



GYNAECOLOGY AND OBSTETRICS

**Residency Training Program
Leading to the degree of**

Master of Surgery (MS)

**SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY
ISLAMABAD**



CURRICULUM

Master of Surgery (MS)

Gynaecology and Obstetrics

CURRICULUM DEVELOPMENT COMMITTEE

This Curriculum is developed by the following committee:

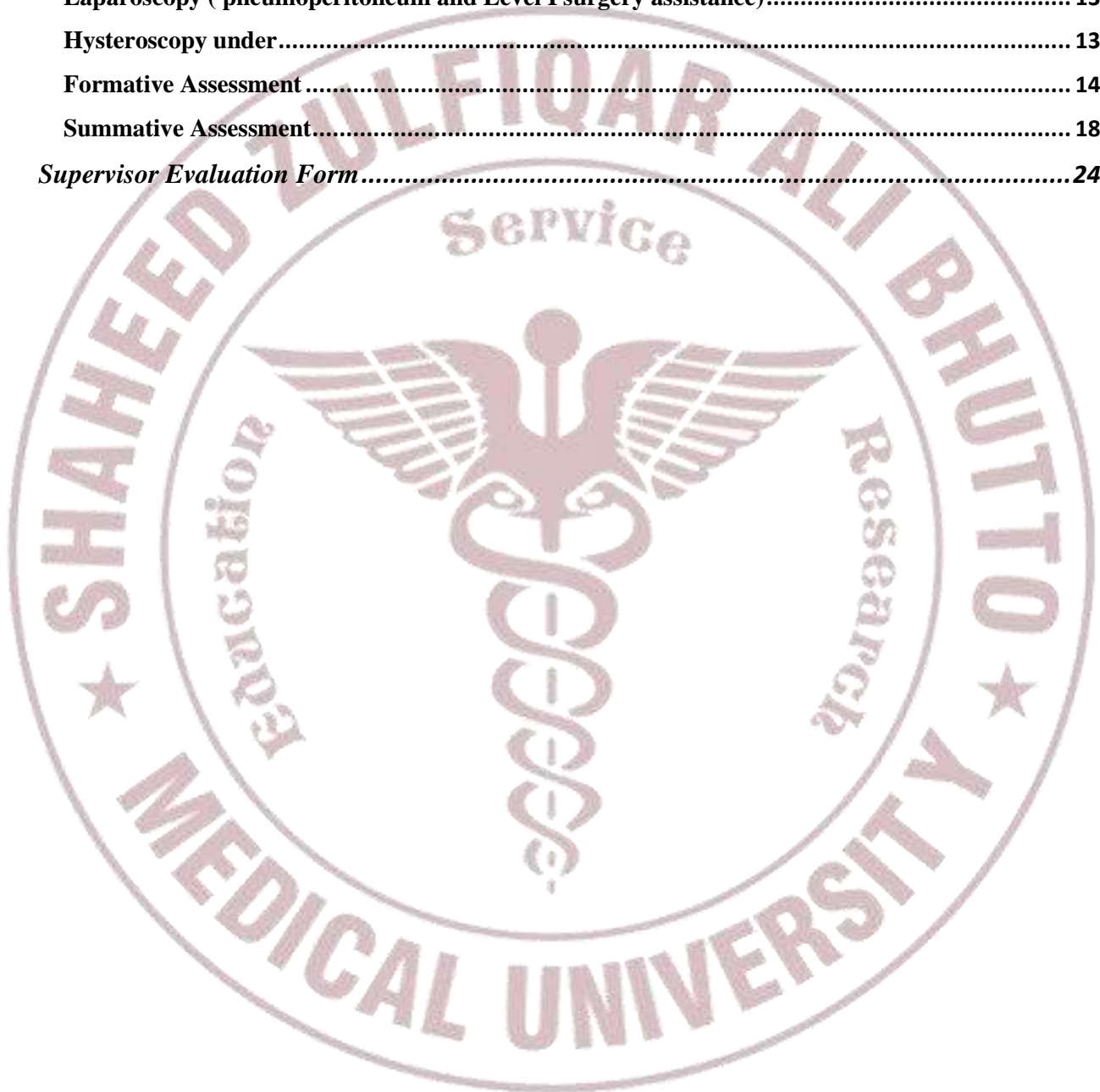
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ROAD MAP OF MS Gynaecology & Obstetrics

(A Brief Summary)

GENERAL INFORMATION AND PROGRAM GOALS:

University offer a 04 year MS program in the field of Gynaecology & Obstetrics. The curriculum focuses on formal teaching & training as well as practical fieldwork.

