an appropriate management plan.</p> <p>Understands indications for and the value of the diagnostic tests: Perform a hysterosalpingography and diagnostic laparoscopy with tubal testing and then create an appropriate management plan. Demonstrates global understanding of probability of on-going pregnancy, spontaneous abortion and ectopic pregnancy with the different fertility treatments.</p> <p>Counselling of patient and partner.</p> <p>Ovulation induction with clomiphene citrate.</p> <p>Gynaecological ultrasound with follicle count and follicle measuring. Performs HSG.</p> <p>Hysteroscopy.</p> <p>Diagnostic laparoscopy with methylene blue.</p>
<p>Communicator</p>	<p>Provides information about the possibility of lifestyle changes and treatments.</p> <p>Recognizes feelings of disappointment, grief or insecurity and if appropriate refer to other healthcare providers.</p> <p>Reports back to referring provider.</p>
<p>Scholar</p>	<p>Inform patients about available patient information and about patient associations.</p> <p>Applies EBM in the practice.</p>

	Remains current with new techniques.
Collaborator	Ensures a suitable role distribution between residents, gynecologist and differentiated gynecologist and other participants in the healthcare network Adapt management to include that of other disciplines.
Manager	Handles national transition agreements about treatment by primary and secondary care providers and treatments in specialized secondary and tertiary care centers.
Health Advocate	Is adherent to and carries out protocols and guidelines.
Professional	Determines on own position with respect to ethical dilemmas. Protect own boundaries in knowledge and treatments.

EPA/Theme: Benign Outpatient Gynecology

Medical intervention Diagnosis and advice & Conservative treatment	Diagnosis and management of general gynaecological outpatient clinic problems e.g. Abnormal uterine bleeding, menopausal complaints, vaginitis/ vaginal discharge, abdominal/pelvic pain, STI screening, cervical screening, contraception, gynaecological
Treatment requiring specific skills	ultrasound and colposcopy. Diagnosis and conservative therapy of uterine fibroids and assessment for embolization. Diagnosis of adnexal pathology and appropriate use of MRI. Diagnosis and conservative therapy of endometriosis. Management of less common outpatient clinic gynaecological conditions such as breast disease and PMS. Gynaecological assessment. Placement of diaphragm/cervical cap, IUD, or subcutaneous contraceptive implants. Performance of gynaecological ultrasound, including infusion techniques.

	<p>Performs colposcopy, cervical biopsy and office hysteroscopy, including treatment of smaller intracavitary lesions.</p> <p>Treats vulvar condyloma and Bartholin's cysts.</p>
Communicator	<p>In the case of suspected psychosomatic components, discuss with primary care provider and patient.</p>
Scholar	<p>Applies EBM in the practice.</p>
Collaborator	<p>Ensures a suitable role distribution between residents, gynecologists and differentiated gynecologists and other participants in the healthcare network.</p>
Manager	<p>Plan outpatient clinic logistics.</p> <p>Preside at a patient meeting.</p>
Health Advocate	<p>Report on STD's at the National Institute for Public Health.</p>
Professional	<p>Reflect on own management and experiences of events.</p>

EPA/Theme: Basic Surgery

<p>Medical intervention Treatment requiring specific skills</p>	<p>Utilizes appropriate basic surgery techniques.</p> <p>Surgeries: small interventions involving vulva/vagina including punch biopsy, marsupialization of Bartholin's cyst, excision of condyloma, cervical cone biopsy, dilatation and curettage by suction or sharp curette, hysteroscopic surgery including be removal of intracavitary mass or polyp, laparoscopic surgery including tubal testing, sterilization, ectopic pregnancy and salpingostomy, cystectomy and simple adnexectomy.</p> <p>Laparotomy with minimal adhesiolysis and simple benign adnexal surgery.</p> <p>Thermal ablation.</p>
Communicator	<p>Documentation of surgery.</p> <p>Communicate with patient and relatives.</p> <p>Pre- and post-operative debriefing with OR team.</p>
Scholar	<p>Applies EBM in practice.</p> <p>Remain current with new techniques.</p>

Collaborator	Participate in the OR team and lead in acute situations.
Manager	Time management.
Health Advocate	Address colleagues about undesirable behavior. Utilizes, promotes and helps improve protocols and guidelines. Promotes and improves patient safety.
Professional	Keeps a portfolio. Deals with complications. Reflects on own actions and those of others.

EPA/Theme: Basic Urogynecology and Pelvic Floor

Medical intervention Diagnosis and advice & Conservative treatment	Diagnosis of basic pelvic floor pathology and urogynecological conditions Takes a thorough history and uses appropriate questionnaires. Directed physical examination for prolapse and micturition abnormalities, including Q tip test. Urinalysis. Provides counselling on the spectrum of treatment options. Refers for specific diagnostic testing and eventual surgical treatment to colleague with a sub-specialization in urogynecology. Conservative management including medication and physiotherapy. Pessary fitting and on-going care.
Communicator	Sexual health history. Reflect with patient and partner on psychosocial effects of the problem.

