

Department Of Health And Medical Services
Dubai Medical College

THE COURSE BOOKLET OF



BATCH 24

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By The Name of God the Compassionate, The Merciful

1. Title of the course: Obstetrics and Gynaecology
2. Level of students: Clinical phase, year: 3
3. Pre-requisite: Pre-clinical phase of the curriculum of Dubai Medical College for Girls

INTRODUCTION

The general objectives of the curriculum of Dubai Medical College for Girls has been defined in Part-I of the preliminary plan as follows:

To supply the community with female physicians acquainted with the knowledge, skill, values and attitudes required in all physicians, trained to take limited responsibilities under supervision in a planned postgraduate programme.

At joining the Obstetrics and Gynaecological course, the student would have passed the pre-clinical phase (Year – 1 and 2) and completed an Introductory course for the Clinical phase.

After concluding this course, the student will attend a revision course of two weeks before sitting the Final Examination in Obs./Gyn. The student will come again to the Department of Obstetrics and Gynaecology during the internship year when the acquired knowledge and skills will be further consolidated by practice in a set of patient's management as junior member of a therapeutic team and under strict supervision.

Our philosophy in Medical Education is based on abolishing the gaps between the theory and practice from the very beginning. Any remaining gap after the completion of the course will be bridged during the internship and our students should fulfill the main objectives of the curriculum and become capable of taking their responsibilities as an active member of the clinical team.

CONTENTS OF THE COURSE

The course of Obstetrics and Gynaecology consists of the following:

1. Lecturing Program

All lectures are presented as various clinical conditions and explained in detail

2. Clinical Attachment

Student is attached daily from 08.00 to 11.00 with a doctor in clinical team and attend all areas of Obs/Gynae unit for the purpose of training.

3. Teacher Centered Tutorials

Weekly 5 tutorial sessions of one hour each:

The session is chaired by a teacher and a clinical problem is discussed.

Students are trained in taking history, performing clinical examination and planning investigations to arrive at diagnosis and treatment

4. Student centered Seminars

Two students are given topics to present every Thursday for 2 hours and these sessions will jointly be chaired by a students who are presenting and the teacher.

The ultimate and terminal, objectives of the course and its various components are given herewith. Each student should carry a **LOG BOOK** in which her daily achievements are recorded. Meanwhile attendance and educational activities of every individual student will be carefully monitored.

OBJECTIVES OF THE COURSE

The objectives of Obs. & Gyn. course are categorized as:

☞ Ultimate and Terminal

Ultimate objectives are those to be fulfilled by the end of the course. While the terminal objectives are those connected with various parts of the course.

☞ Ultimate Objectives

1. The student will acquire fairly good, updated knowledge of the discipline. More important is to be adequately trained on the self learning methods and procedures so she can continuously update her knowledge and skills.
2. The student will acquire the skills and abilities required to join Gyn./Obs. Team.
A list of these skills is provided in this booklet later on but it should be emphasized that updating of this list is mandatory every 5-10 years.
3. The student will be capable of obtaining a pertinent history, performing physical examination and planning an approach to diagnosis and management in all branches of the Speciality: Booking antenatal, intranatal, postnatal, family planning, Gynaecology, infertility and Endicronology.
4. The student should develop the concept of Health care team and appreciate in reality the problems of health care in the community, peripheral clinics and hospital set up.
5. The student should appreciate epidemeologic and preventive aspects of Obs and Gyn pertaining to the socio-cultural backgrounds of the community.

Terminal Objectives

These are divided into the following units:

Unit-1: Ethical and behavioral aspects in relation to Obstetrics and Gynaecology.

Unit-2: Basic sciences in relation to Obstetrics and Gynaecology.

Unit-3: Obstetrics

Unit-4: Gynaecology

Unit-5: Miscellaneous

Unit-1: ETHICAL AND BEHAVIOURAL ASPECTS.

- 1.1: The students should have fair knowledge of various ethnic groups living in the Emirates and their impact on Obstetrics and Gynaecology practices.
- 1.2: The students will have a fair idea on the development of Obstetrics and Gynaecological science in history.
- 1.3: The student will maintain good doctor-patient relationship team work and communication skills.