This MS program aims to train and equip the post-graduate students with all the necessary knowledge & skills, at par with international standards, required to be a leader in the field of OBGYN. The candidates, upon graduation, will be expected to demonstrate a high level of expertise in the field of OBGYN

First two years: Synopsis approval, mandatory workshops, atleast one elective rotation. At end of 2nd year, student will appear in IMM.

Third & Fourth Year: Dissertation writing, achieving needed competencies. At end of fourth year, student will appear in the final MS exam

Requirements of MS Degree for Graduate Students Enrolled in the Program

- Fulfillment of University requirements for postgraduate study.
- Four (4) years of consecutive full time advanced study and clinical training.
- Complete and approved master's thesis based on original research during the course of study in an area related to specialty, suitable for publication in a reputable medical & surgical journal.
- Must complete all didactic & clinical work in the required curriculum and satisfactorily pass all the University examinations.
- A minimum of 60% must be earned in all work/examinations attempted in the master's program. A grade below this will require re-examination.

A complete road map for postgraduate MS/MD/MDS can be seen on University website at <http://www.szabmu.edu.pk/content/downloads/revised-road-map-for-postgraduate-residents.pdf>

RATIONALE:

Need of program

This training program is structured keeping in view the need of the society. Following needs are identified through formal and informal discussion with the stakeholders.

- Deficiency of the quality health care providers to public especially in remote areas in the field of oral and maxillofacial surgery.
- Dearth deficiency of competent faculty in the field.
- Deficiency of state of the art OBGYN training center.

Purpose of training

The purpose of this curriculum is to guide the training of an individual to the core level of competence required for specialist and consultant. This training will produce consultant who are specialists in their field.

Context of Training

To provide an organized educational program with guidance and supervision, a structured training program will be followed so that each trainee is exposed to different aspects of the subject and acquires special knowledge and skill as expected in this program. The training will provide a basis for the candidate to develop into a lifelong learner who is capable of self-reflection and self-directed learning. It will provide a basis for further ongoing development in the field.

Duration of training

The program leading to MS in OBGYN will be of 04 years full time.

AIMS & OBJECTIVES

Aims of Training

The candidate should acquire and become proficient in the skills required for OBGYN practice with an emphasis on treatment planning, disease prevention, diagnosis and provision of advanced OBGYN treatment techniques for those clinical cases meriting specialist care. The candidate should demonstrate attitudes necessary for the achievement of high standards of OBGYN practice both in relation to the Reproductive health needs of the population and to his/her own personal development.

Learning Objectives

On completion of training, the trainee will be able to achieve following aptitudes

KNOWLEDGE:

1. Discuss etiology, pathogenesis, epidemiology and management of disorders in Obstetrics and Gynecology, as given in section on content.
2. Show initiative to become life long self-directed learners tapping on resources including clinical material, faculty, Internet and on-line learning programs and library.
3. Discuss principles of basic sciences as applied to Obstetrics and Gynecology like hemorrhage, blood transfusion, shock, sterilization of instruments, infection, antibiotics, inflammation, repair, and healing.

SKILLS:

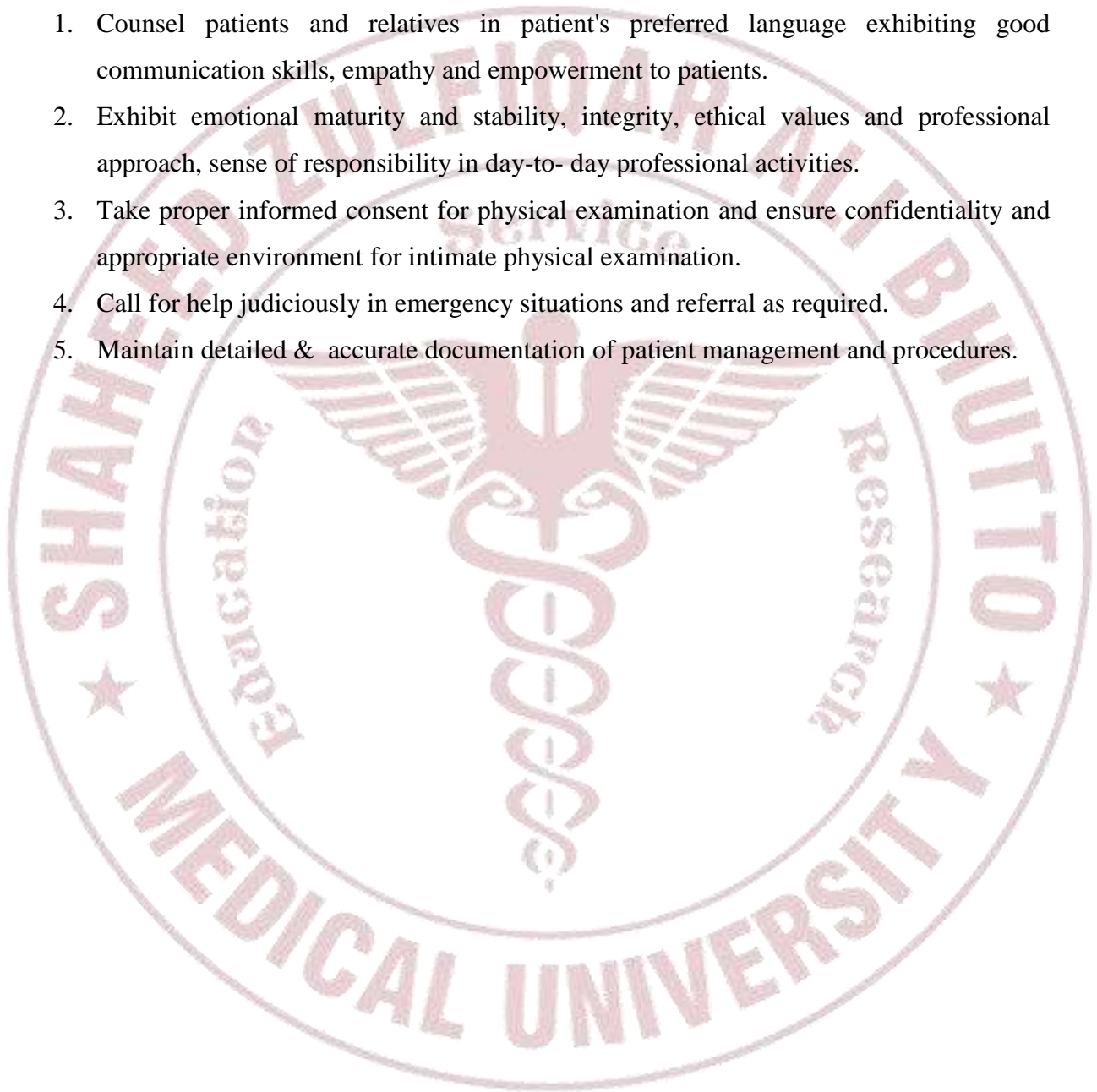
1. Take a comprehensive and pertinent history of a patient with Obs & Gyn complaints.
2. Perform detailed Physical examination in a rational sequence that is both technically correct as well as methodical.
3. Elicit Physical signs without discomfort to the patient.
4. Evaluate patient in the setting of OPD, Hospital wards, Labour Room, Day care surgery, Emergency Departments and attending calls in other departments for problems related to Obs & Gyn.
5. Formulate a working diagnosis and consider relevant differential diagnosis.
6. Order a set of relevant investigations considering availability, diagnostic yield, cost-effectiveness, side effects, and implications for management.
7. Decide and implement suitable effective treatment considering safety, cost factors, complications and side effects.
8. Practice proper procedures in operating theatres and labor wards including gowning, gloving, use of various sutures, surgical principles, and use and working of electro

medical equipment.

9. Assist at major surgeries and perform minor procedures under supervision.
10. Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering sensible management protocols.

ATTITUDES:

1. Counsel patients and relatives in patient's preferred language exhibiting good communication skills, empathy and empowerment to patients.
2. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to- day professional activities.
3. Take proper informed consent for physical examination and ensure confidentiality and appropriate environment for intimate physical examination.
4. Call for help judiciously in emergency situations and referral as required.
5. Maintain detailed & accurate documentation of patient management and procedures.