	Provide information regarding patient organizations.
Scholar	Applies EBM in the practice. Participate in consortia
Collaborator	Ensures a suitable role distribution between residents, gynecologists and differentiated gynecologists and other participants in the healthcare network.
Manager	Optimization of a multidisciplinary approach.
Health Advocate	
Professional	Reflects on own limits of knowledge and treatment.

EPA/Theme: Sexual Health

Medical intervention	Has an understanding of gynecological problems in practice that could have a negative influence on sexual function.
Diagnosis and advice	Enquires about sexual problems. Takes a comprehensive sexual history. Counseling of patient and partner, providing information on therapeutic possibilities. Enquires about negative sexual experiences of the patient, handles this with appropriate sensitivity and places this in context of the complaints of the patient.
Conservative treatment	Has an understanding of the consequences of sexual violence on behavior and complaint patterns. Applies simple treatment of sexual disorders.
Communicator	Takes a comprehensive sexual history. Reflects with patient and partner on psychosocial effects of the problem.

	Provides information about patient organizations.
Scholar	Applies EBM in the practice.
Collaborator	Refers to or consults with a sexologist and psychologist when indicated.
Manager	
Health Advocate	
Professional	Know how to cope with women who have experienced sexual assault. Be familiar with procedures and medical examinations after sexual assault.

EPA/Theme: Basic Oncology

Medical intervention Diagnosis and advice Conservative treatment	Diagnoses premalignant gynaecological conditions. After assessment, determine management and follow-up. Diagnoses malignancy and knows and is able to apply guidelines for referral. For complex diagnoses or policy related cases, ensures appropriate consultation with or referral to colleagues with sub-specialization in oncology (GOA). Provides palliative pain management or refers the patient if indicated.
Communicator	Provides information about diagnosis and treatment processes of gynecological malignancies. Conveys bad news, recognize grieving and refer when necessary, Copes appropriately with grief, fear or insecurity and anger of patients and partner.

Scholar	<p>Informs patients about available patient information and about patient associations.</p> <p>Applies EBM in the practice</p> <p>Participates in consortia.</p>
Collaborator	<p>Participates in multidisciplinary team care including primary care providers. and able to take the role of case manager.</p> <p>Ensures a suitable role distribution between residents, gynecologists and gynecologists (GOA) and other participants in the healthcare network.</p>
Manager	<p>Is familiar with and follow the existing consult structures and agreements with regard to referral.</p>
Health Advocate	<p>Deals with requests for euthanasia and palliative sedation.</p> <p>Deals with different beliefs around sickness and life.</p> <p>Works with transition care possibilities.</p>
Professional	<p>Be able to handle with patients with an oncological deviation.</p> <p>End of life/terminal care.</p> <p>Reflect on own actions and experiences.</p>

EPA/Theme: Peri-operative care

<p>Medical intervention</p> <p>Diagnosis and advice</p>	<p><u>Pre-operative care:</u></p> <p>Puts into practice knowledge about indications- and contra indications, alternatives to surgery, risks and dis- advantages of the gynaecological surgery, and prophylaxis treatments with diverse surgeries.</p> <p>Utilizes the ASA classification for anaesthetic risk.</p> <p><u>Postsurgical care:</u></p> <p>Puts into practice knowledge of the post-operative fluid balance and gastrointestinal function.</p>
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Conservative treatment	<p>Establishes, in a (multidisciplinary) team discussion, a uniform of policy with regard to postsurgical mobilization, medication, pain relief, anticoagulation and feeding and ensures it is followed.</p> <p>Determines discharge policy in concert with postoperative care team.</p> <p>Visits postsurgical patients.</p> <p>Recognizes symptoms of postsurgical complications and determines management.</p> <p>Wound assessment.</p> <p>Diagnoses and treats an acute abdomen or fever.</p> <p>Is familiar with and is able to discuss the advantages and disadvantages of blood transfusion.</p> <p>Is familiar with the indications for admission to Intensive Care.</p>
Communicator	<p>Provides adequate documentation.</p> <p>Deals appropriately with different beliefs about blood transfusion.</p>
Scholar	Applies EBM in practice
Collaborator	<p>Engages in a multidisciplinary collaboration with anaesthetists and other consultants.</p> <p>Ensure multidisciplinary input into rounds</p> <p>Possesses facilitation skills.</p>
Manager	<p>Develops uniform policies with the team and adheres to them.</p> <p>Efficient organization of healthcare management.</p>
Health Advocate	Carries out and adheres to protocols and guidelines.
Professional	<p>Deals with complications and complaints.</p> <p>Reflects on own knowledge and skills and operative limitations.</p>

	Ensures time-out and debriefing procedures.
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EPA/Theme: Vulnerable Elderly (component of Themes 4 and 5)