Unit-2: BASIC SCIENCES

A revision of anatomy, physiology, embryology, genetics, and pharmacology in relation to Obstetrics and Gynaecology will be given during the lecturing program. The student should be familiar with this knowledge and their integrations into the clinical work.

Unit-3: OBSTETRICS

3.1 NORMAL OBSTETRICS

3.1.1 The student will be able to diagnose pregnancy in first trimester in normal and abnormal conditions, stressing on the use of HCG, and on the indications and limitations of various pregnancy tests.

3.1.2 The student will be aware of the structure and function of feto-placental unit including the placenta, membranes, amniotic fluid, the cord and the fetal circulation.

3.1.3 The student will be aware of major maternal changes during pregnancy.

3.1.4 The student will observe the booking of the patients, request for appropriate investigations, assessment of the risk and plan the management.

3.1.5 Antenatally, the student will be able to:

- a) Follow up normal pregnancy.
- b) Educate mothers on: diet, hygiene, exercise, abnormal symptoms of pregnancy, drugs, preparation for labour and family planning.
- c) Recognize abnormal symptoms and signs during pregnancy.
- d) Assess gestational age, clinically.
- e) Assess lie and presentation.
- f) Listen to fetal heart with doptone .
- g) Read and interpret fetal heart monitoring during pregnancy {NST} and to do biophysical profile.

3.1.6 The student will be able to define induction of labour, differentiate it from augmentation of labour, list indications for induction of labour, select patients for different methods of induction and list possible maternal and fetal complications of labour induction.

- 3.1.7 Intranatally, the student should observe and learn to :
- a) Evaluate perinatal record.
 - b) Assess the progress of labour and interpret normal and abnormal signs on partogram, fetal monitoring, and fetal blood sampling.
 - c) Select and effectively use analgesic and anaesthetic agents.
 - d) Assess clinical conditions of newborn by Apgar score and list criteria for immediate Pediatric consultation.

3.1.8 Students should observe delivery during their clinical rotation

3.1.9 In puerperium.

- a) Student will observe and be able to monitor normal recovery process including recognition, evaluation and solution of problems of the puerperium.
- b) Manage lactation and its suppression and, describe physiology of lactation.
- c) Counsel puerperal patients regarding physical activities, sexual activity, contraception and rubella vaccination.
- d) Observe discharge examination and record it in the appropriate form.
- e) Observe a postnatal examination in the clinic doing a Pap's smear, order Hb, and advise on family planning.

3.2 ABNORMAL OBSTETRICS

- 3.2.1 Given a case with bleeding in the first trimester of pregnancy, the student should be able to list the causes and differentiate miscarriage all type Ectopic pregnancy , Trophoblastic disease and to interpret the associated symptoms and signs and draw the appropriate management.
- 3.2.2 The student should be aware of the problems of prematurity and postmaturity, small for date and big for dates, premature rupture of membranes, intrauterine death and antepartum haemorrhage together with the management of these cases.
- 3.2.3 The student should be able to diagnose and manage cases of multiple pregnancies, malpresentation and malpositions.
- 3.2.4 The student should be able to recognize and outline the management of: PIH and chronic hypertension, anemia, CHO intolerance, cardiac disease, asthma and other respiratory disease, UTI and other renal diseases, appendicitis, intestinal obstruction and abdominal masses during pregnancy.
- 3.2.5 The student should be able to state patho-physiology of Rh isoimmunization disease, significance of Rh titre, explain to the patient the course and plan of management of Rh disease and state indications for immuno-globulin therapy for prevention of Rh disease.
- 3.2.6 The student will be aware of the causes and management of :PPH, Puerperal morbidity and venous thrombosis.

3.3 **OBSTETRIC OPERATIONS:**

3.3.1 The student is expected to observe the following operations:

- caesarian section, cervical cerclage, antepartum and intrapartum fetal heart monitoring, episiotomy.

3.3.2 Student is expected to observe instrumental delivery if possible during their clinical attachment

3.4 **OBSTETRIC STATISTICS**

The student is expected to be aware of the perinatal and maternal mortality and morbidity figure and the implementation of these figures to improve the standards of practice.