ENTRY CRITERIA

Eligibility to apply for MS Obs & Gyn

- Candidate must possess MBBS or equivalent degree and one-year house job from PMC recognized Institutions.
- Permanent valid registration with PMC.
- Declared successful in MS Part-I for University programs.
- In case of foreign candidate, valid registration with Medical Council of their country of origin must be produced.

Required Documents

Attested photo copies of the following documents must be attached with the application form:

- Computerized National Identity Card (CNIC)
- Domicile certificate
- Matric/O Level, FSc/A Level, Certificates or equivalent
- MBBS degree with detail marks certificates of all professional
- MBBS Attempts certificates of all professional
- NEB pass certificate (for foreign graduates)
- House Job certificates
- PMC valid permanent registration certificate
- MS Part-I passing certificate
- Experience Certificates (if any)
- Migration Certificate (To be produced at the time of admission)

Admission Procedure

- Details of admission procedure is available on university website at <http://www.szabmu.edu.pk/admission/postgraduate-admission>

CONTENT OF LEARNING:

The program outline the knowledge needed in OBGYN. A minimum of four years of formal training through a graded system of education as specified will equip the trainee with knowledge, skill and attitude at its completion to be able to practice OBGYN competently.

The topics are considered as under:-

Curriculum for 1st, 2nd, 3rd and 4th year

Syllabus division

The course in first 2 years upto Mid term exam covers following areas of Gynecology & Obstetrics:

i. GYNAECOLOGY

1. I Development of Female Genital organs-normal and abnormal, esp intersex, obstruction of outflow tract and urogenital maldevelopment
I Amenorrhoea, Gyn Endocrinology, esp Hirsutism and Virilism, PCOS,
2. Endometriosis, Perineal and Pelvic infections, esp Bartholin gland problems, Vaginal discharge, STIs, PID, Menstrual disorders- Menorrhagia, Dysmenorrhoea, PMS, DUB
3. Disorders of early pregnancy, esp Abortion, Ectopic Pregnancy, GTD & management
4. Menopause, Hormone Replacement Therapy, Pelvic Floor Disorders & UV Prolapse
I Infertility, Contraception and Sterilization
5. Pre and Postoperative assessment, preparation and management. Gyn procedures, e.g. cervical smear, insertion of pessaries, Hysterosalpingography, Ultrasonography. Minor Operative Gyn surgery

Topics where low level of knowledge (up to diagnosis) is required: Radiotherapy Oncology Endoscopy
Urinary Fistulas

ii. OBSTETRICS

1. Normal Pregnancy, labour and Puerperium

- Antenatal Care
- Intrapartum care, Maternal and fetal monitoring
- Postpartum care

2. Abnormal Pregnancy, labour and Puerperium

- - Malpresentation, Malposition
- - CPD, Obstructed labour, Induction of labour, Pre Term Labour
- - Surgical complications (Appendicitis, Perforated peptic ulcer, Pancreatitis cholethiasis / cholecystitis, renal colic).

- - Neonatal care / Resuscitation

3. Medical complications of Pregnancy

- - Cardio vascular diseases, Renal and urinary tract disorders, Hepatic & G.I.T disorders
- - Diabetes in pregnancy, Endocrine disorders
- - Haematological disorders of pregnancy , Neoplastic diseases

4. Operative / instrumental interventions

- - Forceps delivery, Vacuum delivery - Breech extraction, Shoulder dystocia
- - Ceasarian section / Ceasarian Hysterectomy , - Rupture uterus, inversion of uterus
- - Episiotomy, Perineal tears, cervical tear, Manual removal of placenta

1. Epidemiology - Maternal mortality / morbidity

FIRST YEAR

At the end of **first year**, a first year post graduate resident should be able to:

OBSTETRICS

Conduct vaginal delivery independently. Do an episiotomy repair.

Manage labor and high risk emergency in OT.

Assistance in LSCS+IVD. Perform low risk cesarean section.

Post op care in obstetrics.

GYNAECOLOGY

Gynecological patient Emergencies, preop preparation and assistance in gynae surgery

SECOND YEAR

At the end of **second year**, a second year post graduate resident should be able to:

OBSTETRICS

Manage high risk labor ward and high risk emergency in OT.

Perform LSCS+IVD.

Perform high risk cesarean section.