Medical intervention	<p>Is vigilant for multiple co-morbidities and poly pharmacy that may underlie and complicate gynaecological problems.</p> <p>Is aware of atypical disease presentations and increased vulnerability. Counsels about balancing treatment options and quality of life taking into account comorbid disease.</p> <p>Offers conservative treatment, including medication and physiotherapy.</p>
Diagnosis and advice	
Conservative treatment	
Communicator	<p>Reaches consensus about treatment limitations with patient and treatment team.</p> <p>Customizes assessments taking into account comorbidities (impaired hearing, impaired vision, reduced mobility and cognitive decline).</p> <p>Tailor information to patient and relatives.</p>
Scholar	<p>Applies EBM in practice.</p> <p>Participates in consortia.</p>
Collaborator	Participates in multidisciplinary approaches in inpatient and outpatient settings.
Manager	<p>Ensures adequate outpatient aftercare.</p> <p>Provides care to improve the quality of life.</p>
Health Advocate	<p>Works with relevant disciplines and organizations around elderly care.</p> <p>Appropriately handles different beliefs around sickness and end of life.</p>
Professional	Reflects on own role in elder care.

3. EMERGENCY OBSTETRICS & GYNAECOLOGY POSTING		
POSTING TYPE	COMPULSORY	
DURATION	3 MONTHS (13 WEEKS)	
CONTACT LECTURES/ SESSIONS PER WEEK	<p>Early morning review [1Hr/day X 5days X 13 weeks = 65 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 13 weeks = 130 hours],</p> <p>Departmental scientific meeting [2Hr/week X 13 weeks = 26 hours]</p> <p>Total = 221 hours equivalent to 15 credit units</p>	
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	<p>Emergency O&G Clinics and operating theatre.</p> <p>[4Hr/day X 5days X 13 weeks = 260 hours]</p> <p>Total = 260 hours equivalent to 6 credit units</p>	
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three)	TARGETS
Emergency Caesarean section	5	-20 Emergency Caesarean sections including second stage C/S
Postpartum Haemorrhage	5	-10 Cases of PPH
Eclampsia	5	-10 Cases of eclampsia (resuscitation, delivery and management of complications)
Ectopic Pregnancy	5	-10 Cases of Ectopic pregnancies including ruptured ectopic pregnancies.
Incomplete Abortion	3	-20 MVA

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4. GENERAL SURGERY POSTING		
POSTING TYPE	COMPULSORY	
DURATION	4 MONTHS (16 WEEKS)	
CONTACT LECTURES/ SESSIONS PER WEEK	<p>Early morning review [1Hr/day X 5days X 16 weeks = 80 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 16 weeks = 160 hours],</p> <p>Departmental scientific meeting [2Hr/week X 16 weeks = 32 hours]</p> <p>Total = 221 hours equivalent to 18 credit units</p>	
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	<p>Outpatient clinics, Operating theatre sessions, Ward work.</p> <p>[4Hr/day X 5days X 16 weeks = 320 hours]</p> <p>Total = 260 hours equivalent to 7 credit units</p>	
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
Residents on rotations in General Surgery are expected to be involved in all activities in their departments of rotation.		<p>-10 Appendectomies</p> <p>-10 Herniorrhaphies</p> <p>-10 Post op wound care</p>

<p>These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments.</p> <p>All activities are compulsory for junior residents.</p>		<ul style="list-style-type: none"> - 20 laparotomies -5 intestinal re-anastomoses - 2 weeks in Basic surgical skills lab
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5. UROLOGY POSTING	
POSTING TYPE	COMPULSORY
DURATION	4 MONTHS (16 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK	<p>Early morning review [1Hr/day X 5days X 16 weeks = 80 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 16 weeks = 160 hours],</p> <p>Departmental scientific meeting [2Hr/week X 16 weeks = 32 hours]</p> <p>Total = 221 hours equivalent to 18 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	<p>Outpatient clinics, Operating theatre sessions, Ward work.</p> <p>[4Hr/day X 5days X 16 weeks = 320 hours]</p> <p>Total = 260 hours equivalent to 7 credit units</p>
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING	

THEMES	Benchmark: Junior Residency (Three years)	TARGETS
<p>Residents on rotations Urology are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments.</p> <p>All activities are compulsory for junior residents</p>	3	<p>-10 cases of suprapubic cystostomy</p> <p>-1 urethral re-implantation</p> <p>- 5 repairs of ureteric injuries</p> <p>- 5 Cases of management of male infertility</p>

6. NEONATOLOGY POSTING	
POSTING TYPE	COMPULSORY
DURATION	1 MONTHS (4 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hours],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hours]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	<p>Neonatal cardiopulmonary resuscitation, Labour ward coverage, Special care baby unit (SCBU) work.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hours]</p>

		Total = 80 hours equivalent to 1.8 credit units
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
<p>Residents on rotations in Neonatology are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments.</p> <p>All activities are compulsory for junior residents</p>	3	<ul style="list-style-type: none"> - 5 CPR in the newborn - 5 management of Neonatal jaundice - 3 exchange Blood Transfusion

7. ANAESTHESIA POSTING	
POSTING TYPE	COMPULSORY
DURATION	1 MONTHS (4 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hours],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hours]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	Operating theatre sessions. Labour ward sessions Accident and Emergency coverage.