Unit-4: GYNAECOLOGY

4.1 **GENERAL GYNAECOLOGY**

4.1.1 The student should obtain a complete and reliable history in gynaecological clinic or ward, and will be able to give a good history :

History must include:

- ❖ Patient's identity and characterization
- ❖ Marital, obstetrics and contraceptive history
- ❖ Complaint
- ❖ Menstrual History
- ❖ Past History including medical, surgical, habits, allergies and consanguinity whichever relevant to the case.
- ❖ Family history relevant to the case.

4.1.2 The student should be capable of performing physical examination, including:

General, cardiovascular system, respiratory system, breast, abdomen and pelvic examination. The student's findings will show at least 80% accuracy rate as compared to the instructor's findings.

4.1.3 The student will be able to diagnose and outline the management of:

- ❖ Bartholin abscess
- ❖ Vulvo-vaginitis
- ❖ Cervicitis and cervical ectropion
- ❖ Pelvic infections including: Sexually transmitted diseases.

4.1.4 The student will show adequate capability in making the diagnosis and outlining the management of:

Endometriosis and Adenomyosis, Leiomyoma, tuboovarian and ovarian masses.

4.1.5 Given a case of acute lower abdominal pain, the student will outline the causes and plan the management.

4.1.6 The student will be able to discover vulval, cervical and uterine pre-malignancies and malignancies.

4.1.7 Given a case of abnormal vaginal bleeding, the student will be able to outline the investigations and management.

4.1.8 The student will be able to diagnose Genital Prolapse and its varieties, urogenital fistulas, and to outline the management.

4.2 REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

4.2.1 The student should be aware of the hypo-thalamic pituitary ovarian axis.

4.2.2 a) Given a case the student will be able to take proper history perform physical examination, plan the investigation and management of: Precocious or delayed puberty, premature Menopause, Amenorrhea, Galactorrhea and Hirsutism.

b) Given a case of infertility, the student will be able to interview the couple, perform physical examination, plan the investigations and outline the management.

4.3 GYNAECOLOGICAL PROCEDURES AND SKILLS.

4.3.1 The student will be able to perform speculum examination and to observe if done during their clinical attachment how to obtain high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination.

4.3.2 The student may observe if possible:

Loop insertion, cervical biopsies, cervical cauterizations, examination under Anaesthesia, evacuation of retained products of conception, hysterosalpingography, and laparoscopy.

4.3.3 The student will be able to observe major operations, like:

Laparotomies, abdominal and vaginal hysterectomies, and pelvic floor repair if possible during their clinical rotation.

Unit-5

MISCELLANEOUS

5.1

FAMILY PLANNING

The student will be able to advise patients on family planning methods as available in the UAE and as acceptable by the socio-cultural back-ground.

5.2

GENERAL SKILLS

The student will be given a chance under supervision to implement skills that have been acquainted elsewhere, such as starting IV drip, inserting urethral catheter, suture removal, change dressing, completing various forms, and checking vital signs.

5.3

ULTRASONOGRAPHY

5.3.1

Given the ultrasound film, the student will be able to recognize the normal pelvic organs, i.e. the uterus, ovaries and the bladder, and to recognize an early intrauterine gestational sac and fetus.

5.3.2

The student will have adequate knowledge of the assessment of gestational age by BPD and FL and will have an idea about other parameters.

5.3.3

Given a film in second trimester of pregnancy, the student will be able to discover the normal anatomy of the fetal body and major abnormalities such as anencephaly and hydrocephalus and will have an idea of the use of ultrasound technology in the diagnosis of other abnormalities.

5.3.4

Given films in late pregnancies, the student will be able to diagnose the presenting part, localize and grade the placenta and how to assess the fetal well being by the Bio Physical Profile.

5.3.5

The student will have fair knowledge of utilization of ultrasound technology in the diagnosis of missed miscarriage early pregnancy ,retained products of conception, Ectopic pregnancy, uterine Leiomyoma, ovarian and Tubo-ovarian masses, and the use of serial ultrasound to monitor follicular growth and ovulation.

INSTRUCTION MEDIA

The objectives of the obstetrics and Gynaecology course are covered by the following:

1. Lecturing Programme
2. Clinical Attachment
3. Teacher centered tutorials
4. Student centered Seminars
5. Audio-visual material and demonstrations

1. LECTURING PROGRAMME

The discipline of Obs. & Gyn. is presented theoretically to the students into lectures covering as much as possible of its objectives and is continuously updated.