GYNAECOLOGY

Gynecological patient management in emergencies, preop preparation and perform simple gynae surgeries

THIRD YEAR

At the end of **third year**, a third year post graduate resident should be able to:

OBSTETRICS:

Manage high risk pregnancy, Perform and evaluate for Instrumental delivery,Obstetrics emergency management

Uterine atony: PPH immediate management

Perineal tear identification and assistance in repair

Rupture uterus diagnosis and management

Early pregnancy complications management

GYNAECOLOGY:

Benign and malignant disease care under supervision, Staging laparotomy Assistance ,Prolapse examination ,Endoscopy / emergencies Assistance ,TAH and cystectomy assistance

FOURTH YEAR

At the end of **fourth year**, a fourth year post graduate resident should be able to:

OBSTETRICS:

Perform and assist Perineal tear repair, Cervical cerclage

High risk pregnancy management
Cesarean hysterectomy assistance and steps
Anomalous baby cephalocentesis
Amniocentesis

GYNAECOLOGY

Urogynecology (Under Supervision)
Major GYNAECOLOGY surgical procedures
TAH VH staging laparotomy
Laparoscopy (pneumoperitoneum and Level I surgery assistance)
Hysteroscopy under

Mandatory Workshops:

Research Methodology
Surgical Skills
Computer skills
Communication skills
BLS

Specialties for mandatory workshops

Trainee will be rotating in three of the following department for the clear understanding of the basic concepts. Elective rotations for MS OBGYN

- Department of General surgery 2 months
- Department of Urology 2 months
- Department of Neonatology 2 months
- Department of Radiology 2 months
- Department of Anesthesia 2 months

Research

FIRST YEAR

- Synopsis writing in 1st 6 months and submission 2nd 6months
- ASRB and Ethics submission by the end of 1st year.

SECOND YEAR:

- Approval of synopsis in 1st 6months
- Revision and resubmission in 2nd 6months

THIRD YEAR

Completion of data collection for synopsis

FOURTH YEAR

Dissertation writing

The resident would be required to undertake a research project and to present the result for examination in the form of a thesis. They would be encouraged to present and publish the result of the project in refereed journals.

The guideline for synopsis and thesis writing is available on University website at <http://www.szabmu.edu.pk/content/downloads/guidelines-for-synopsis-writing.pdf>

<http://www.szabmu.edu.pk/content/downloads/guidelines-for-thesis-writing.pdf>

ASSESSMENT

Assessment of trainees will cover the cognitive, psychomotor and affective domains. It will take two forms

- Formative Assessment
- Summative Assessment

Formative Assessment

It is the continuous assessment of progress and competence. It will be conducted through workplace based assessment throughout the training. Assessment will be undertaken by a range of assessors and will cover a range of procedures appropriate to the stage of training. Formative assessment will include

- Directly observed practical skills (DOPS)
- Case based discussion (CbD)
- Mini clinical examination exercises (Mini-CEX)
- Multiple source feedback (MSF)

The format of formative assessment:

Mini Cex- 08/year (2 quarterly)

MCQs tests – 2/ year

DOPS – 08/ year (2 quarterly)

OSCE – 2/year (4 stations)

FIRST YEAR

Mini Cex-:

History taking, Obstetrics examination, GP examination

Post natal examination

Post op management

Counselling skills at discharge
SVD, C section procedure notes

DOPs:

Gynaecology

Urinary catheterization, Wound dressing
P/S+PAP smear
Preparation and Assistance in endoscopic surgeries

SECOND YEAR

Mini Cex and DOPS

Episiotomy repair, MgSO₄ administration, Partogram, CTG
PPIUCD insertion
Assisting C-section/Assisting IVD
Performing C section (low risk) under supervision

THIRD YEAR

Mini Cex- – gynae examination, prolapse examination, history taking and examination, management of high risk pregnancy

DOPS - – PPH drill, PPIUCD insertion, amniocentesis, pap smear, c section steps, MVA steps, IVD steps.