	[4Hr/day X 5days X 4 weeks = 80 hours] Total = 80 hours equivalent to 1.8 credit units	
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
Residents on rotations in Anaesthesia are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments. All activities are compulsory for junior residents	3	<ul style="list-style-type: none"> - 10 regional Anaesthesia - 10 general Anaesthesia - 5 TIVA - 3 Epidural Anaesthesia

8. RADIOLOGY POSTING	
POSTING TYPE	COMPULSORY
DURATION	4 MONTHS (16 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK	Early morning review [1Hr/day X 5days X 16 weeks = 80 hours],

	<p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 16 weeks = 160 hours],</p> <p>Departmental scientific meeting [2Hr/week X 16 weeks = 32 hours]</p> <p>Total = 221 hours equivalent to 18 credit units</p>	
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK	<p>Ultrasound sessions including anomaly scan. Hysterosalpingography sessions. Report of radiological films. Intervention radiology.</p> <p>[4Hr/day X 5days X 16 weeks = 320 hours]</p> <p>Total = 7 credit units</p>	
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	
<p>Residents on rotations in Radiology are expected to be involved in all activities in their departments of rotation. These include HSG sessions, Outpatient and in-patient Ultrasound sessions, C-T Scan and MRI Clinics sessions, like their counterparts in the respective departments.</p> <p>All activities are compulsory for junior residents</p>	3	<p>TARGETS</p> <p>30 abdominal Scans 20 Transvaginal scans</p> <ul style="list-style-type: none"> - 3 Anomaly scan - 5 Interventional Radiology procedure - 10 Doppler scans

9. FAMILY PLANNING POSTING		
POSTING TYPE		COMPULSORY
DURATION		1 MONTHS (4 WEEKS)
CONTACT LECTURES/ SESSIONS PER WEEK		<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hours],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hour]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>
CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK		<p>Family planning outpatient clinics, Family Planning insertion room / Operating theatre sessions.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hours]</p> <p>Total = 80 hours equivalent to 1.8 credit units</p>
BENCHMARKS FOR ATTAINING LEVELS OF COMPETENCY (LEVELS 1-5) THROUGHOUT TRAINING		
THEMES	Benchmark: Junior Residency (Three years)	TARGETS
	5	<ul style="list-style-type: none"> - 5 insertions of Jadelle - 10 insertions of IUCD - 3 insertions of Mirena - 3 BTL - 1 Vasectomy

ELECTIVE POSTINGS			
POSTING	DURATION	CONTACT LECTURES/ SESSIONS PER WEEK	CONTACT CLINICAL/PRACTICAL SESSIONS PER WEEK
Oncology	1 month (4 weeks)	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hours],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hours]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>	<p>Outpatient clinics, Cytology & Colposcopy clinics</p> <p>Operating theatre sessions.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hours]</p> <p>Total = 80 hours equivalent to 1.8 credit units</p>
Feto-Maternal medicine	1 month (4 weeks)	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hours],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hours],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hours]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>	<p>Outpatient clinics, Fetal surveillance / Ultrasound scan room</p> <p>Operating theatre sessions.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hours]</p> <p>Total = 80 hours equivalent to 1.8 credit units.</p>

<p>Genito-urinary Medicine</p>	<p>1 month (4 weeks)</p>	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hrs],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hrs],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hr]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>	<p>Outpatient clinics, Urodynamic clinics</p> <p>Operating theatre sessions.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hours]</p> <p>Total = 80 hours equivalent to 1.8 credit units.</p>
<p>Fertility: Assisted conception and Fertility research</p>	<p>1 month (4 weeks)</p>	<p>Early morning review [1Hr/day X 5days X 4 weeks = 20 hrs],</p> <p>Self-Directed Learning (SDL) / Tutorials [2Hr/day X 5days X 4 weeks = 40 hrs],</p> <p>Departmental scientific meeting [2Hr/week X 4 weeks = 8 hr]</p> <p>Total = 68 hours equivalent to 4.5 credit units</p>	<p>Outpatient clinics, IUI / IVF clinic</p> <p>Operating theatre sessions.</p> <p>[4Hr/day X 5days X 4 weeks = 80 hrs]</p> <p>Total = 80 hours equivalent to 1.8 credit units.</p>

TABLE SHOWING DETAILS OF POSTINGS FOR JUNIOR RESIDENCY (36 MONTHS)