It has to be emphasized that it is not possible nor desirable to cover the whole specialty by any number of lectures. Bearing in mind the limitation of lecturing as teaching method, the objectives of lectures should be:

- (a) to cover the BASIC MINIMAL KNOWLEDGE required for all physicians.
- (b) To utilize the available time (30-40 minutes) in presenting the knowledge as simple, updated, well illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time.

Lectures are delivered whenever possible by the senior academic staff. However, senior obstetricians and gynaecologists who were in the service of the department of health and medical services, may be requested to join the lecturing Programme as deemed necessary. Lectures given as clinical presentation to cover each area.

The order of lectures need not be traditional. Otherwise, students will receive knowledge about: labour, puerperium, postnatal or postoperative management very late in the course.

It is our policy to mix up subjects at the beginning of the course, so that students get something about everything as soon as possible and start to expand their knowledge both by their own efforts and by a series of lectures over the whole year. At the beginning of each year, a list of Obs. & Gyn. lectures for that year, with the objectives of each lectures is distributed to the teachers concerned and to the students. Our list of lectures are:

OBS./GYNAE CURRICULUM

s.no.	Topic
1.	History taking Gyn. examination
2.	Maternal physiology 20 years old primigravida 18 weeks pregnant –at booking showed glycosuria - low blood pressure . Explain all the physiological changes in pregnancy
3.	Development of female Reproductive organs- Blood supply and nerve supply of pelvic organs and congenital Malformation of genital organ
4.	Mechanism of labour, stages of labour Management of labour
5.	Maternal Pelvis –Types of pelvis Pelvic measurement Fetal skull measurement
6.	Clinical Presentation of patient with Primary and Secondary Amenorrhoea and explain-the management
7.	Menstrual cycle, Dysmenorrhoea (Primary & Secondary) Premenstrual Syndrome Clinical presentation of a young female with above complaint and management
8.	Antenatal care , Booklet- Assessment of fetal well being
9.	Benign Lesion of uterus – clinical presentations
10.	Endocrinology of pregnancy
11.	Normal presentation & position in pregnancy& labour Various clinical presentation

12.	Pelvic muscles, pelvic floor and vaginal and uterine prolapse Present with a clinical History
13.	Benign lesions of Vulva vagina & cervix Give clinical Presentation
14.	Diagnosis of pregnancy and excessive Vomiting in early pregnancy-clinical presentation and management
15.	Normal puerparium Birth Injuries to mother
16.	Placenta, Amniotic fluid, umbilical cord and fetal circulation
17.	Clinical presentation of pregnant patient with hypertensive Diseases Various presentation Essential hypertension – Pre Eclampsia - Eclampsia
18.	Benign lesions of Ovary Clinical presentation & Explain management
19.	Prolonged labour obstructed labour Clinical presentation with partogram and management
20.	Poly Cystic Ovarian syndrome Clinical presentation- patho physiology and management Hirsutism -Galactorrhea
21.	Clinical presentation Cervical cancer – staging and management
22.	Clinical presentation Bleeding in early pregnancy (miscarriage, Ectopic)
23.	Trophoblastic Disease Give clinical presentation & explain
24.	Complications of pregnancy Antepartum Haemorrhage Give clinical presentation & explain
25.	Clinical presentation of a patient with premalignant & malignant condition of endometrium & vulva cancer (staging and management)
26.	Clinical Presentation of a pregnant patient with anemia Explain Anemia in pregnancy
27.	Clinical Presentation of patient with endometriosis & Adenomyosis. Explain
28.	Clinical presentation- pregnant patient with Bronchial Asthma Explain- Respiratory diseases in pregnancy
29.	Clinical presentation of liver Diseases in pregnancy
30.	Clinical Presentation Patients who needs various types of contraception – Part I
31.	Clinical Presentation Patients who needs various types of contraception – Part II