FOURTH YEAR

Long Case presentation 04

Mini Cex and DOPS

Systematic and obstetric examination

Abdominal examination for gynaecological masses

Staging laparotomy steps

LOG BOOKS/feedback:

4 Quarterly feedback by supervisor every year.

MS logbook

Competencies of Postgraduate trainees Gynae /OBS

Competencies of Postgraduate trainees Gynae /OBS

The clinical competencies, a specialist must have, are varied and complex. A list of the core procedural competencies including those required during training in the Department of Obstetrics and Gynaecology and the departments during rotations is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

Competencies	1 st Year (cases)	2 nd Year(cases)
Obstetrics		
Eliciting pertinent history	120	50
Performing physical examination	120	80
Requesting appropriate investigation	120	80
Interpreting results of investigations	120	80
Deciding and implementing appropriate treatment	120	80
Managing immediate complications	120	80
Maintaining Follow up	120	80
Using Ultrasound Basic	28	22
CTG	240	180
Amniocentesis	4	3
Manual removal of placenta	4	-
Management of disorders of pregnancy	80	60
Labor Room		
Assessment of delivery	120	50
Medical indication of labor	40	60
Surgical induction of labor	50	30
Management of normal labor	60	40
SVD with or without episiotomy	60	40
Repair of vagina and perineal tear	16	12
Repositioning of inverted uterus	4	-
Prevention of PPH	10	-
Postpartum family Planning	20	-
Repair of cervical tear	20	-
Prevention and management of PPH(Figo)	-	3
Manual removal of placenta	-	3

Postpartum family planning	-	15
Breech /Twin pregnancy	15	15
Obstetrics (Operative)		
Repair of rupture uterus	10	
Outlet forceps delivery	20	
Vacuum Extraction	30	
Operation, Craniotomy, cardiocentesis	4	
Repair of third degree	4	
C.Section	50	
C. Hystrectomy	5	
Obstetrics Post-Natal		
Resuscitation of neonate	50	-
Contraception/ counselling/ advice	200	-
Postpartum family planning	20	-
Counselling for breast feeding	200	-
Gynae/ OPD		
History taking	160	105
Physical examination	160	105
Requesting appropriate investigation	160	105
Interpreting results of investigation	160	105
Deciding and implementing appropriate treatment	160	75
Managing immediate complications	80	75
Managing follow up	160	105
Taking pap smear	20	30
Assessment by an observer	60	60
Colonoscopy	10	15
Gynae / Operative skills B 1		
Scrubbing	60	50
Opening and closing abdomen	60	50

Gynae/ Operative skills B2		
Evacuation of retained products of conception	14	16
D& C	14	16
Electronic Vacuum	20	16
Cervical Biopsy	4	6
Cervical Curettage	4	4
Polypectomy	3	2
Minilap	3	2
Drainage of pus	4	3
Postpartum tubal ligation	4	3
Ovarian Cystectomy	4	3
Hysteroscopy	20	15
Abdominal hystrectomy	10	6
Myomectomy	7	6

Summative Assessment

Summative assessment will be held twice

- Mid term Examination (At the end of 2nd year)
- Final/Exit Examination (At the end of Final Year)

The level of performance required for passing the exam will depend on the knowledge and skills necessary for acceptable performance and will not be adjusted to regulate the number or proportion of persons passing the examination. The pass point will be determined by careful analysis and judgment of acceptable performance.

Record of Clinical Cases

The trainees will be required to keep a record of the allocated clinical work in a log book. It will be the responsibility of trainee to keep the log book up to date with the signature of the faculty certifying the work.

Format of Summative Assessment:

Mid term Examination:

Intermediate Module shall be held after 2 years of training. It consists of 200 MCQS. A candidate is eligible for IMM after completion of 2 years training, 1 mandatory elective rotation, 70% attendance & synopsis approval from ASRB

Final Examination (After completion of 4 years)

The student shall submit completion of training certificate, Log Book, mandatory workshop attendance, thesis on research topic approved by supervisor, through the Dean to the Controller Of Examination. If The Thesis Not Approved By The Supervisor, Application For extension may be recommended by supervisor through Registrar to the AS&RB. The final examination of major subject, thesis evaluation and viva voce examination will be conducted by board of Six (04) examiners in major subjects. The candidate will be examined in major subject and thesis as under: supervisor will not be paper setter /Examiner of his/her candidate as per PMDC regulation 2001.