SNo	MODE	POSTING	DURATION/WEEKS	CREDIT UNITS
1.	COMPULSORY	LABOUR WARD	13	21
2.	COMPULSORY	OBSTETRICS (ANTENATAL)	25	39
3.	COMPULSORY	GYNAECOLOGY	25	39
4.	COMPULSORY	EMERGENCY O & G	13	21
5.	COMPULSORY	UROLOGY	16	25
6.	COMPULSORY	GENERAL SURGERY	16	25
7.	COMPULSORY	NEONATOLOGY	4	6.3
8.	COMPULSORY	ANAESTHESIA	4	6.3
9.	COMPULSORY	RADIOLOGY	16	25
10.	COMPULSORY	FAMILY PLANNING	4	6.3
11	ELECTIVE	SUB-SPECIALTY POSTING ONCOLOGY/UROGYNAECOLOGY /MFM/REPRODUCTIVE MEDICINE	4	6.3
12.	COMPULSORY	PRE PART 1 UPDATE COURSE	1	3.0
13	COMPULSORY	FOUNDATION OF SURGERY WORKSHOP	1	1.7

14.	COMPULSORY	BASIC ULTRASOUND WORKSHOP	1	1.7
15.	COMPULSORY	GYNAECOLOGIC ENDOSCOPY WORKSHOP	1	1.7
16	ELECTIVE	ANNUAL LEAVE	12	
17	GRAND TOTAL		156 Weeks	228.3 Credit units

CHAPTER SEVEN: ASSESSMENT TECHNIQUES, APPRAISALS AND USE OF LOG BOOK

Assessment Overview: Methods and Components

Assessment of competences is a core part of the FMCOG Competency based training curriculum. This Section outlines the assessment methods adopted within the FMCOG Curriculum. Each method is designed to assess the competencies expected in the practice of obstetrics and gynaecology. These competencies are assessed over progressive stages of the training program towards ensuring that the learning outcomes in the curriculum are achieved. .

IN-TRAINING ASSESSMENTS

The specialist in training will undergo a series of formative and Summative assessments at every stage of training. The formative assessments will be an audit of the level of competencies that have been attained in comparison to what is expected with the goal of enabling the trainee to make up for any deficiencies noticed. The summative assessments will be a score card of the competencies attained over a 6 month or one year period. A favourable summative assessment is necessary for progression to the next stage of the training.

1. **Assessment of Surgical and procedural skills** shall be by observation in real time by the training Coordinator, FMCOG fellow or other senior trainer in the department through documentation in the log book or Assessment of Surgical and Procedural skills forms

Process of evaluation: (i) Review of the log book every three month or after every mandatory posting (ii) Six monthly evaluation of filled Assessment of Surgical and Procedural skills forms.

2. Assessment of core clinical abilities, including:

- (i) Clinical Expertise; - Clinical reasoning, judgment and management, - Clinical procedural and surgical skills, - Non-clinical procedural skills
- (ii) Academic Abilities: Knowledge of specialty, Teaching attitudes and abilities, Continuing education
- (iii) Professional qualities: Communication skills, Management & organizational skills, Inter-disciplinary & collegial relationships, Feedback & review of practice

Process of Evaluation:

- (a) Summative assessment reports by supervising Consultant every three months and after every clinical posting completed.
- (b) Assessment of a book of 14 cases managed by the candidate during the first two and half years a of training under the supervision of the training consultants and a long commentary (7 cases for obstetrics or gynaecology and 7 cases from the other field).
- (c) Annual summative assessment of progress made in the mandatory components and content of training undergone in the preceding 12 months by the training unit.

3. Faculty based courses/workshop participation/assessment

The following courses must be satisfactorily completed by the resident doctor. The courses will be organized nationally or in the six geo-political zones as appropriate. All

the courses must be satisfactorily completed before the candidate applies for the Part 1 or 2 Examinations of the College, as appropriate, with documented certification by the Workshop co-ordinator or training consultant as appropriate. All the workshops will include practical hands on training.

1. Update course in clinical Obstetrics & Gynaecology
2. Foundations of Surgery workshop.
3. Gynaecologic endoscopy workshop (Diagnostic Laparoscopy and Hysteroscopy) 1 week, 56 Hours long.
4. Basic Obstetric and Gynaecologic Ultrasound workshops

4. Research

The Faculty expects that all trainees be involved in departmental and unit research projects, earning the rights of authorships beginning very early in the training programme and spanning the whole duration of training. It is expected that every accredited training department will have an established system for exposing the residents to multiple experiences of participating in hospital and community based research, utilizing quantitative and qualitative research methods or both.

This should involve theoretical training in aspects of research methodology through formal lectures, workshops and self-directed learning. This must be complemented by practical training via being active members of research teams led by their consultants. In addition, trainees will be required to attend College/Faculty based Research training courses/workshops.