32.	Clinical Presentation Patients who needs of various types of contraception – Part III
33.	Clinical Presentation and management of All types of urinary incontinence
34.	Clinical presentation of patient with multiple pregnancy Management in pregnancy and labour
35.	Clinical presentation of a female with endometritis salpingitis explain PID
36.	Clinical presentation of patient with Preterm Labour, PROM and Management
37.	Clinical presentation of patients with primary & secondary post partum Haemorrhage and management
38.	Clinical presentation of patient with DVT , pulmonary embolism and management
39.	Clinical presentation of patients with irregular bleeding- D.U.B Inter menstrual and post coital bleeding management
40.	Clinical presentation of a patient with Diabetes in pregnancy – (Gestational Diabetes, known Diabetic) explain management
41.	Obs./Gyn. History
42.	Clinical presentation of pregnant patient with Renal and urinary Tract infection – Thyroid Diseases in pregnancy
43.	Benign and malignant tumors of Ovary – clinical presentation and management
44.	Clinical Presentation of a case which needs instrumental delivery Explain- Instrumental delivery
45.	Clinical presentation of a case with sexually transmitted disease Explain-all types of sexually transmitted disease
46.	Clinical presentation of a pregnant patients with cardiac disease, viral diseases - Explain
47.	Clinical presentation of a patient with vulvitis- vaginitis- cervicitis Explain – Explain
48.	Vital statistic in Obstetric & Gynaecology.
49.	Operative obstetrics Clinical presentation of a patient with various types of perineal tears Episiotomy & Caesarian section and cerclage
50.	Clinical Presentation of a patient with primary or secondary infertility (female & male infertility) Explain – Part I
51.	Clinical Presentation of a patient with primary or secondary infertility (female & male infertility) Explain – Part II

52.	Clinical presentation of a patient with abnormal pap smear Explain colposcopy and management
53.	Clinical presentation of patient with breech, unstable lie- management in pregnancy & labour
54.	Surgical illness in pregnancy
55.	Clinical presentation and management of Rh. Negative pregnant patient in pregnancy and labour
56.	Clinical presentation of a patient who needs induction or augmentation of labour
57.	Puberty – menopause Clinical presentation & Explain
58.	Viral Disease in pregnant and non pregnant patient(HIV, Rubella, HPV- Parvo virus etc clinical presentation and explain
59.	Birth injuries to Normal Newborn- Apgar score
60.	Clinical presentation of pregnant patient with epilepsy and management
61.	Obstetrics emergencies – cord prolapse, DIC, shock, amniotic fluid embolism

2. CLINICAL ATTACHMENT

The student is offered clinical attachment in Obstetrics and Gynaecology for 15 weeks. Two students are attached to a doctor and are posted in various areas of Obs./Gy. (clinic, labour room, O.T. wards) for the purpose of training daily from 08.00-11.00 hours.

3. TEACHER CENTERED TUTORIALS 11.00 HRS – 12.00 HRS

4. Tutorials are taken by senior staff , student will take history from patient and examine them under the supervision of the teacher. Different cases will be discussed daily.

Patients are taken from various wards and labour room. If there is no patient teacher will act as a role player.

Student are trained to read CTG, interpret value, read ultrasound pictures, x-rays, instruments, contraceptive method and pathology specimen. These are shown during tutorial with explanation and discussion .

Ultimate objective No: 1 is to be covered by these activities. The student will be trained adequately on self-learning methods and procedures. So, she can continuously update her knowledge and skills. The role of teachers in these activities is to supervise and guide the student's effort.

If there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management .

Tutorials Subject

1. Gynaecological history and Examination
2. Assessment of patient and fetus in labour suite
3. Patient admitted with Bleeding in early pregnancy (discuss history , diagnosis and management
4. Fetal heart monitoring (when to do it-How to interpret-management)
5. Mechanism of labour & pelvic assessment(discuss in labour room)
6. Management of cephalic presentation with various positions (OP, OT & OA)
7. Preterm labour Preterm rupture of membrane – history , investigation and management
8. Antepartum Haemorrhage
Clinical presentation of a patient and management – at various gestational age
9. Patient with leomyoma of uterus – various presentation and management
10. Antenatal booking and follow up
11. Patient admitted with a diagnosis of Endometriosis various presentation
12. Patient with post partum Haemorrhage in the labour room or admitted after one week with bleeding
13. Patient with vaginal discharge – discuss about various types of vaginitis
14. Pregnant patient admitted with lower abdominal pain .
(history taking- diagnosis – differential diagnosis and management)
15. Pregnant patient admitted in the ward for control of blood sugar
(History, investigation, management and follow up)