Theory Paper 200 Marks

Paper I Speciality Course MCQs 100 Marks

Paper II Speciality Course SAQs 100 Marks

Viva Voce & Practical 200 Marks

a. OSCE

b. Long case

Thesis Defence 100 Marks

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Theory Paper 200 Marks

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Paper II Speciality Course SAQs 100 Marks

Viva Voce & Practical 200 Marks

- a. OSCE
- b. Long case

Thesis Defence 100 Marks

Competencies of Postgraduate trainees Gynae /OBS

The clinical competencies, a specialist must have, are varied and complex. A list of the core procedural competencies including those required during training in the Department of Obstetrics and Gynaecology and the departments during rotations is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

LEVELS OF COMPETENCE

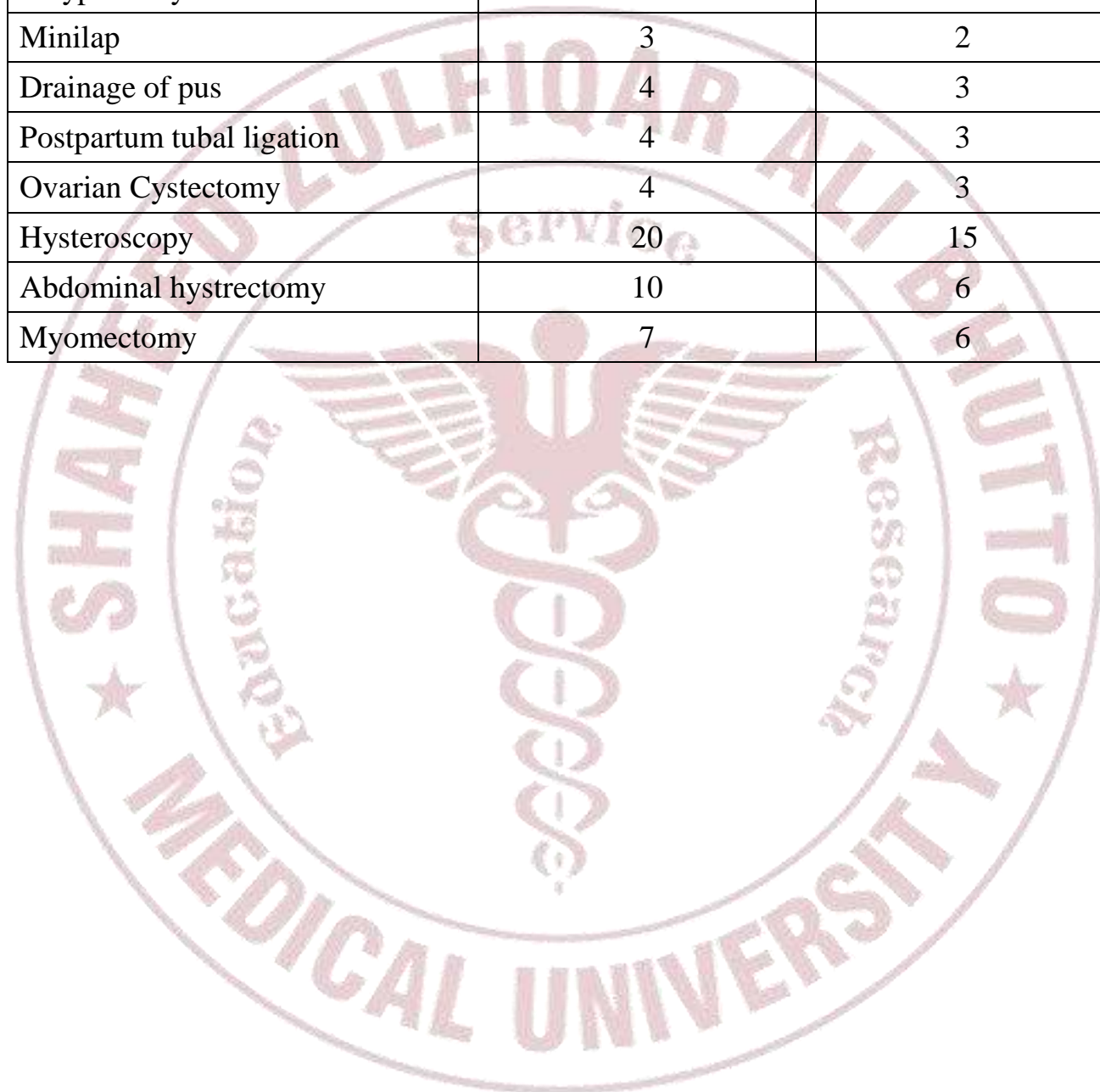
- Level1 Observer status
- Level2 Assistant status
- Level3 Performed under supervision
- Level4 Performed independently