LIST OF PROCEDURES TO BE CARRIED OUT BY TRAINEES FOR PROFICIENCY WHICH WILL BE SIGNED IN THE LOG BOOK.

The Log Book shall be a primary tool for monitoring progress in training;

To be acceptable for assessment:

The resident doctor must be signed by the supervising personnel, usually the unit Consultant, Course Co-ordinator, lead surgeon or Head of Department as appropriate'

1. The entry into the Log Book and signatures must be done within a week of the procedure/entry/surgery.

The appropriate persons to sign

1. The Unit Consultant, preferably an FMCOG holder , who supervised an activity or a procedures done while the Resident was in a unit of the department
2. The Supervising Consultant during postings outside the department such as Urology and Neonatology
3. The Course Co-ordinator(s) for College of Faculty training courses
4. The Consultant on call when procedures are done during call hours

THEMES	Benchmark: Junior Residency (Three years)	TARGET AT JUNIOR RESIDENCY
LABOUR WARD POSTING		
Intrapartum care	5	>200 deliveries
Complicated Childbirth	4	30 caesarean sections 10 vacuum extractions 10 outlet forceps delivery 5 manual placental removals 20 repairs of 2nd degree tears/episiotomies 3 repairs of third degree perineal lacerations
Basic High Risk Childbirth	4	5 multiple deliveries 5 vaginal breech births
Uncomplicated Postpartum & Newborn Care	5	50 cases

Complicated Postpartum & Newborn Care	5	10 postpartum pyrexia 5 neonatal resuscitation
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ANTENATAL POSTING			
Uncomplicated Antenatal care	5	5	20 half days - low risk office hours One week rotation in primary care
Complicated Antenatal Care	3	5	20 half days - high risk office hours 50 x biometry/global US screening 20 x at level 4 6 x prenatal advanced ultrasound screening

GYNAECOLOGY POSTING			
Basic Reproductive Medicine	2	5	15 half days - indication determination of fertility problems and treatment with clomiphene citrate 20 x ultrasound- follicle count
Benign Outpatient Gynecology	3	4	50 half days - outpatient care gynecology 40 x gynecological US. 20 x at level 4
Basic Surgery	3	5	15 x diagnostic laparoscopy + 10 x at level 4 5 x laparoscopic adhesiolysis 10 x salpingectomy including ectopic pregnancy 10 x cystectomy + 5 x at level 4 15 x diagnostic hysteroscopy + 10 x at level 4 5 transcervical removal of a polyp + 5 x level 4 5 x transcervical removal of a myoma type 1 5 x transcervical removal of a myoma type 2 5 x Bartholin's gland marsupialization + 5 x at level 4 3 x minor treatment of vulva 15 x prolapse surgery 5 x cone biopsy + 5 x at level 4 10 x dilatation & curettage + 10 x at level 4 5 x participation in myomectomy 10 x any form of hysterectomy - partly done 10 x abdominal incision other than caesarean section
Basic Urogynecology & Pelvic floor	2	4	30 outpatient clinic urogynecology patient encounters
Peri-Operative Care	3	5	-
Sexual Health	3	4	5 hours of participation in sexual health office hours
Basic Oncology	2	4	10 half days gynecological oncology outpatient care

Vulnerable elderly	3	4	-
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EMERGENCY O & G POSTING			
Emergency Caesarean section	3	5	-20 Emergency Caesarean sections including second stage C/S
Postpartum Haemorrhage	3	5	-10 Cases of PPH
Eclampsia	3	5	-10 Cases of eclampsia (resuscitation, delivery and management of complications)
Ectopic Pregnancy	3	5	-10 Cases of Ectopic pregnancies including ruptured ectopic pregnancies.
Incomplete Abortion	3	5	-20 cases of Manual Vacuum Aspiration

GENERAL SURGERY POSTING			
Residents on rotations in General Surgery are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments.			<ul style="list-style-type: none"> -10 Appendectomies -10 Herniorrhaphies -15 Post op wound care - 20 laparotomies - 5 intestinal re-anastomoses -

All activities are compulsory for junior residents.			
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UROLOGY POSTING			
Residents on rotations Urology are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments. All activities are compulsory for junior residents	3	4	-10 cases of suprapubic cystostomy -1 urethral re-implantation - 5 repairs of ureteric injuries - 10 Cases of management of male infertility

- NEONATOLOGY			
Residents on rotations in Neonatology are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments. All activities are compulsory for junior residents	3	4	- 5 CPR in the newborn - 5 management of Neonatal jaundice - 3 exchange Blood Transfusion

- ANAESTHESIA POSTING			
Residents on rotations in Anaesthesia are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments. All activities are compulsory for junior residents	3	4	<ul style="list-style-type: none"> - 10 regional Anaesthesia - 10 general Anaesthesia - 5 TIVA - 3 Epidural Anaesthesia