16. Patient in labour – 2nd stage who requires instrumental delivery
discuss instruments
17. Patient with twin pregnancy admitted in the ward –discussion
18. Patient admitted in the ward with suspected ectopic (history
investigation and management)
19. Patient admitted in the ward with increased vomiting in early
pregnancy (history taking-investigation-management)
20. Show pathology specimens pictures.
21. In labour suite discuss partogram and bishops score
22. Discuss about postnatal patient (post caesarian and post normal
delivery). History, examination, counseling before discharge.
23. Pregnant patient admitted with elevated blood pressure (discuss,
history taking, diagnosis and management.
24. Patient admitted for induction of labour (history assessment,
indications method of induction , discuss
25. Pregnant patient admitted with pain, fever, dysrria in pregnancy –
history taking , diagnosis , investigation, management.
26. Patient admitted with suspected ovarian tumor)history taking ,
diagnosis and management)
27. Interpretation of values – ultrasound pictures
28. Various Contraception methods
29. Pregnant patient admitted in the ward with itching at 34 weeks of
pregnancy (history , diagnosis , investigation and management)
30. Patient admitted with heavy and prolong bleeding history taking –
differential diagnosis – investigations and management
31. Interpretation of various lab reports
32. Pregnant patient admitted with swollen painful
Leg. History taking, diagnosis, investigations, treatment-talk about
deep vein thrombosis
33. Patient with history of previous recurrent miss carriages – now
admitted at 11 weeks pregnancy. History taking, diagnosis,
investigation and management.
34. Patient admitted with cough – fever and wheezing – history taking ,
diagnosis , management.
35. History taking & counseling taught as role play-teacher or student will
act as a role player.

36. Patient admitted with bleeding – increased vomiting at 13 weeks – Fetal heart not detected – history taking, diagnosis , differential diagnosis and management

37. Show Instruments used in Obstetrics and Gynaecology

38. Pregnant patient with a history of Epilepsy admitted with conclusion History – investigation management

39. Pregnant patient – 32 weeks admitted because of suspected IUGR – history , investigations, management.

40. Pregnant patient admitted with high blood pressure, history taking , examination – diagnosis , investigation and management

41. Patient admitted with post coital and intermenstrual bleeding History-examination , investigation and management

42. Patient admitted with post menopausal bleeding. history , examination and management

43. Patient admitted with stress incontinence and prolapse uterus- history, examination and management

44. Patient admitted with abdominal pain fever and discharge. History examination, diagnosis –investigations- management – infection of pelvic organs. Salpingitis, endometritis

5. TEACHER CENTERED SEMINARS 13.00 HRS – 15.00 HRS

Every weeks 4 students are given topics to prepare and present in front of the class. There will be discussion, question and answer sessions. Teacher will evaluate the presentation of the students and explain the subject if students have any difficulty to understand the subject.

1. Bleeding in early pregnancy
(miscarriages and Trophoblastic disease)
2. Mechanism of labour & stages of labour
3. Leiomyoma of uterus
4. Antepartum haemorrhage & postpartum haemorrhage
5. Episiotomy & perineal tears
6. Endometriosis , Adenomyosis
7. Cervical cancer (Pre malignant & malignant)
8. Preterm labour and premature rupture of membrane

9. Instrumental delivery forceps & vacuum
10. Amenorrhoea- Hirstutism and Galactorrhea

11. Multiple pregnancy
12. Benign and malignant ovarian tumors
13. Viral diseases in pregnancy
14. Diabetes in pregnancy
15. Hypertensive diseases in pregnancy
16. Analgesia & Anesthesia in labour
17. Postpartum Haemorrhage
18. Induction of Labour
19. The Partogram
20. Cystocele, Rectocele, Urethrocele and Prolapse
21. Trophoblastic Diseases
22. Epilepsy in Pregnancy
23. Vaginitis
24. Fetal Heart Monitoring
25. Cesarean Section
26. Breech Presentations
27. Hysterectomy
28. Postmaturity
29. Normal and abnormal Presentation
30. Blood supply & nerve supply of pelvic organs

THE EVALUATION POLICY

GENERAL OUTLINES:

1. The evaluation policy is designed not only to assess the process of learning of every individual student but also to assess and in fact upgrade the staff and teaching/learning procedures.
2. The policy is designed to correspond and implement the outlines of the evaluation policy of the clinical faculty. The examination modes have to fit in harmony with the objectives of the undergraduates curriculum and the course of obstetrics and Gynaecology.
3. The evaluation plan is to be made available to the students and teachers. Their remarks have to be considered for promotion. Final examination is to be conducted by the Professor of obstetrics and Gynaecology and approved by the Clinical faculty Board. The examination plan is to be prepared in advance according to the examination by-laws as decided by the Clinical Faculty Board.
4. Mock examinations are an internal affair in the Department of Obstetrics and Gynaecology and are planned accordingly.
5. The evaluation process should test all the : knowledge, skills, attitude and values of the students and should be used to discover and correct weaknesses as well as for promotion and certification.
6. Whenever there are more than one examination board working together, uniformity of examinations as decided by the Professor should be maintained.

MOCK EXAMINATION AND CONTINUOUS EVALUATION

- **Objectives:**

To assess teaching programme and procedures and to detect weakness of students, staff and resources.

- **Procedures:**

Written test: planned 2 months before Final Examination consisting 50 questions of clinical scenarios with 5 suggested answers – students should choose most appropriate one.

Staff questionnaire: regarding students capability and knowledge, skills, attitudes and values.

Student's questionnaire: regarding staff, curriculum, resources, and procedures.
Assessment of log book for each student.

REFERENCES

I. **Prescribed Books:**

1. Llewellyn-Jones, D., Fundamentals of Obstetrics and Gynaecology
Faber Vol.1 & Vol.2
2. Dale R. Dunnihoo, Fundamentals of Gynaecology and Obstetrics J.B.
Lippincott Company, Philadelphia
- 3.a. Clayton, S.G. et al Obstetrics by Ten Teachers, Arnold
b. Clayton. S.G. et al Gynaecology by Ten Teachers, Arnold
4. Hacker & Moore, Essentials of Obstetrics and Gynaecology, Saunders
company.
5. Oxford Hand book of obstetrics & Gynaecolgy by Sally Collins, Sabaratnom
Arulkumara

II. **HIGHLY RECOMMENDED BOOKS**

1. Garry M.M. et al Obstetrics Illustrated Churchill Livingstone.
Govan, A.D.T. et al Gynaecology Illustrated Churchill Livingstone
2. Current Obstetrics and Gynaecology-Diagnosis & Treatment Ralth C.
Denson, & Martin Keraoll. Appleton & Lange.
3. Tindall, Jeffcoate's Principles of Gynaecology Butterworth.
4. Pritchard McDonald and Gant, William's Obstetrics Appleton century
Croft.

IV RECOMMENDED BOOKS

1. Beischer N.A. & McKay, E.V., Obstetrics and Newborn Saunders
2. Hull M.G.R. et al (Ed)., Undergraduate Obstetrics and Gynaecology
John Wright & Sons Ltd.,
3. Symonds and Hull, Synopsis of Obstetrics, Butterworths.
4. Chamberlain, G.V.P. and Dewhurst, Sir John,
The Practice of Obstetrics and Gynaecology Churchill Livingstone
5. Donald, I., Practical Obstetrics Problems Lloyd Luke.
6. Willocks, J., Essential Obstetrics and Gynaecology: Guide for
Postgraduates Churchill Livingstone
7. Loudon N., Handbook of Family Planning, Churchill Livingstone
8. Ledward, R.S. & Hawkins, D.F., Drug Treatment in Obstetrics
A handbook of Prescribing, Chapman and Hall.
9. Chuleign and Pearce, Obstetrics Ultrasound – how, why and when
Churchill Livingstone.
10. De Swiet, M., Medical Disorders in Obstetric Practice Blackwell
Scientific Publications
11. Bancroft J., Human Sexuality and its problems Churchill Livingstone.
12. McDonald, R.R., Scientific basis of Obstetrics and Gynaecology
Churchill Livingstone.

CONCLUSION

The format of the course of Obstetrics and Gynaecology in Dubai Medical College for Girls has been presented in this booklet. Students are advised not to hesitate to contact me for any further assistance.

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