Competencies	1 st Year (cases)	2 nd Year(cases)
Obstetrics		

Eliciting pertinent history	120	50
Performing physical examination	120	80
Requesting appropriate investigation	120	80
Interpreting results of investigations	120	80
Deciding and implementing appropriate treatment	120	80
Managing immediate complications	120	80
Maintaining Follow up	120	80
Using Ultrasound Basic	28	22
CTG	240	180
Amniocentesis	4	3
Manual removal of placenta	4	-
Management of disorders of pregnancy	80	60
Labor Room		
Assessment of delivery	120	50
Medical indication of labor	40	60
Surgical induction of labor	50	30
Management of normal labor	60	40
SVD with or without episiotomy	60	40
Repair of vagina and perineal tear	16	12
Repositioning of inverted uterus	4	-
Prevention of PPH	10	-
Postpartum family Planning	20	-
Repair of cervical tear	20	-
Prevention and management of PPH(Figo)	-	3
Manual removal of placenta	-	3
Postpartum family planning	-	15
Breech /Twin pregnancy	15	15

Obstetrics (Operative)		
Repair of rupture uterus	10	
Outlet forceps delivery	20	
Vacuum Extraction	30	
Operation, Craniotomy, cardiocentesis	4	
Repair of third degree	4	
C.Section	50	
C. Hystrectomy	5	
Obstetrics Post-Natal		
Resuscitation of neonate	50	-
Contraception/ counselling/ advice	200	-
Postpartum family planning	20	-
Counselling for breast feeding	200	-
Gynae/ OPD		
History taking	160	105
Physical examination	160	105
Requesting appropriate investigation	160	105
Interpreting results of investigation	160	105
Deciding and implementing appropriate treatment	160	75
Managing immediate complications	80	75
Managing follow up	160	105
Taking pap smear	20	30
Assessment by an observer	60	60
Colonoscopy	10	15
Gynae / Operative skills B 1		
Scrubbing	60	50
Opening and closing abdomen	60	50
Gynae/ Operative skills B2		
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Electronic Vacuum	20	16
Cervical Biopsy	4	6
Cervical Curettage	4	4
Polypectomy	3	2
Minilap	3	2
Drainage of pus	4	3
Postpartum tubal ligation	4	3
Ovarian Cystectomy	4	3
Hysteroscopy	20	15
Abdominal hystrectomy	10	6
Myomectomy	7	6



Supervisor Evaluation Form

SUPERVISOR'S INTERNAL ASSESMENT/EVALUATION PROFORMA FOR MS

PGR Name: _____ Session: _____ Specialty: _____

University Registration No: _____

Period: From _____ To _____

1.	Generic Competencies		
	(Please score from 1 - 100. 75% shall be the pass marks)		Score achieved
		Patient Care	20
		Medical Knowledge and Research	20
	i	Practice and System Based Learning • Journal Clubs	04
		• Audit Projects	04
		• Medical Error Investigation and Root Cause Analysis	04
		• Morbidity / Mortality / Review meetings	04
		• Awareness of Health Care Facilities	04
	iv.	Communication Skills	10
		• Informed Consent	10
		• End of life decisions	
	v.	Professionalism	04
	• Punctuality and time keeping	04	
	• Patient doctor relationship	04	
	• Relationship with colleagues	04	
	• Awareness of ethical issues	04	
	<input type="checkbox"/> Honesty and integrity	04	
2.	Specialty specific competencies		
	Please score from 1 - 100. 75% shall be the pass marks		Score achieved
	Operative Skills / Procedural Skills		
3.	Multisource Feedback Evaluation (Please score from 1 - 100. 75% shall be the pass marks)		
4.	Candidates Training Portfolio (Please score from 1 - 100.75% shall be the pass marks)		
	(Please score from 1 -100. 75% shall be the pass marks)	Component Score	Score achieved

I.	Log book of operations and procedures	25	
II.	Record of participation and presentation in academic activities	25	
III.	Record of publications	25	
IV.	Record of results of assessments and examinations	25	

Total marks obtained _____ Signature of Supervisor _____

Name & Stamp _____