- RADIOLOGY POSTING			
Residents on rotations in Radiology are expected to be involved in all activities in their departments of rotation. These include Ward rounds, Clinics, Emergency and Operative sessions, like their counterparts in the respective departments. All activities are compulsory for junior residents	3	4	<ul style="list-style-type: none"> - 100 abdominal Scans - 30 Transvaginal scans - 10 Anomaly scan - 5 Interventional Radiology procedure - 10 Doppler scans

- FAMILY PLANNING POSTING			
	3	5	<ul style="list-style-type: none"> - 5 insertions of Jadelle - 10 insertions of IUCD - 3 insertions of Mirena - 3 BTL - 1 Vasectomy

CHAPTER EIGHT: CONTENT OF THE PART 1 EXAMINATIONS

The examination will comprise of

1. Paper 1 which will comprise of 200 multiple choice questions of the single best option type, This will serve as the screening examination during stage 1 of the examination which shall be administered by CBT in various centres nationally
2. The picture OSCE examination to be administered on the second day of
3. Paper 2 and 3 will comprise of three essay questions each giving a total of six essay questions
4. The OSCE examinations will comprise of a Picture Test of 40 Test items and a total of 24 OSCE stations (12 each in Obstetrics and Gynaecology)
5. The Oral Examinations will consist of a total of six questions, 2 each on obstetrics and Gynaecology and 2 based on defence of the Pre-Part 1 Book

LEVEL OF DIFFICULTY OF TEST ITEMS

The determination of the level of difficulty of test items shall be guided by the principles of the Bloom's Taxonomy of Educational objectives. For the theoretical components of the examinations, including the MCQs and Essay questions, the focus of the questions will be on the ability of the candidate in application, analysis and synthesis (3, 4, 5 below) which should constitute at least 80-90 percent of the questions. Questions that test knowledge or recall will not be used at this level of postgraduate training.

- | | |
|-------------------------|---|
| 1. Knowledge | Recall, or recognition of terms, ideas, procedure, theories, etc. |
| 2. Comprehension | Translate, interpret, extrapolate, but not see full implications or transfer to other situations, closer to literal translation. |
| 3. Application | Apply abstractions, general principles, or methods to specific concrete situations. |
| 4. Analysis | Separation of a complex idea into its constituent parts and an understanding of organization and relationship between the parts. Includes realizing the distinction between hypothesis and fact as well as between relevant and extraneous variables. |
| 5. Synthesis | Creative, mental construction of ideas and concepts from multiple sources to form complex ideas into a new, integrated, and meaningful pattern subject to given constraints. |
| 6. Evaluation | To make a judgment of ideas or methods using external evidence or self-selected criteria substantiated by observations or informed rationalizations. |

BLUE PRINT FOR THE DIFFERENT PARTS OF THE EXAMINATION

MULTIPLE CHOICE QUESTIONS

The blue print shall be based on an appropriate representation of the course content defined in chapter 4 with weighting based on the credit units. The courses that had previously been examined at the Primary stage of the training will contribute 10 percent of the questions equivalent to 20 test items. This is to ensure that the residents remain sound in the basic sciences as applied to Obstetrics and Gynaecology.

ESSAY QUESTIONS

This will comprise of 3 questions each in Obstetrics and Gynaecology. Effort should be made to ensure coverage of the different practical aspects of the curriculum including general Obstetrics, general Gynaecology, Maternal and Fetal medicine including pre-conception, antenatal, intrapartum and postnatal care. Coverage should include Gynaecologic oncology, Urogynaecology, Reproductive medicine including Family planning and diagnostic and operative aspects of Obstetrics and Gynaecology including modern endoscopic approaches including colposcopy, hysteroscopy and laparoscopy.

OSCE EXAMINATION

Gynaecology Stations

The Gynaecology stations will test the candidate's skills in

1. History taking,
2. Clinical examination skills including general physical and systemic examination including breast, abdominal and pelvic examination.
3. Communication skills including Counselling skills (counselling for family planning, pre-procedure/operative and post-operative counselling as well as counselling on clinical, test, diagnostic or operative findings and so on)

4. Interpretation of abnormal test results or findings,
5. Clinical decision making skills based on a history taken or examination finding (Post-encounter stations) or on a summary of Clinical scenarios provided including gynaecology emergencies.
6. Interpretation of Ultrasound, colposcopy, , hysteroscopic and laparoscopic findings.
7. Practical skills in performing gynaecologic procedures including, ERPC, gynaecologic endoscopy and operative skills will be tested using appropriate Mannequins.

The Obstetric stations will test the candidate's skills in

1. History taking,
2. Obstetric examination including the Leopold's manoeuvres and intrapartum obstetric evaluation,
3. Counselling including counselling for family planning, poor obstetric outcomes e.g early neonatal death and Intrauterine fetal death, pre-procedure/operative and post-operative counselling as well as counselling on clinical, test ,diagnostic test results such as Ultrasound findings suggestive of congenital anomalies or operative findings and so on,
4. Interpretation of abnormal test results or diagnostic results or findings
5. Clinical decision making skills based on a history taken or examination finding (Post-encounter stations) or on a summary of Clinical scenarios provided including obstetric procedures emergencies,
6. Obstetric procedure performance skills such as ECV, Assisted breech delivery, repair of an episiotomy or third or fourth degree perineal laceration , ERPC, Manual removal of the placenta

The Faculty will have as OSCE Committee whose duties will include screening of OSCE test items for inclusion in the pool as well as in drawing up a practical blueprint for each examination to ensure that the practical aspects of the whole curriculum are tested. The blue print designating which part of the curriculum shall be tested using which OSCE skill assessment e.g history taking ,counselling etc shall be varied for each examination. For example, while general gynaecology may be tested using a history station in one examination, it may be assessed using a physical examination station in the next.

CHAPTER NINE:

THE STRUCTURE AND EXECUTION OF THE PART 1 FELLOWSHIP EXAMINATIONS

QUALIFICATION FOR THE PART 1 EXAMINATION

The trainee shall be qualified for the Part 1 Examination on meeting the following conditions

1. Spending at least three years in the residency training programme
2. Done all the required postings and attained the minimal levels of competency in the various areas required as certified by the log book and annual summative assessment by the training department
3. Attended all the required Faculty Courses including
 - a. The Pre-Part 1 Update Course within one year of the examinations
 - b. Foundations of Surgery workshop. (Pre-Part 1)
 - c. Basic Obstetric Skills workshop/ Neonatal Resuscitation. Six days, (Pre-Part 1)
 - d. Basic Obstetric and Gynaecologic Ultrasound workshops (Pre- Part 1).
4. Submitted a Case Book of 14 Case Commentaries and long commentary at least 6 months before the intended examination which has been assessed and accepted for the examination

THE PART 1 FELLOWSHIP EXAMINATION

The Part 1 Fellowship Examinations shall comprise of

1. Multiple choice examinations of the best option format with four options.
 - A. There will be 200 questions. This will be used for the screening stage of the examinations and will be administered via Computer Based Tests.
 - B. The MCQ questions shall be based on the different areas of the curriculum using a blue print and weight of contribution based on the

- credit load contributed as documented in Chapter Four with the Basic Sciences contributing ten per cent of test items.
- C. The pass marks for the Screening component of each examination will be determined by a Court of Judges based on the principles of standard setting process using the Angoff model or its modification
 - D. The MCQ or Paper 1 will contribute 30 marks.
2. An essay component of the examination comprising of
 - A. Paper 2 and Paper 3 each comprising of three essay questions , making a total of 6 questions each worth 10 marks giving a total of 60 marks
 - B. The essays shall be a mixture of short and long essay type questions with three each drawn from obstetrics and Gynaecology
 - C. The Questions will assess levels three to six of the Bloom's Taxonomy of learning .
 3. An OSCE Examination comprising of
 - A. Forty Picture Tests contributing 10 marks
 - B. Twenty Four OSCE stations comprising of 12 OSCE stations each in Obstetrics and Gynaecology with at least three rest stations each. The Station OSCE will contribute 90 marks to the examination
 - C. The Station OSCE examinations in Obstetrics and Gynaecology shall be administered on different days.
 - D. Each station shall be examined by at least two examiners who will score the candidate independently using a Checklist
 - E. The choice of test items and weighting of marks per station shall be based on the difficulty and importance of the task/skill being tested varying between communication skills including history taking and counselling, clinical examination skills, diagnostic skills, interpretation of abnormal test results and surgical or endoscopic findings , management skills based on clinical scenarios and so on. The court of examiners will determine the weighting and allocation of marks.
 - F. The pass marks for each OSCE station and the two parts of the Station OSCE Examination will be determined by a Court of Judges based on the

principles of standard setting process using the Angoff model or its modification

4. A Structured Oral Examination comprising of Six questions each worth 10 marks
 - A. Two Oral Questions in Obstetrics
 - B. Two Oral Questions in Gynaecology
 - C. Two Questions that assess the short and long commentary in the Pre-Part 1 Case Book
 - D. Each question shall be examined on a separate station by at least two examiners
 - E. The pass marks for each Oral Examination and the Oral component of the examination will be determined by a Court of Judges based on the principles of standard setting process using the Angoff model or its modification

The candidate must pass at least two aspects of the examination, from Written, OSCE and Oral examinations, to pass the examinations.

Appendix

ACKNOWLEDGEMENTS

The Faculty of Obstetrics and Gynaecology, National Postgraduate Medical College of Nigeria acknowledges the immense contributions of the following distinguished fellows, who worked tirelessly in various sub-committees and at different stages of the development of the new competency based curriculum for training and assessment during the Junior Residency Training programme of the Faculty.

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The fellows with an asterix to their names* served as committee chairmen at different stages of the development of the Curriculum